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

Visit https://qcor.cms.gov
How do I know if my facility is a Medicare certified facility?

Visit [https://qcor.cms.gov](https://qcor.cms.gov)

Once you open the QCOR page:

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

AND/OR

CMS Certification Number:

AND/OR

AND/OR

State:

AND/OR

City:

AND/OR

Zip Code:

Begin Year: 2022

End Year: 2022

Enter one or more of the search criteria.

Then click “Search”
How do I know if my facility is a Medicare certified facility?

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

Visit [https://qcor.cms.gov](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).
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.
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.
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?
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).
When will enforcement of this rule begin?

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Phase One
January 27, 2022

Phase Two
February 28, 2022
When will enforcement of this rule begin?

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**Phase One**
- **February 14, 2022**

**Phase Two**
- **March 15, 2022**

Texas

**Phase One**
- **February 22, 2022**

**Phase Two**
- **March 21, 2022**
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.
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.
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.
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.
CMS Division of Tribal Affairs

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/Specialist

• Link to today’s PowerPoint presentation:
  • https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Specialist

• 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/Specialist

• CMS FAQ guide for COVID-19 Health Care Staff Vaccination Interim Final Rule:

• CMS Division of Tribal Affairs mailbox
  • TribalAffairs@cms.hhs.gov