

Nebraska National Healthcare Safety Network Antibiotic Use and Resistance (NHSN AUR) Module Support Project - Expense Reimbursement Requirements



Purpose: The purpose of this application is to reimburse expenses associated with implementation of reporting data to the National Healthcare Safety Network (NHSN) Antibiotic Use (AU) and/or Antibiotic Resistance (AR) modules to Nebraska hospitals. Individual staff are not eligible for reimbursement.

Who is eligible for reimbursement?

Licensed acute care inpatient facilities in Nebraska are eligible if the following criteria are met:

1. The facility must be enrolled in NHSN and eligible to report to the NHSN Patient Safety Component AUR Module as defined by NHSN below.
 - a. Inpatient facilities eligible to report to the NHSN Patient Safety Component AUR Module include facilities enrolled as general hospitals, critical access hospitals, children's hospitals, long term acute care hospitals, pediatric long term acute care hospitals, military and veterans' hospitals, oncology hospitals, orthopedic hospitals, psychiatric hospitals, rehabilitation hospitals, surgical hospitals, women's hospitals, women's and children's hospitals, government and non-government hospitals for public health emergencies.
2. AU and/or AR Module onboarding after January 1, 2022.
3. Facilities must agree to share the data with Nebraska DHHS through NHSN.
4. Facilities have completed a baseline Antibiotic Stewardship Program self-assessment through the Nebraska Antimicrobial Stewardship Assessment and Promotion Program at least once since January 1, 2022. The link to the assessment is set out below.
 - a. [Baseline ASP Assessment for ACH](#)
5. Participate in the Nebraska NHSN AUR support project.

How can eligible Nebraska inpatient facilities participate in the reimbursement process?

1. The facility should complete an online survey to participate in the reimbursement process. The survey is available at [Nebraska DHHS NHSN AUR Facility Reporting Capacity Survey](#)
2. Upon receipt of the survey information, Nebraska DHHS will contact the facility to discuss next steps for participation in the support project.

How much and what do the grants fund?

1. The grant provides funding for reimbursement of expenses related to the onboarding and subsequent maintenance of the Antibiotic Use and/or Antibiotic Resistance Module in NHSN.
2. Reimbursements are dependent on availability of funding.
3. Facilities meeting all requirements for funding (see above) may request reimbursement for related eligible expenses (see below) up to the maximum amount allowed for their facility based on licensed bed size as follows:
 - a. Facilities with <100 licensed beds can request a maximum of \$10,000 in reimbursement
 - b. Facilities with 101-200 licensed beds can request a maximum of \$15,000 in reimbursement
 - c. Facilities with ≥201 licensed beds can request a maximum of \$20,000 in reimbursement

4. Reimbursements requested must be less than or equal to the maximum amount allowed for the facility based on the facility size or the reimbursement will be denied.

What expenses are eligible for reimbursement?

1. Technology enhancements necessary for successful data submission to the Antibiotic Use and/or Antibiotic Resistance Module in NHSN.
 - a. Purchasing add-on software
 - i. The software must be provided by a vendor that has passed the Antimicrobial Use and/or the Antibiotic Resistance Synthetic Data Set (SDS) validation.
 1. [AU SDS Vendors | NHSN | CDC](#)
 2. [AR SDS Vendors | NHSN | CDC](#)
 - b. Updating the hospital's existing electronic health record
2. Staff time spent on implementation activities. Relevant staff includes, but is not limited to, pharmacists, hospital administrators, infection preventionists, information technologists, quality improvement personnel, and physicians.
3. Other related expenses (subject to HAI/AR Program Approval)
 - a. DHHS may not reimburse the full cost of other expenses.
 - b. If you have any questions related to eligibility, please contact Jenna Preusker at jenna.preusker@nebraska.gov

What additional documentation is needed for reimbursement?

1. At least one month of data successfully submitted to NHSN and available for review by Nebraska DHHS.
2. If requesting for reimbursement of staff time, facilities will need to complete the "staff time reimbursement attestation form" provided by the DHHS.
3. DHHS reserves the right to request further documentation.
4. Incomplete forms or documentation will not be processed until they are complete. Incomplete applications may be denied.
5. Submit all receipts and invoices for expenses for reimbursement through HAI/AR website at [Nebraska NHSN AUR Module Implementation Reimbursement Form](#)

Please contact Jenna Preusker, PharmD at jenna.preusker@nebraska.gov with any questions.