



The Hospital + Healthsystem  
Association of Pennsylvania

*Leading for Better Health*

September 25, 2020

Dr. Rachel Levine  
Secretary of Health  
802 Health & Human Services Building  
625 Forster Street  
Harrisburg, PA 17120

Dear Secretary Levine:

Among many priorities within the COVID-19 response, the Pennsylvania hospital community has placed a significant focus on data reporting, adhering to many levels and elements of reporting, including both state and federal requirements. Hospitals have been dedicated to meeting reporting requests while simultaneously providing complex patient care during this global pandemic.

We recognize with appreciation that DOH has been working to reduce data burden on hospitals by, among other activities, seeking to clarify definitions and harmonize data parameters with those outlined in the federal HHS mandates for TeleTracking reporting. Unifying the required data elements is critical to ensuring that the public health response is driven by timely and accurate information. Furthermore, we gratefully acknowledge the work the DOH has been doing with the HHS Hospital Data Liaison Program to identify a path to streamlining state and federal reporting. Reducing duplicate reporting efforts has been, and is, a priority request from hospitals and we appreciate the tenacity of the DOH in working with the federal government and its contractor.

Pennsylvania had a head start in collecting acute care data as a result of the state's existing incident management tracking system, a proven tool that has resulted in countless saved lives in multitudes of "seconds count" emergency management scenarios. Your partnership in developing and maintaining the Corvena tool offers a national model for effective and coordinated emergency management between the state and hospital communities. We remain committed to using Corvena as an emergency management resource.

In early September, CMS issued a final rule that has further changed this evolving regulatory landscape. It revised the Medicare Conditions of Participation (CoP) such that **data submission into TeleTracking is now required for hospital participation in the Medicare program**, with penalties and consequences for non-compliance. This major development has shifted our priorities. Medicare represents a substantial portion of the Pennsylvania hospital community's case mix and preserving that revenue stream is vital to the public health of Pennsylvanians—particularly during this COVID-19 crisis. Losing Medicare would be catastrophic for the sustainability of any hospital in Pennsylvania. It is in this context that HAP convened earlier this month its COVID-19 Data Reporting Advisory Panel, an entity comprised of hospital administrators from facilities across the Commonwealth who are charged



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with overseeing the submission of COVID-19 data into Corvena and TeleTracking within Pennsylvania hospitals across the Commonwealth.

HAP understands that DOH has begun the process of obtaining certification to fulfill federal reporting requirements on behalf of hospitals statewide. At the Advisory Panel meeting, the concern was raised that, while this process removes the reporting burden on hospitals, it will simultaneously introduce a level of risk of human data entry error. It also removes control of the data input from the data owner. **Because the CoP specifically requires hospitals to enter data into TeleTracking, the hospital community would like to retain this responsibility.**

**Given the significant threat to hospital funding presented by the new CoP, we respectfully request that the DOH redirect its energies.** Rather than continue pursuing infrastructure changes to enable DOH to submit Corvena data into TeleTracking on behalf of Pennsylvania's hospitals, we are instead asking for DOH to focus on measure definition harmonization between Corvena and TeleTracking and to work towards fostering the infrastructure to download TeleTracking data into Corvena. This will achieve the same goal DOH is pursuing currently to ease reporting burdens: it will enable hospitals to have only one daily data reporting requirement.

Thank you for your attention to our concerns and your ongoing efforts to support the health care community in the COVID-19 response. We are eager to work side by side with the DOH to ensure transparency and promote data-driven decisions.

Respectfully,

A handwritten signature in black ink, appearing to read 'Andy Carter', is written over a light blue horizontal line.

Andy Carter  
President & Chief Executive Officer