



150 YEARS
OF ADVANCING
PUBLIC
HEALTH

COVID-19 Vaccination Reporting in HCFRS

Updated: November 30, 2022

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Overview

As a condition of licensure, under 105 CMR 150.002(D)(11) Massachusetts Department of Public Health (DPH) regulations require all licensed rest homes to:

- Document all personnel receive a primary series of COVID-19 vaccination or document a valid exemption based on a medical contraindication or a sincerely held religious belief;
- Report information to DPH, documenting compliance with the vaccination requirement, in accordance with these reporting and data collection guidelines; and

This document will outline the process by which facilities must report information on COVID-19 vaccination compliance. For additional information, please visit the state [website](#).

Logging in

Reports will be submitted through the Health Care Facility Reporting System (HCFRS).

If you are a new user, please follow [these](#) steps to request an account.

To log into your account, visit the Mass.gov Virtual Gateway, found at: <https://sso.hhs.state.ma.us/vgportal/login>

Enter your username and password, and click “Login”.

On the next page, select “Health Care Facility Reporting System”

A new tab will open. Select "Login" to use your existing credentials to enter HCFRS.

Health Care Facility Reporting System (HCFRS)



Massachusetts Department of Public Health
Bureau of Health Care Safety and Quality

By logging on to and using this system, you affirm that you are authorized by MDPH to access the system and are bound by the terms and conditions applicable to authorized users of the system.

NOTE: It is the responsibility of Access Administrators at Long Term Care Facilities and Hospitals to "Deactivate" enrolled users who have left their employ from both the Health Care Facility Reporting System (HCFRS) and the Virtual Gateway by sending a completed new URF (User Request Form) to the Virtual Gateway and providing a copy of this form to DPH for confirmation. If you require further assistance please call 617-753-8010.

Application: Main
Login Exit

Powered by Maven, a product of Conduent Public Health Solutions



This will take you to the HCFRS home page.



Health Care Facility Reporting System (HCFRS)

Enter Case ID Search

Workflow Queue		Events
Awaiting 30 Day Report Review		46 (0)
Awaiting 30 Day Report Submission		126 (0)
Awaiting Notes Review		240 (0)
Incident Reports Awaiting 1st Approval - Hospitals and ASC		1 (0)
Incident Reports Awaiting 1st Approval - Non-Hospitals and Non-ASC		612 (0)

Tasks

Type	Priority	Name	Case Type
No tasks to display			

Recently Viewed Cases

Case ID	Name	Case Type
DL.PQ.018	Le Belle Vida Adult Day Health Services Lic (DL.PQ)	DPH Intake Report
100190176	TEST1 Tone 2 (04MV)	DPH Intake Report
2168-182	Mass General Hospital (2168)	DPH Intake Report

Welcome To Health Care Facility Reporting System (HCFRS)

The Health Care Facility Reporting System (HCFRS) is a web-based IT system designed to support and streamline the process of collection of DPH information gathering during the reporting of incidents and SRE occurrences.

Create a Case:
In order to create a case, either click on the Create Case icon Create Case in the upper left corner or on this link: [Create a case](#)

Workflows:
Workflows are queues of cases that require your attention. A list of the workflows available to you that have cases in them are on the left side of the page in the Workflows section. Clicking on the name of the workflow will open it up to reveal all of the cases in it.

Resources:

- Serious Reportable Event Fact Sheet
- Health Care Facility Reporting System (HCFRS) Online User Guide
- OpenMedSpell: Firefox browser medical spell check add on

Help Desk

- HCFRS Informational Web site
- Virtual Gateway Help Web site
- Contact Virtual Gateway Customer Service: 1-800-421-0038

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Submitting New Data

Creating a New Case

Each time you submit new data for your facility through HCFRS, you must create a new case. This will allow you to save, review, and edit information before submission. After submission, each case can be tracked through the review process.

From the HCFRS homepage, find the menu bar across the top left. Click on the first icon of a new page to create a new case.

Health Care Facility Reporting System (HCFRS)

Enter Case ID Search

Workflows	
Workflow Queue	Events
Awaiting 30 Day Report Review	46 (0)
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Awaiting Notes Review	240 (0)
Incident Reports Awaiting 1st Approval - Hospitals and ASC	1 (0)
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Tasks

Welcome To Health Care Facility Reporting System (HCFRS)

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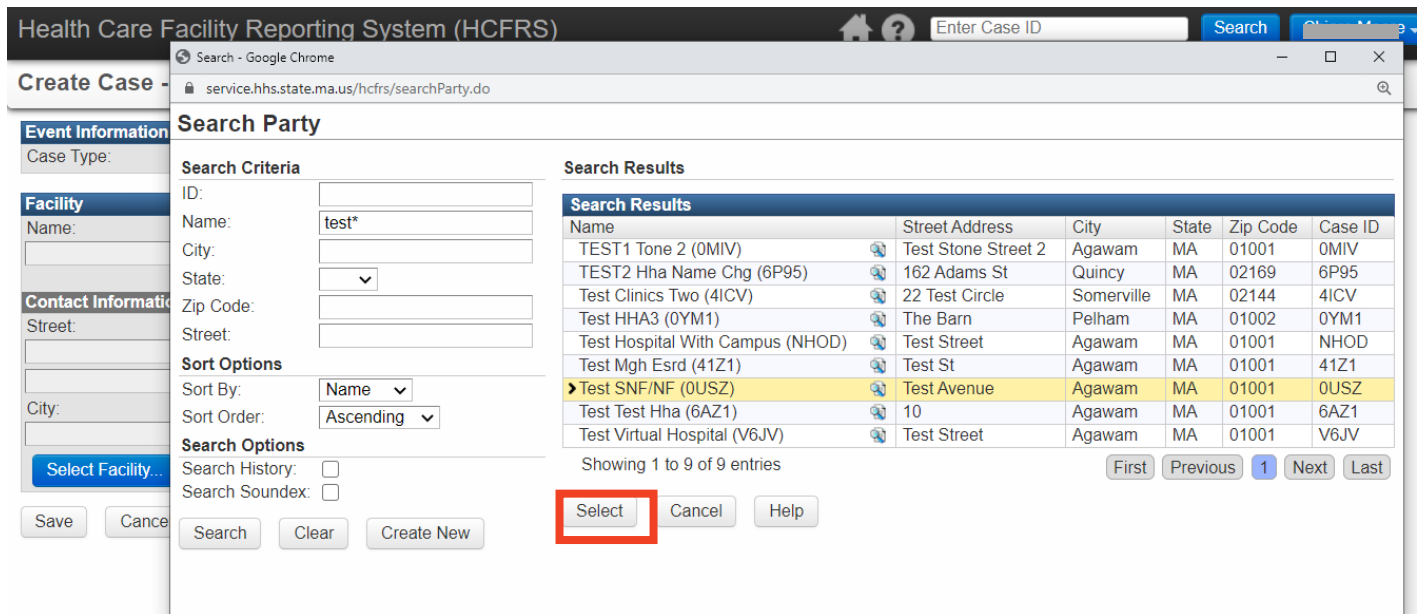
Your facility's information should auto-populate in the fields shown below. If so, click on "Save" and continue to page 6 of this guide. If your facility's information does not autopopulate, click on the button "Select Facility" at the bottom of the page to search for your facility's profile.

A pop out window will appear with search options.

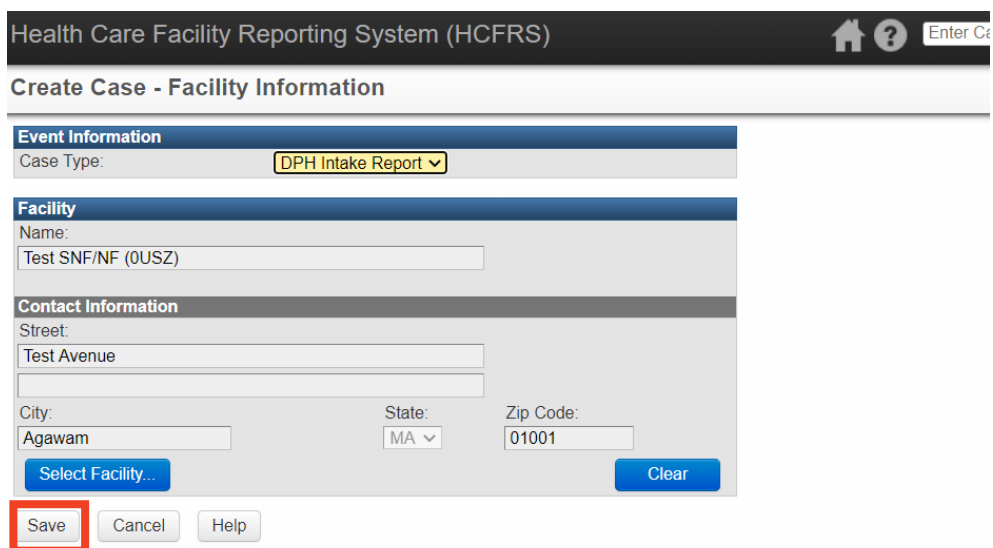
To the right, your facility details will appear under the Search Results. The Name should be your facility's name followed by the facility's DPH ID in parentheses.

You may also search by your facility's name in the second field, however only exact matches will be returned in the Search Results. If you do not know exactly how your facility's name is saved in the system, you may type in the first part of the name followed by an asterisk (*). Note the 4-character code in parentheses as your DPH ID for future reference.

Click on the correct entry under Search Results so that the row is highlighted yellow. Then Click on the "Select" button below it.



After you have selected your facility using the search option, your facility's name and address will auto-populate the respective fields on the "Create Case" page. Click the Save button to continue.



You will be directed to a page with a new case created. Note the Case ID listed at the top. This ID is unique to this particular data submission. If you need to save and come back to this case before submitting to DPH, use this Case ID in the search function. After you have submitted the case, the Case ID will change to your DPH ID followed by a hyphen and a 3-digit number (ex: 0USZ-004). This new Case ID will be used for all future reference.

Health Care Facility Reporting System (HCFRS)

Enter Case ID [] Search

Event Summary

Basic Information		Notes (Add/Edit Show My Notes)	
Case ID:	100200491		
Case Type:	DPH Intake Report		
Primary Facility:	Test SNF/NF (0USZ)		
Dates:	Create Date: 01/08/2021		
Intake Report Status:	Open		
Attachments:	0 attachment(s) (Add)		

Edit Event Properties

Event Data | Facilities | Tasks | Event Properties | Event History

Question Package	Facility	Last Update	Updated By	Status
1. Intake Report	Event	01/08/2021	Name and username here	---Incomplete---
2. Submit	Event	01/08/2021	Name and username here	Completed
3. Incident Synopsis	Event	01/08/2021	Name and username here	Completed
4. Reviewer	Event	01/08/2021	Name and username here	---Incomplete---

Open as Read Only Available Action(s) [] Start Action

Entering New Data

Once a case has been created, you may enter new data by completing the Intake Report. Click on "Intake Report" in the Question Packages table so that the row is highlighted.

Event Summary

Basic Information		Notes (Add/Edit Show My Notes)	
Case ID:	100200491		
Case Type:	DPH Intake Report		
Primary Facility:	Test SNF/NF (0USZ)		
Dates:	Create Date: 01/08/2021		
Intake Report Status:	Open		
Attachments:	0 attachment(s) (Add)		

Edit Event Properties

Event Data | Facilities | Tasks | Event Properties | Event History

Question Package	Facility	Last Update	Updated By	Status
1. Intake Report	Event	01/08/2021	Name and username here	---Incomplete---
2. Submit	Event	01/08/2021	Name and username here	Completed
3. Incident Synopsis	Event	01/08/2021	Name and username here	Completed
4. Reviewer	Event	01/08/2021	Name and username here	---Incomplete---

Open as Read Only Available Action(s) [] Start Action

1. Enter Intake Report
2. Submit Intake Report

Then, click on the dropdown options for "Available Actions" and select "1. Enter Intake Report". Click on the Start Action button.

You will be directed to the DPH Intake Report. Complete all pertinent information with particular notice of the fields indicated as Required with an asterisk by the text and the answer box highlighted red.

- Facility Reported: Select Yes from the dropdown to indicate that you as the facility are reporting this data.
- Received Date: Date you are filling out the form.
- Reporter:
 - If you have never entered data for your facility via HCFRS before, select Yes for the question “Enter new reporter information?”. Details shown the next page.
 - If you have entered data for your facility via HCFRS before, click on the magnifying glass icon next to the answer field for Reporter. Details shown the next page.

Select “Yes” to enter new reporter information if you have never used HCFRS before

Search for your existing information if you have previously entered data in HCFRS.

Note the floating navigation bar which will allow you to save and leave the form, save and stay on the form, or cancel (leave without saving changes)

1. Enter Intake Report - Test SNF/NF (0USZ) - DPH Intake Report

[Jump To...] Save Save & Stay Cancel

Expand Details

Reporter Information

* Facility Reported?

Received Date

Reporter Reporter Title

Enter new reporter information?

Patient Information

* Enter a patient/resident/client?

Incident Information

Incident Date

Time needs to be entered in the following format: ##:##AM|PM (e.g. 03:00PM)

Time of Occurrence

* Select Incident/Allegation/Report Type

Opioid Monthly Reporting

No data required for this section

Influenza Reporting

No data required for this section

Mandatory Nurse Overtime

No data required for this section

Harm Type

Body Part Affected

Entering information as a new reporter

If you are a new HCFRS user, select “Yes” in the dropdown for “Enter new reporter information?”. The “Reporter Information” section will expand with additional fields. Enter your information.

1. Enter Intake Report - Test SNF/NF (0USZ) - DPH Intake Report [Jump To...] Save Save & Stay Cancel

Expand Details

Reporter Information			
* Facility Reported?	Yes		
Received Date	01/08/2021		
Reporter	Not answered		
Reporter Title	Facility		
Enter new reporter information?	Yes		
First Name	Jane	Last Name	Doe
Changing the address and/or phone number of a Reporter will change it for all previous cases that the reporter is associated with. Make sure that is the desired results before changing the address!			
Address: Line 1	Test Avenue	Address: Line 2	
City	Boston	State	MA
Zip Code	02128	Phone	

Patient Information

When you save this report (using the “Save” or “Save and Stay” buttons, your information will be stored in the HCFRS database. The next time you start a new Intake Report, you will be able to search for your information to auto-populate these fields rather than typing them out again.

Entering information as a returning reporter

If you are a returning HCFRS user (you have previously saved your information as described above), click on the magnifying glass icon next to the answer field for “Reporter”.

Reporter Information	
* Facility Reported?	Yes
Received Date	01/08/2021
Reporter	Not answered

A pop out window will appear with search options, similar to the one used to find your facility information when creating the case. Enter your name to search for your information.

1. Enter Intake Report - Test SNF/NF (0USZ) - DPH Intake Report [Jump To...] Save Sav

Search - Google Chrome

service.hhs.state.ma.us/hcfrs/searchParty.do?mode=question&Restriction=Party.Type%3DReference%20AND%20Party.Category%3DPerson%20...

Search Party

Search Criteria

Type:

Status: Active

Last Name: doe

First Name:

City:

State:

Zip Code:

Phone:

Email:

Street:

Sort Options

Sort By: Name

Sort Order: Ascending

Search Options

Search History:

Search Soundex:

Search Clear

Search Results

Name	Birth Date	Street Address	City	State	Zip Code	Case ID
Doe, Jane		Test Avenue	Boston	MA	02128	ECHD
Doe, John						E8OZ
Doe, John						DY07

Showing 1 to 4 of 4 entries

Select Cancel Help

Click on the correct entry so that the row is highlighted yellow. Then Click on the “Select” button. The pop out will close and you will return to the Intake Report

The information you previously saved will auto-populate the respective fields.

Reporter Information			
* Facility Reported?	Yes		
Received Date	01/08/2021		
Reporter	Jane Doe	Reporter Title	Facility
Reporter Address	Test Avenue	Reporter City	Boston
Reporter City	Boston	Reporter Zip	02128
Enter new reporter information?	Yes		

Patient Information

After you have entered reporter information, move on to the “Patient Information” section. Select “No” to indicate that you are entering facility-level data, not data on an individual person or people.

Health Care Facility Reporting System (HCFRS) [Home] [?] [Enter Case ID] [Search]

1. Enter Intake Report - Test SNF/NF (0USZ) - DPH Intake Report [Jump To...] [Save] [Save & Close] [Expand Details]

Reporter Information

* Facility Reported? Yes
Received Date 01/08/2021
Reporter Not answered
Enter new reporter information? Yes
First Name Jane Last Name Doe
Changing the address and/or phone number of a Reporter will change it for all previous cases that the reporter is associated with. Make sure that is the desired results before changing the address.
Address: Line 1 Test Avenue Address: Line 2
City Boston State MA
Zip Code 02128 Phone

Patient Information

* Enter a patient/resident/client? [No selected]

Incident Information

Incident Date
Time needs to be entered in the
Time of Occurrence
* Select Incident/Allegation/Report Type

Select "NO"

Entering COVID-19 vaccination data

In the “Incident Information” section, enter the “Incident Date” as the first of the month that you are reporting data for. For example, if you are entering vaccination data for the month of **October**, enter **October 1** as the Incident Date. Answer the field “Select Incident/Allegation/Report Type” by using the dropdown to select “COVID-19 Vaccination”. This will cause the correct section in the form to expand and display questions related to COVID-19 vaccination reporting.

Health Care Facility Reporting System

1. Enter Intake Report - Test SNF/NF (0USZ) - DPH Intake Report

Form Type Long Term Care Form

* Facility Reported?
Received Date
Reporter
Enter new reporter information?
* Enter a patient/resident/client? No

Incident Date
Time needs to be entered in the following
Time of Occurrence


* Select Incident/Allegation/Report Type

- Abuse by Staff - Sexual
- Abuse by Staff - Verbal
- Abuse by Visitor/Resident/Oth
- Administration
- Advocacy Office Violation
- Annual SUDE Report
- Beds Out Of Service
- Blood and Transfusion Services
- COVID State Enforcement (DPH USE ONLY)
- COVID-19 Monoclonal Antibody Therapeutics
- COVID-19 Vaccination**
- Cardiac Cath Lab Special Project
- Change in Administrator/DON
- Change in Beds/Services
- Change in Information
- COVID-19 Vaccination

Reporter Information
Reporter Title
Patient Information
Incident Information

Select "COVID-19 Vaccination"

1. Intake Report - Test SNF/NF (0USZ) - DPH Intake Report

Incident Information	
Incident Date	10/01/2021 
Time needs to be entered in the following format: ##:##AM PM (e.g. 03:00PM)	
Time of Occurrence	<input type="text"/>
* Select Incident/Allegation/Report Type	COVID-19 Vaccination <input type="button" value="Add New"/>
COVID VACCINATIONS	
RESIDENTS: TOTAL	
How many residents stayed overnight in your facility for at least 1 day during the last week?	<input type="text"/>
RESIDENTS: PRIMARY SERIES	
Of the residents who stayed overnight in the last week, how many have completed a primary series of a COVID-19 vaccine (2 doses of Pfizer or Moderna, or 1 dose of J&J) at any time?	<input type="text"/>
RESIDENTS: UP TO DATE WITH VACCINATIONS	
How many of the total residents you reported are up-to-date with their vaccinations according to current CDC recommendations?	<input type="text"/>
RESIDENTS: MEDICAL EXEMPTION	
How many of the residents who stayed in your facility in the last week have a medical	<input type="text"/>

Incident date should be first of the month

Questions continue below on page for staff questions

Answer the questions that appear under the “COVID-19 Vaccination” Section. Please ensure the following as you are completing the report.

- Incident Date should be the first of the month you are reporting data for (if you are submitting data for the month of October 2021, then the Incident date should be 10/01/2021)
- The number of residents reported by vaccination/exemption status should add up to the total number of residents reported as staying overnight in the last week at your facility (**total residents = Up-to-date with vaccinations + medical exemptions + religious exemptions +Not Up-to-date with vaccinations**)
- The number of staff reported by vaccination/exemption status should add up to the total number of staff reported as working onsite at least one day in the last week at your facility (**total staff = Up-to-date with vaccinations + medical exemptions + religious exemptions +Not Up-to-date with vaccinations**)

Once all of the questions in the COVID-19 Vaccination section is complete, skip ahead to the bottom of the report. The “Incident Narrative” field is required for successful completion. You may enter “N/A” or “Not applicable” in this field.

1. Enter Intake Report - Test SNF/NF (0USZ) - DPH Intake Report

Location

What equipment, if any, was being used at the time of occurrence

Safety precautions in place

Incident Narrative: Describe what happened and why. Have there been similar incident in the past? How were the injuries treated? Please do not use proper names in the narrative!

* Incident Narrative

Corrective Measures

Was there an internal investigation?

What was the investigation findings or why was there no investigation?

Corrective Measures Narrative: What action was taken with regards to: Patient, Staff, or Facility Practice? What is the patient's current status? What corrective action taken regarding equ applicable?

Corrective Measures Narrative

Person In-charge at Facility During Incident

First Name Title Last Name Was the person directly involved?

Notification

Was Family Notified? Was the Patient MD Notified? Was Police Notified?

Witness Information

Any Witnesses?

Accused Information

Is there an Accused?

* Indicates required field

Save Cancel Help

When you have completed and reviewed your data, click on the Save button to save and exit the form

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Submitting the Report

When you save and exit the Intake Report, you will be redirected back to the case dashboard. At this point **your data has been saved in the form, but it has not yet been submitted to DPH.**

Event Summary

Basic Information

Case ID: 100200491
Case Type: DPH Intake Report
Primary Facility: Test SNF/NF (0USZ)
Dates: Create Date: 01/08/2021
Intake Report Status: Open
Attachments: 0 attachment(s) (Add)
Notifications: **Workflow Status (1)**
Event is in workflows (View List)

Notes (Add/Edit | Show My Notes)

Edit Event Properties

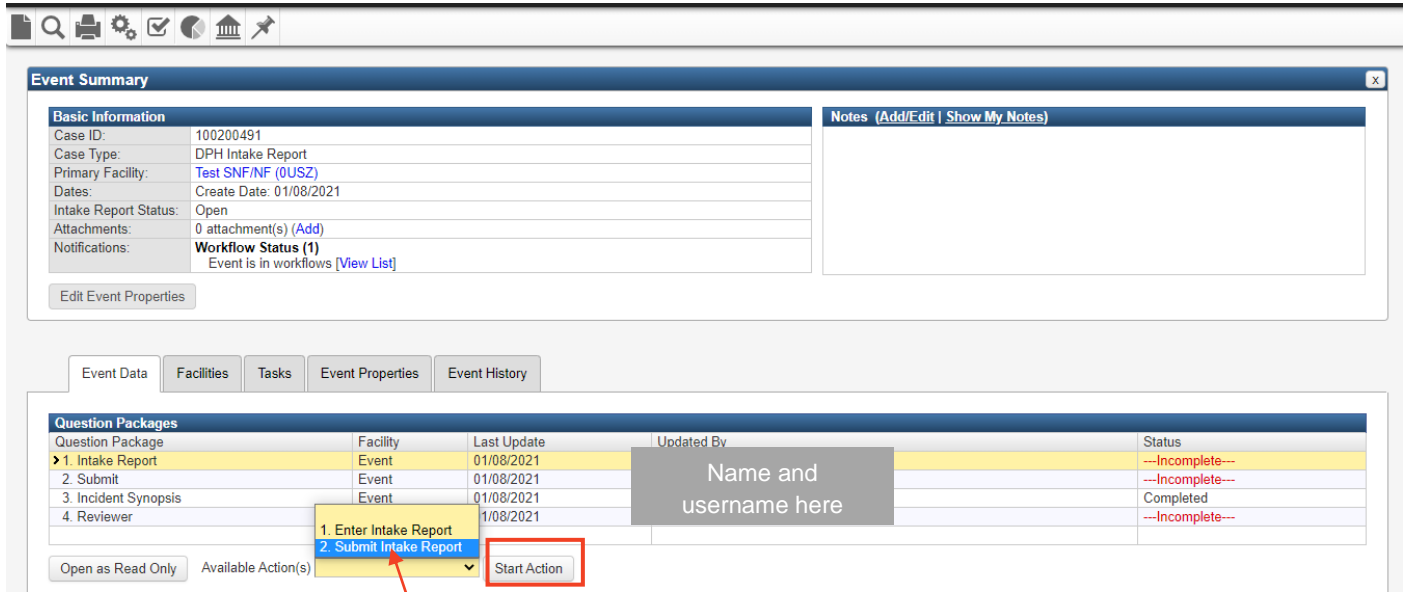
Event Data Facilities Tasks Event Properties Event History

Question Packages

Question Package	Facility	Last Update	Name and username here	Status
1. Intake Report	Event	01/08/2021		---Incomplete---
2. Submit	Event	01/08/2021		---Incomplete---
3. Incident Synopsis	Event	01/08/2021		Completed
4. Reviewer	Event	01/08/2021		---Incomplete---

Open as Read Only Available Action(s) Start Action

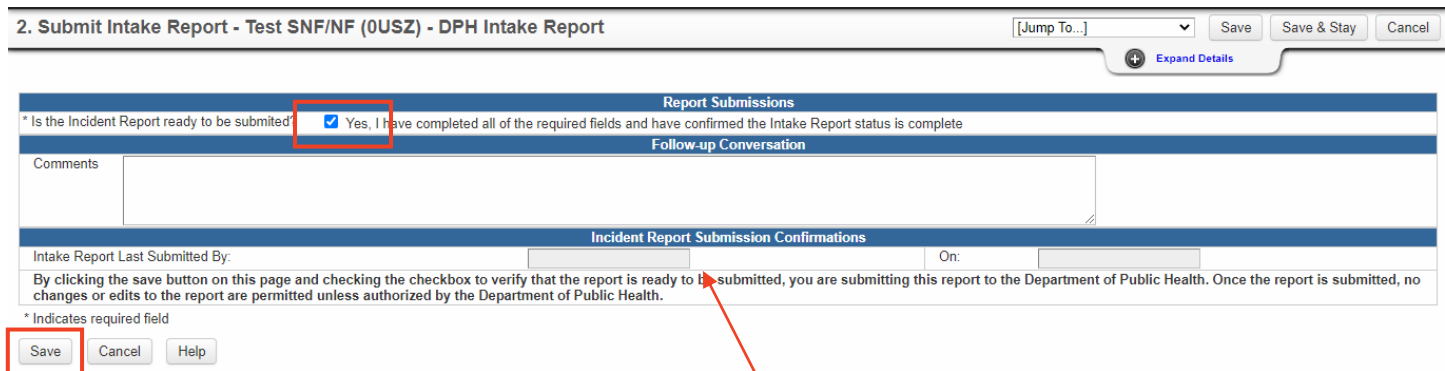
Please review your data and ensure that it is correct. When you are ready to submit, use the dropdown options for the field labeled “Available Actions” to select “2. Submit Intake Report”. Then click on the “Start Action” button.



Select “Submit Intake Report”, then Start Action

You will be taken to a new page to submit your form.

- Check the box indicating that the Incident Report (Intake Form) is ready to be submitted.
- Click on the “Save” button to submit your form.



The name associated with your account will auto-populate here with the current date. You do not have to enter anything here.

You will again return to the case dashboard. In the Question Packages Table, you should now see that for the second row "2. Submit", the status has changed from "Incomplete" to "Completed". You may also click on the "Event History" tab to view a log of all changes made to this case.

Event Summary

Basic Information | Notes (Add/Edit | Show My Notes)

Case ID: OUSZ-000
Case Type: DPH Intake Report
Primary Facility: Test SNF/NF (OUSZ)
Dates: Create Date: 01/08/2021
Intake Report Status: Open
Attachments: 0 attachment(s) (Add)
Notifications: Workflow Status (1)
Event is in workflows (View List)

Edit Event Properties

Event Data | Facilities | Tasks | Event Properties | **Event History**

Question Packages

Question Package	Facility	Last Update	Updated By	Status
1. Intake Report	Event	01/08/2021	Name and username here	---Incomplete---
2. Submit	Event	01/11/2021	Name and username here	Completed
3. Incident Synopsis	Event	01/08/2021	Name and username here	Completed
4. Reviewer	Event	01/08/2021	Name and username here	---Incomplete---

Open as Read Only | Available Action(s) | Start Action

Event Summary

Basic Information | Notes (Add/Edit | Show My Notes)

Case ID: OUSZ-000
Case Type: DPH Intake Report
Primary Facility: Test SNF/NF (OUSZ)
Dates: Create Date: 01/08/2021
Intake Report Status: Open
Attachments: 0 attachment(s) (Add)
Notifications: Workflow Status (1)
Event is in workflows (View List)

Edit Event Properties

Event Data | Facilities | Tasks | Event Properties | **Event History**

Event History

Time	Event	Message	User
01/08/2021 11:22 AM	Case Created	Case created	
01/08/2021 12:03 PM	Question Package Updated	Updated question package: 1. Intake Report	
01/11/2021 10:53 AM	Question Package Updated	Updated question package: 2. Submit	

Displaying item(s) 1...3 | << First < Prev 1 / 1 Next > Last >>

[Return to Table of Contents](#)

Searching for existing cases

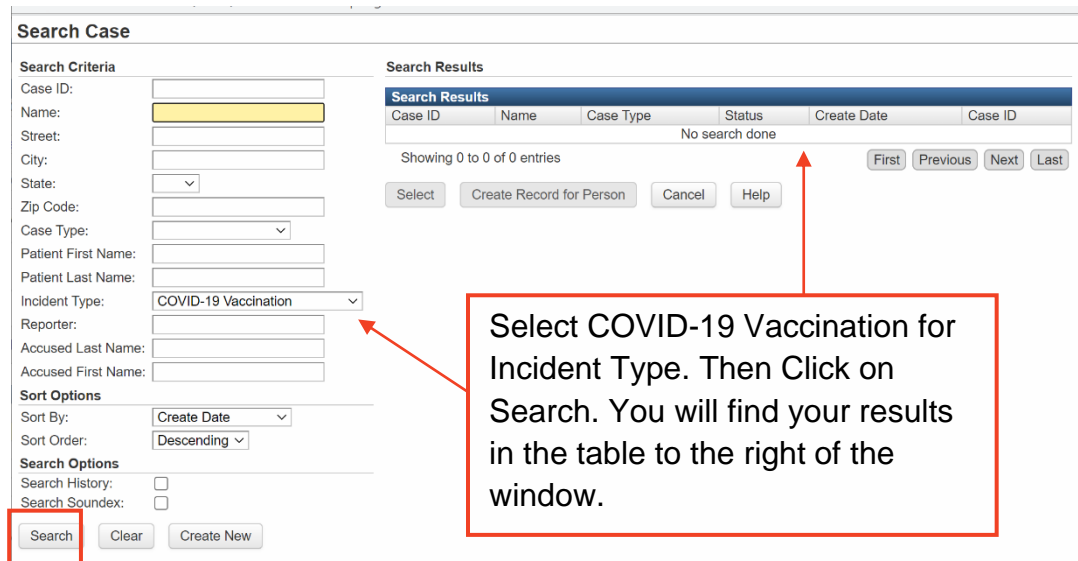
If you have saved a report with the intention of returning to complete it later, or if you would like to review the status of previously submitted cases, there are a couple ways for you to find a case that has already been created.

First, from your homepage when you first log in, there is a table of Recently Viewed Cases. If you click on the “More” option at the bottom of the table, you will be shown a full list of cases you have been active in.

Second, you may use the search option in the tool bar at the top of your page. This the magnifying glass icon second from the left.



When using the search option, select “COVID-19 Vaccination” for the Incident Type to view all cases created for this report, both submitted and unsubmitted by your facility.



Updating Submitted Cases

Correcting Errors on Submitted Forms

Once you have submitted a case to DPH, the form will close to editing and you will be able to view it in Read-Only mode. **If you identify a correction that needs to be made to data that has already been submitted, please edit the existing form with the correction rather than creating a new form.** If you need to edit a submitted report, contact the Bureau of Health Care Safety and Quality at dph.bhcsq@mass.gov using the suggested email template below.

Subject: Edit HCFRS COVID-19 Vaccination Report

Hello,

I need to make a correction to the Rest Home COVID-19 Vaccination report I submitted for [FACILITY NAME] because [BRIEF REASON FOR UPDATE]. Please re-open form [CASE ID]. You may reach me at [PHONE NUMBER AND/OR EMAIL ADDRESS] if you have any questions.

[YOUR NAME AND POSITION]

A DPH data analyst will re-open the form you requested, and you will receive an auto-generated email notifying you that the form requires your attention, as seen below. After you receive this email, you will be able to [edit](#) and [resubmit](#) the form using the same instructions outlined in previous sections.

Intake Report 0USZ-001 requires your attention

 Intake, HFL (DPH) <hfl.intake@massmail.state.ma.us>
To [REDACTED]

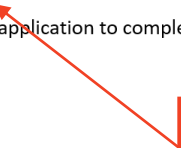
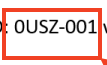
[Reply](#) [Reply All](#)

Dear Reporter,

The Intake Report for Test SNF/NF (0USZ) with case ID **0USZ-001** was reviewed by DPH and was sent back to you for more information.

Please log into the Health Care Facility Reporting System (HCFRS) application to complete the Intake Report.

Sincerely,
Health Care Facility Reporting System (HCFRS) administrator

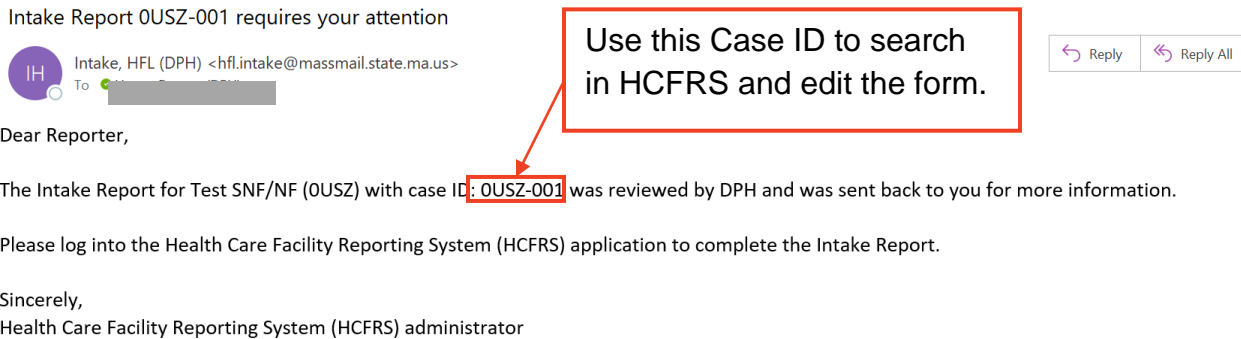


Use this Case ID to [search](#) in HCFRS and edit the form.

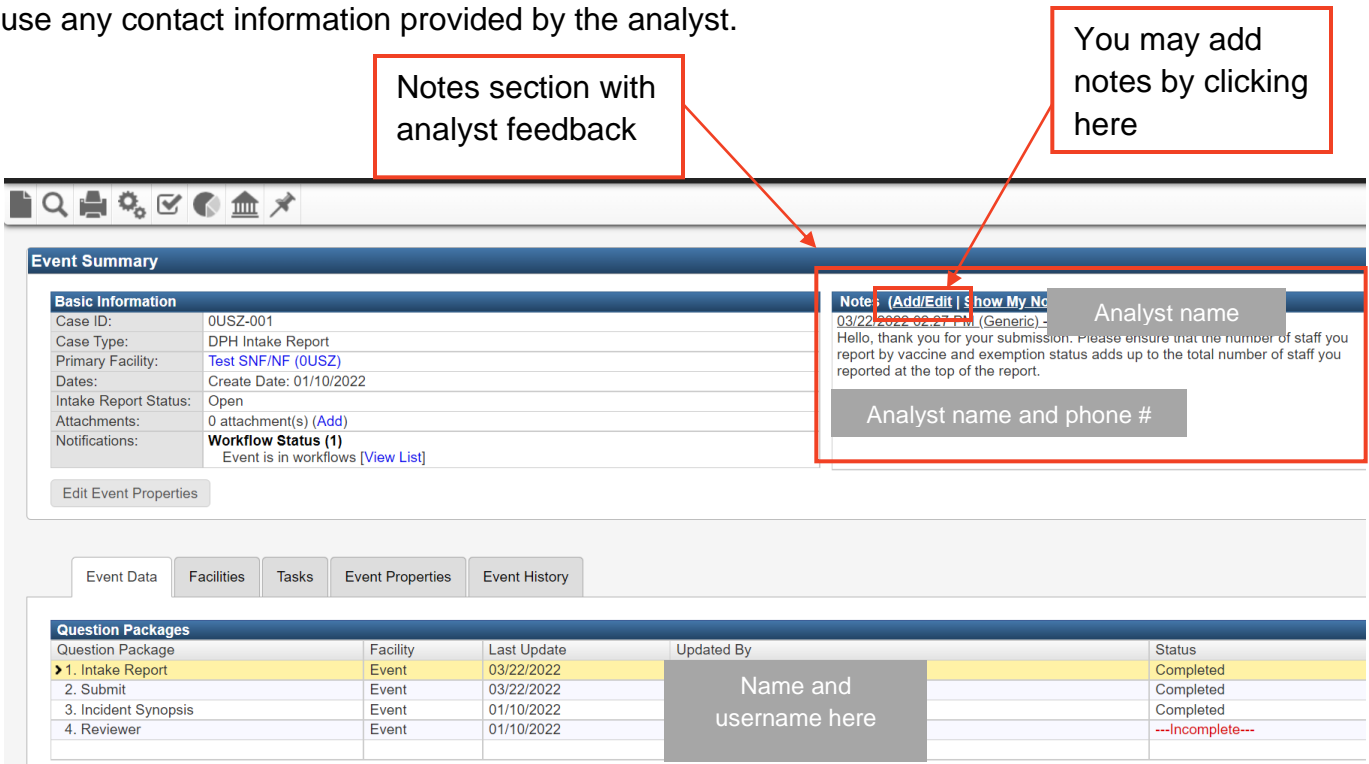
Responding to DPH Feedback

After you submit a report, DPH data analysts will review your submission. If the reviewer notices any obvious errors in your report, they will re-open the form for you to edit and leave a comment on what needs to be corrected in the “Notes” section of the report dashboard.

Re-opening the form will send you an auto-generated email stating that the form requires your attention. Log into HCFRS and use the Case ID referenced in the email to [search](#) for the form.



When you find the form in HCFRS, you will see the analyst’s feedback in the notes section of the case dashboard. If you have additional questions, you may also leave a comment in the notes section or use any contact information provided by the analyst.



Make the requested [edits](#) and [resubmit](#) the form.