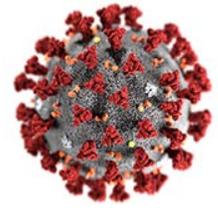




## COVID-19 Statewide Hospital Huddle Summary Tuesday, Jan. 5, 2021



Chad Austin welcomed everyone to the Tuesday morning Hospital Huddle. The past several weeks have been busy as the State of Kansas distributed the Pfizer and Moderna vaccines. In addition, there has been quite a bit of discussions related to the COVID-19 campaign and testing activities that have been happening across the state of Kansas as well. Regarding vaccines, as many of you are well aware, KHA staff continues to be in constant contact with KDHE regarding the vaccine needs of Kansas hospitals. From our perspective, it appears that most hospitals have received their initial dose of vaccine. We also realize that there are some outstanding issues that we need to resolve. I would reiterate that if you have any questions or any needs, please contact our staff if we can be of assistance. We are holding a special Vaccine Update call tomorrow at 11:00 a.m. We have secured the time from Allison Alejos of KDHE to participate and answer some of the questions that are still outstanding for our hospitals. In addition, CVS and Walgreens will have a representative on the call to talk more specifically about vaccine distribution that they are coordinating for LTC entities. Next week the 2021 Legislative session will begin. We have been preparing for the legislative session and working closely with legislative leadership as well as many legislators on what we anticipate will be coming forth during the legislative session. Later in this call we will be talking more specifically about the 4<sup>th</sup> COVID package that was passed by Congress. We are looking forward to visiting with all of you related to some of that content and how it will be impacting our Kansas hospitals. Again, we really appreciate everyone's support during this challenging time and all the guidance we have received from our membership. Please contact us if you have any questions or any needs. Thanks for everything that you are doing in your local communities.

**Statistics Relative to COVID and Dashboard Update** – Sally Othmer (*slides attached to today's Daily Update*)  
**Kansas Hospital Summary – HHS Protect data** – We continue to report hospital capacity, staffing shortages and patient activity based on information submitted by hospitals into TeleTracking. We pull the most current data as of the reporting date, trying not to go back too far.

**Staffing Shortages** – Just a reminder to please continue reporting staffing shortages. Please note that the staffing shortage questions are now defaulted to 'No.' This is an important element for advocacy purposes and is a critical element when measuring capacity.

**New Therapeutics Data Points** – As a reminder these elements become mandatory on Friday, Jan. 8, but will only appear for certain hospitals.

Multiple resources are available on the KHA website. I just received an email from that HHS has now published all the questions and answers from previous webinars. There will be a [link](#) to them in the daily update that goes out today.

**COVID-19 Preparedness and Response Update** – Ron Marshall (*slides attached to today's Daily Update*)  
**Mission Control App** – As you may remember, Mission Control has an agreement with KDHE for patient transfer and bed availability. They planned on rolling this out to all interested Kansas hospitals by the end of the year. They have now reached out via email or phone call to all Kansas hospitals. They continue to schedule calls and demos with all interested hospitals in the Mission Control app. If we have any members on the call who feel they need additional information or need to let Mission Control of a different internal contact, please

use [contact@cheyennemountainsoftware.com](mailto:contact@cheyennemountainsoftware.com) to contact Cheyenne Mountain Software, and they will get back to you quickly. The acuity app is the initial step in the patient transfer process to determine the level of acuity of the patient and required level of transport. They have added two relatively new questions: 1) Is the patient suspected to have COVID-19; and 2) Do you need assistance in locating bed placement. The next step in Mission Control in the coming weeks is they are going to be sharing the analytic portion of the software so you can see more data. Whenever possible, Mission Control has asked that we request from our members to please use the app or software for any requests for assistance in transfers or bed available. What the app does rather than a phone call is that it allows them to document in the system for the sending and receiving hospitals, EMS, KDHE and the Mission Control staff exactly what happened during that process. The number of phone calls they made and where patients are being transferred to and from. Right now, approximately 40% of the transfers are COVID related and 40% of the hospitals in Kansas are using the Mission Control app.

### **COVID-19 Testing Initiatives** – Paul Harrison (*slides attached to today's Daily Update*)

Paul Harrison, Deputy Director of the Kansas Health and Environment Laboratories thanked KHA for inviting him to speak today. I will go through the testing strategies we have implemented in Kansas. How it has developed, what it has turned into, what the progress is, and where we see us going as we move forward in 2021. We have a map of all the testing sites that we are tracking currently. There are six regions of the state. We carved up the state into pieces that were manageable for laboratories to get testing done within that region. There are six vendors we have contracted with that each one was originally assigned to those regions. We have a few additional laboratories on contract to specifically take care of long-term care facilities and any overflow that is needed. What has happened is we quickly realized that, after we carved up the space, we had a bottleneck with testing. That was actually getting collections performed. We had lots of capacity at the lab. We had so many labs and so many tests we could run that we couldn't get enough into the door to fill up that capacity. There have been two major companies, Wellhealth and NicUSA who were originally assigned the southwest and northwest parts of the state. We had them set up testing sites all across the state now. They are standing up collection sites. You may have seen them in your city. Well Health is synonymous with the "Go Get Tested" platform [www.gogettested.com](http://www.gogettested.com). The other thing we have done is reaching out to local pharmacies and FQHCs to bring on community testing partners. Those are people who will collect samples and send them in to one of the contracted labs. It's like having many collection sites throughout the state that can help get tests to a laboratory. That has actually been very useful, and we see that expanding as we go forward.

To date, there have been about 210,000 tests performed by these laboratories and the unified testing strategy. What I've done is give weekly totals. The first week we had 14,449, and each week it got more and more as we set up these collection sites and these testing partners. After the week of 12-22-20, we had a dip because of Christmas. As you can see, we have been able to really take up testing using these laboratories and these collection sites. Here are just a couple of things I wanted to touch on. The total case rates in Kansas per 1,000 is 79.4, roughly 8% of the population have had COVID cases. We've performed over 1 million tests in 2020. I'd like to point out with the testing strategy that has accounted for a little more than 20% of the total, which is pretty phenomenal considering we brought it on about mid-November. Everyone is doing a fantastic job. As far as testing expansion in 2021, what we are telling people is that, because of the continued funding of the CARES Act, we will continue testing as it is right now through January. We will be testing completely through the year of 2021. We may modify what that looks like at some point to make sure the dollars extend out and we get the most bang for our buck. Come February or March, we may consider starting to bill insurance for testing. That hasn't been a thing up until now in Kansas at least for the testing strategy. For all of the testing sites we have right now, it would still be zero out-of-pocket expenses, but we may include billing insurance to cover some of that cost. We are looking at multiple ways to expand the testing even further, which would include pushing out rapid tests to as many corners of the state as we could. We feel that will be valuable as we move forward. We have just created a couple of KDHE mobile laboratories. They are complete labs inside of them. We can go into a site and set up shop and do a daily clinic, or we can sit there for a week.

We are looking at different ways to use that throughout the state, including a scheduling calendar so we can stay organized and do the most good in the most places. We'd like to bring on a lot more of those community testing partners. I guess I ask if anyone is interested, they could reach out to me. We could talk about bringing you on board. There is some payment included in that, actually a collection fee. If you wanted to be one of these community testing partners, the state has to secure funds to pay a dollar amount per collection, so that kind of reimburses you for your staff's time. We think it is the right thing to do for Kansas.

I wanted to talk about turnaround time and consistency of operations with some of the sites. I know we have had some reports come in about long turnaround times from some of the Wellhealth sites in particular. We are tracking those down, and we have found a couple of issues that have been at the heart of that that we are addressing with them. We see that being fixed going forward. One of the things we are doing actually, is they typically send samples out of the state to one of their contract labs, but we are going to start having them use Kansas laboratories. The labs that we have already contacted those that operate in Kansas. They are going to send samples there, because they have 24-hour or less turnaround time on a lot of their samples. We are looking to do that to shore up some of those longer delays we have seen at some of the sites. It is a problem, and you need results in a timely fashion. Otherwise they don't do you any good. The KHEL has switched from the COVID assay to a multiplex assay so we test for both COVID and Flu A and B. This gives a lot of valuable data. We haven't really seen a lot of co-infections. I think I've seen one, and we've been testing since 12-21.

**Vaccine Update** – Karen Braman (*slides attached to today's Daily Update*)

Beginning in mid-December, Pfizer, then Moderna vaccine distributions have been made to hospitals. Approximately 40,000 doses have been distributed to hospitals to date. KDHE reflects the number of doses in their weekly update, but these are not stratified by provider group.

**Moderna COVID Vaccine Distribution This Week** – KDHE began notifying hospitals late last week of Moderna vaccine allotments and delivery date/time of distribution to facilities. We have heard from both KDHE and members that the Moderna vaccine distribution to hospitals has been occurring this week. As noted in a prior update, the Moderna vaccine is shipped in cartons of 100 doses (10 multi-dose vials each containing 10 doses). For hospitals that will be receiving vaccine quantities of 100 doses or multiples of 100, KDHE indicated the vaccine will be shipped from McKesson to the hospital. For hospitals with allotments of less than 100 doses or between 101-199 doses, the vaccine delivery is being coordinated by KDHE due to the need to split vaccine cartons to accommodate small vaccine orders. Please note, vaccine supply continues to be limited.

**Pfizer COVID Vaccine Second (Boost) Distribution** – The second dose of Pfizer vaccine has been received by the Kansas Department of Health and Environment and is being delivered to hospitals early this week. Ancillary supplies, including diluent, were shipped directly to facilities this week and vaccine will be delivered sometime between Sunday, January 2 and Tuesday, January 5. This vaccine is intended for those individuals that have already received their first dose of vaccine and are due for their boost dose. Facilities can expect communication from KDHE regarding anticipated vaccine delivery dates and times.

**Status of select other COVID Vaccines in Clinical Trials** – Astra Zeneca's COVID vaccine, which was shown in Phase 3 clinical trials to be approximately 70 percent effective has been approved for emergency use in the UK, Mexico and India. It has not been scheduled for review by the FDA yet. Johnson & Johnson's COVID vaccine is a single dose and does not require cold storage. It is anticipated that Phase 3 clinical trial data for J&J's vaccine could be available at the end of this month; with J&J possibly seeking emergency use authorization in February.

Frequently Asked Questions – The following questions are those that KHA has frequently received over the last few weeks. Please see the vaccine resources listed in the slide deck and feel free to reach out if you need assistance finding a specific CDC reference.

- *Q: If a health care worker receives their 1<sup>st</sup> dose of vaccine then contracts COVID, can they get the booster dose?*  
A: CDC Guidance advises that individuals may receive the booster dose AFTER recovery from their acute illness AND after their period of isolation has ended.
- *Q: If a health care worker is exposed to COVID after their 1<sup>st</sup> dose of vaccine and are in quarantine, can they get the booster dose?*  
A: CDC Guidance advises that the individual may receive their booster AFTER their quarantine period has ended.
- *Q: If a provider has extra doses of vaccine after administering the booster doses, what should the hospital do with it?*  
A: KDHE has advised that the hospital should contact the KDHE Immunization Team for assistance with redistribution. We have provided the contact information for the KDHE team members to contact regarding vaccine allocation, distribution or redistribution. KDHE Staff to contact regarding Vaccine Redistribution:
  - Allison Alejos, [Allison.Alejos@ks.gov](mailto:Allison.Alejos@ks.gov)
  - Becky Prall, [Becky.Prall@ks.gov](mailto:Becky.Prall@ks.gov)
  - Jackie Strecker, [Jackie.Strecker@ks.gov](mailto:Jackie.Strecker@ks.gov)
- *Q: If a provider needs extra supplies for vaccinations due to the overfill in the Pfizer vaccine vials, what should be done?*  
A: KDHE is advising providers to request the additional supplies through their county emergency manager who can then work with KDHE for the additional supplies.
- *Q: Will the vials of Pfizer boost doses contain overfill?*  
A: It is expected that the Pfizer boost doses will contain overfill just as the initial dose vials did. The FDA recently approved an updated EUA fact sheet for vaccination providers with language reflecting that after dilution, one vial contains up to 6 doses of 0.3 mL. Vial labels and cartons may state that after dilution, a vial contains 5 doses of 0.3 mL. The information in this Fact Sheet regarding the number of doses per vial after dilution supersedes the number of doses stated on vial labels and cartons. The FDA, CDC and KDHE have encouraged the use of the extra doses in the Pfizer vaccine vials. The CDC FAQs regarding the Pfizer vaccine also reflect this recommendation.
- *Q: Will the Moderna vaccine vials contain overfill?*  
A: Anecdotally, we have heard that a small percentage of Moderna vials may contain an 11<sup>th</sup> dose, however, it does not appear to be as common as with the Pfizer vials. I have heard from one member hospital that they received formal guidance to use the extra dose. KDHE continues to advise using the extra doses of vaccine if available.
- *Q: Why is it being reported that Kansas is lagging behind other states in COVID vaccinations?*  
A: KDHE staff have delivered vaccine to all 105 counties. Hospitals received vaccine at the same time, regardless of location in the state. KDHE made a commitment to provide equal access to vaccine and while there have been a few challenges, the vast majority of hospitals have received vaccine. We are still working with KDHE to understand when hospitals that have not yet received vaccine will receive their initial doses. There is a data lag to the CDC that KDHE is working to understand the root cause.

Providers are required to report vaccines administered in WebIZ, the states immunization registry; and to report COVID vaccine inventory into Vaccine Finder. There were significant delays on CDC's end in enrolling providers in Vaccine Finder for inventory reporting. Those seem to be resolving. Vaccine Finder resources are posted on KHA's vaccine resources page; and feel free to reach out if you have questions.

- *Q: When will the vaccine be available to other populations?*  
A: KDHE has posted an estimated timeline of Expected Vaccine Availability Status by Population Group on their COVID Vaccine Page. While vaccine is in very limited supply, the focus is on healthcare personnel, long term care residents and staff, and EMS and other frontline public health workers. It is anticipated that this phase will last through the winter. In late winter, KDHE anticipates that first responders, other essential workers and individuals at high risk for adverse health consequences may receive the vaccine. It is anticipated that it will be late spring/early summer before vaccinations will be opened up to all other adults and children.
- *Q: Is the FDA going to approve using a half-dose of the Moderna vaccine in ages 18–55 years old?*  
A: While this was mentioned by the Advisory to Operation Warp Speed on the national news over the weekend, this was followed quickly by commentary by Dr. Fauci of the importance of following the doses and dosing schedules approved by the FDA based on the large-scale clinical trials. The FDA issued a strongly-worded statement late yesterday emphasizing the importance of following the dose and dosing schedule approved for emergency use by the FDA for each COVID vaccine.

Federal Pharmacy Partnership for Long-Term Care COVID-19 Vaccination Program – CVS and Walgreens both started administering vaccines at LTCF clinics across the state as part of the Federal Pharmacy Partnership for COVID-19 Vaccine Program the week of Dec. 28. While the majority of facilities have been scheduled, if a facility that is part of this program has not been contacted or scheduled, they can utilize the contact information for both Federal Pharmacy partners below:

#### CVS Healthcare

CVS LTCF COVID Vaccination Website: [www.omnicare.com/covid-19-vaccine-resource](http://www.omnicare.com/covid-19-vaccine-resource)

Facility Point of Contact: Every partnered facility in Kansas has been assigned a point of contact to answer any and all questions about the clinics and what to expect and how to plan for them. If a facility has not yet received communication or that point of contact, they can email:

[CovidVaccineClinicsLTCF@CVSHealth.com](mailto:CovidVaccineClinicsLTCF@CVSHealth.com). This inbox is monitored 24 hours/7 days a week.

Scheduling Hotline: 1-833-968-1756. This number can be used to schedule and confirm clinic dates, but should not be used for general questions. The facility will need their facility ID when they call; if the facility does not have that, they can ask for that from their designated point of contact or by emailing [CovidVaccineClinicsLTCF@CVSHealth.com](mailto:CovidVaccineClinicsLTCF@CVSHealth.com).

CVS Healthcare Kansas Government Relations Contact:

Christina Morris, Regional Director, State Government Affairs

P: 785.581.2778

C: 785.213.0897

Email: [christina.morris@cvshealth.com](mailto:christina.morris@cvshealth.com)

#### Walgreens

Walgreens LTCF Covid Vaccination Website: <https://www.walgreens.com/topic/findcare/long-term-care-facility-covid-vaccine.jsp>

Facility Point of Contact: Walgreens has assigned a local vaccine lead to each partnered LTC facility. If a facility has not been contacted assigned a vaccine lead yet, please email:

[immunizeLTC@walgreens.com](mailto:immunizeLTC@walgreens.com)

COVID-19 Vaccine Resources – KDHE released its weekly COVID-19 vaccine update and posted it on their [website](#). The update includes information regarding vaccine allocation and distribution. Another resource for information on vaccine allocation and distribution is [Vaccine Finder](#). Note: We have had one member share that information about their vaccine shipment was posted to their hospital's account in Vaccine Finder in advance of the hospital receiving their Moderna vaccine shipment this week.

#### **Finance and Reimbursement Updates** – Tish Hollingsworth

Updates to the PRF FAQs – On Dec. 28, HHS updated some FAQs regarding the [Phase 3 General Distribution](#) of the Provider Relief Funds. In the FAQs, HHS indicates that the Agency began issuing Phase 3 General Distribution payments in mid-December of 2020, and will continue making payments through the first months of 2021. HHS also clarified that applicants who have not yet received and kept a payment that is approximately 2% of annual revenue from patient care as part of either Phase 1 or 2 of the General Distribution, will receive at least that amount in Phase 3 payment. In addition to this amount, providers will be paid up to 88 percent of their reported losses and net change in their operating expenses from patient care from the first half of 2020. Some applicants will not receive an additional payment either because they experienced no change in revenues or net expenses attributable to COVID-19, or because they have already received funds that equal or exceed reimbursement of 88 percent of reported losses.

COVID-19 Provisions in the Consolidated Appropriations Act, 2021 – The Consolidated Appropriations Act of 2021, was passed by the House and the Senate on Dec. 21 and signed by President Trump on December 27. The legislation includes roughly \$900 billion in COVID-19 relief, including a number of provisions beneficial to hospitals and health systems. The legislation includes helpful changes to the Provider Relief Fund (PRF) reporting guidelines. Specifically, it would allow providers to calculate lost revenues using the Frequently Asked Questions guidance released by the Department of Health and Human Services (HHS) in June 2020, which specified that providers could use “any reasonable method” for the calculation. The legislation clarifies that such methods include the difference between budgeted and actual revenue if such budget had been established and approved prior to March 27, 2020. In addition, the legislation clarifies that health systems may move all PRF distributions within their system. Specifically, a parent organization may allocate any or all of its subsidiary organizations’ PRF payments, including “targeted distributions,” among subsidiary eligible health care providers of the parent organization. Finally, the legislation also includes \$3 billion in new dollars for the PRF.

COVID-19 Vaccine Codes: Updated Effective Date for Moderna – On Dec. 18, the Food and Drug Administration issued an [Emergency Use Authorization](#) for the Moderna COVID-19 Vaccine for the prevention of COVID-19 for individuals 18 years of age and older. Review [Moderna’s Fact Sheet](#) for Healthcare Providers Administering Vaccine regarding the limitations of authorized use.

During the COVID-19 Public Health Emergency, Medicare will cover and pay for the administration of the vaccine when furnished consistent with the EUA. CMS has updated the [payment and HCPCS Level I CPT code structure](#) for specific COVID-19 vaccine information. Other related links with resources include:

- CMS [COVID-19 Provider Toolkit](#)
- CMS [COVID-19 FAQs on Medicare FFS Billing](#)

COVID-19 CPT Coding Guidance – New Current Procedural Terminology (CPT) codes have been created that streamline the novel coronavirus testing and vaccine codes. Visit the [American Medical Association \(AMA\)](#) website for the most recent CPT codes. Additional information is also found in the [Medicare Fee-for-Service Billing FAQs](#).

**State and Federal Advocacy Update** – Audrey Dunkel and Landon Fulmer

**Federal Update** – After a bit of a nail-biter last week, President Trump did sign the Consolidated Appropriations Act of 2021. The bill included a number of COVID and non-COVID items. The COVID items are as follows:

- Put into law Provider Relief Fund reporting flexibilities regarding the lost revenue calculation;
- Additional \$3 billion for the PRF, with the understanding that there would be more in 2021;
- Elimination of \$4 billion in Medicaid DSH cuts from FY 2021 through FY 2023;
- Elimination of 2% Medicare sequester cuts for the first 3 months of 2021;
- Funding for COVID-19 vaccines (\$30 billion), testing and contact tracing (\$22 billion);
- Extension of availability of COVID funds to states through December 2021; and
- 3.75% increase in payments under the Medicare Physician fee schedule for 2021.

The Paycheck Protection Program was infused with another \$284 million. The PPP rules have changed pretty substantially, so I don't know how useable it is going to be for hospitals. In order to be eligible for the second tranche of funding, you have to have 300 or less employees or less, instead of 500 or less as in the first tranche. You also have to be able to prove that you had 30% year over year revenue loss in order to be eligible for these forgivable loans. Another thing that folks have found pretty useful is that the FCC was allocated another \$7 billion for broadband. Of that, \$250 million is going to be for broadband programs for health care providers to help with telehealth, broadband deployment and those sorts of things. We have worked with the FCC on this, and I think hospitals have found some of this tranche of funding to be useful. So there was additional funding authority given to the FCC for that as well.

**State Update** – The Kansas Legislative Session starts on Jan. 11. The legislature's website indicates that they already have 8 senate bills and 32 house bills on their calendars. We know we will have telemedicine legislation coming. The main focus of the legislature will be the budget and COVID-19. Because it is uncertain what will happen with COVID and whether the legislature will need to adjourn mid-winter because of COVID issues, they really want to push and get things done quickly. HB 2016 that was passed last year, with all of the COVID related flexibilities, expires on January 26, so they will need to act quickly to see if they can continue that. We expect a hearing as early as Tuesday of next week. There is some feeling that this may be a short session to address any COVID surges this winter.

We anticipate some changes in the protocols at the statehouse. The House has shared its protocols, but the Senate has not. There will be limited access to the statehouse this year. They have improved their electronic process for virtual attendance and testimony to committees via Webex.

**Education Update** – Jennifer Findley

We haven't seen any information from the FCC regarding when they will be opening up the additional funds for broadband. We will pass information on as soon as it becomes available.

We will be holding a clinical call at noon next Tuesday, Jan. 12. We will focus on vaccine and treatment updates. Connection information will be sent to those on the clinical call distribution list later this week.

Dates have been set for many key education activities in 2021. Linked is the [KHA Calendar](#) showing what has been set so far. KHA will continue to hold virtual events during the first quarter of 2021. We are anxious to resume in-person events as soon as it is safe.

One of the big changes that we will be making this year is with our annual Advocacy Day. This year we will be having a series of Advocacy Briefings, one each month during the legislative session. The first one will take place at noon on Jan. 15. [Registration information](#) can be found on the KHA website.

### **Member Questions** – Cindy Samuelson

*Q1: Is the increased testing across the state impacting the turnaround time?*

A1: We are addressing that. It's not so much impacting the turnaround times at our Kansas labs, but at a number of these stand-up collection sites that Wellhealth has put up. One of the labs that they have used has really under-performed. We are in the process of making them move over to someone else. In some cases, we have seen a 72- or 96-hour turnaround, which is ridiculous. You can't do anything with that. By the time you get those results, and damage would be done.

*Q2: As we start moving all these tests to Kansas labs, will that have any impact if our labs start doing a lot more?*

A2: This is a controlled movement. We know what the capacity is at each one of these laboratories and how many samples they are receiving right now. We are being very careful not to overload anyone. The reason that the turnaround time will be fixed in a day is because it is a slow change too. We don't just give 25 to a laboratory. We do one site at a time and another site and another site after a few days. They have to work that into their workflow. We don't want to overwhelm anyone with a rapid change like that.

*Q3: If folks are having issues with the mobile site, who is the best person to contact at KDHE or KHEL?*

A3: We have been having a consultant group do a lot of the running down of that, but they could submit it to me. I can get it over to the correct person. Paul Harrison, KHEL Deputy Director, KDHE - (785) 296-1656 or (785) 230-9327 or [Paul.Harrison@ks.gov](mailto:Paul.Harrison@ks.gov).

*Q4: We have a hospital that has its own testing site using one of the reference labs utilized by the statewide strategy. Especially now that you are utilizing FQHC and asking other community testing partners, should the hospital be eligible for reimbursement at least through December and moving forward? Are we as the hospital eligible to be a community testing partner?*

A4: If you are using one of the contracted laboratories to send those tests to, then you can be one of the community testing partner. In order to make that happen, we need to get your information and get you on the list. I have to double check and see if we can back date it and get you the costs for December. I can't give any kind of a definitive answer until I double check with the procurement office.

*Q5: Is Kansas doing any genetic testing for COVID-19 to identify variant strains?*

A5: Since June, we have been doing about 30 samples per week of the whole genome sequencing. We have brought on more equipment to do even more testing. Starting next week, we should be up to about 200 samples a week that we do complete, whole genome sequencing on. I assume this question is in regards to the B-117 variance from the United Kingdom. We are on the lookout for that. We know how to identify it. We are definitely looking for it. If we know it is in Kansas, we will let everyone know.

*Q6: Our intermediate swing bed unit houses individuals who are not technically nursing home patients but are in long term. We have several in that unit that wish to have that vaccine. Will they be grouped with the nursing homes regarding distribution of the vaccine, or will they receive separate vaccines for them?*

A6: The LTC facilities that have enrolled in the CDC LTC vaccination program are either actual registered long-term care facilities or assisted living facilities. I have not seen any intermediate swing beds listed in the information that KDHE has shared. It could be that those individuals would be grouped into the high-risk category of individuals, but I will pose this question to KDHE and ask that it be addressed in the vaccine update call tomorrow. At least right now, the material that KDHE has shared has stated long-term care facilities and assisted living facilities that are in that CDC LTC partnership program.

Q7: *The doses received this week are for first dose, second dose or a combination of both?*

A7: It depends on which vaccine was received. For those who received initial doses of the Pfizer vaccine, the Pfizer boost doses are what would be received this week. There would not be initial doses of Pfizer delivered to hospitals this week. Just a reminder, the vaccines are not interchangeable. If individuals received Pfizer for their initial dose, they must get Pfizer for the boost dose, and similarly with Moderna. If there are any questions about that, I would recommend contacting the KDHE COVID Vaccine Team. The first shipments of Moderna, I believe went out a week or so ago to hospitals. Some are receiving them this week. Those boost doses will not be shipped for several weeks. The Moderna boost doses are due 28 days after the initial Moderna dose. If there are any questions, please contact the KDHE vaccine team.

A8: *When a hospital received the Moderna vaccine, it was delivered by the Kansas State Highway Patrol. There were no ancillary supplies or vaccine cards provided with the delivery. How should this hospital reach out to get those?*

A8: If they still have not received their ancillary kits today, I would recommend contacting the KDHE immunization team. I heard from a few hospitals yesterday who had expected to receive their ancillary kits either over the weekend or yesterday morning. They got them later in the afternoon. Definitely the holiday and the weekend contributed to some delays in those ancillary kits being delivered. I suggest that if you haven't received them by this afternoon to reach out to the KDHE immunization team. If you have any problems getting through to folks, reach out to us for help.

Q9: *On an earlier call, KDHE explained that they were having to open up and distribute the Pfizer vaccine refrigerated versus frozen because of the quantities. Is there a way that a larger hospital could request a frozen Pfizer vaccine versus the refrigerated?*

A9: Yes, but there are several nuances to that. The Pfizer vaccine is shipped in thermal shippers in large quantities. One tray of a Pfizer vaccine holds 195 vials. For quantities less than one tray or 195 vials, it becomes very challenging to keep those at an ultra-low temperature. The reason is that once they are pulled out of the thermal shipper that includes dry ice, they start to thaw. There are just not enough thermal shippers to transport smaller quantities of the Pfizer vaccine to other areas. This was part of the tradeoff that the state of Kansas made when the commitment was made to get Pfizer vaccine out in equal access to all hospitals regardless of location. I will say that for the boost doses, KDHE did handle that a little bit differently in that they added some additional hub sites in central and western Kansas that have ultra-low temp freezers to help with that distribution. They tried to do some of that. The other piece of that is the initial vaccine capacity survey that KDHE requested we send out on their behalf many months ago. In some cases providers indicated they did not have an ultra-low temp freezer but later notified KHA or KDHE that they did, in fact have an ultra-low temp freezer. We are passing that information along to KDHE when we receive it, but certainly with the early decisions that were made about how to get the vaccines distributed, that information was utilized.

Q10: *Does KDHE know how many doses have been administered to date or have been distributed?*

A10: Yes, we do. The number of doses that have been distributed are reflected in the KDHE weekly vaccine updates that are posted on KDHE's vaccine web page. We send those updates out every week as well in our Daily Update. For the doses that have been administered, yes. Like any other vaccine, the COVID vaccine administrations have to be recorded into Web-IZ or transmitted to Web-IZ via an HL7 file. Many hospitals have

that data transmission set up automatically through their EHR. That is where a little bit of the data lag is that I am hearing about from members and KDHE. Ultimately, the doses administered will be reflected in the immunization registry and then reported up every 24 hours to KDHE. Certainly, for the number of doses distributed so far, you could see that in the weekly KDHE vaccine update. KDHE is working on a new public-facing website called [kansasvaccine.gov](https://kansasvaccine.gov). It is still in a soft-launch stage. They are making changes, but they told me yesterday they will eventually have a public-facing tracker to show where the vaccines have been administered in our state.

Q11: *If someone received their first dose but will not be around for the second dose, what should they do?*

A11: It depends on the reason for not being around for the second dose. If the reason is the individual has tested positive for COVID and they are in quarantine, they would be eligible to receive their booster dose after their quarantine has ended and they are no longer symptomatic if they were symptomatic. Likewise, same with exposure. If they were exposed after receiving their first dose of vaccine and are in quarantine, they would be eligible to get their boost dose after the quarantine ends. We have a slide deck from the CDC linked on our page that outlines these different scenarios. The other is, if there is some other reason why the individual was not able to report and receive their second dose on schedule, the CDC is recommending they get that second dose as soon as possible after that 21- or 28-day period has ended, depending on which vaccine they received initially.

Q12: *Regarding a previous webinar, there was a CPT code for testing that was mentioned to be available in January. Do you have information on that CPT code?*

A12: A couple of links will be included in today's update. One is to the [AMA website](#) that has COVID lab and vaccine CPT codes as well as a link to some [Medicare fee-for-service billing FAQ's](#). There is a ton of information in there, and it is very specific to the testing that you are doing.

Q13: *If a hospital has additional doses of Moderna and have an intermediate swing bed unit, are they able to give the senior living patients their vaccine if they wish to receive it?*

A13: I recommend that the hospital consult with the KDHE immunization team for guidance on that. We know that there are a number of hospitals who either have not received initial vaccine or have not received enough vaccine for their hospital personnel. Right now, the focus in Phase 1A is to get all health care personnel vaccinated along with long-term care residents and staff. I recommend that the hospital contact the KDHE immunization team for guidance.

Q14: *Is it recommended that hospitals who have employees who refuse the vaccine sign a refusal of some sort?*

A14: I think that type of question is best directed to counsel and something you would like to discuss with both your counsel and board. CDC has not recommended mandating the COVID vaccine at this time because it is an investigational drug for which the FDA has approved emergency use authorization. I've gotten questions about what should a hospital do if a staff member or staff members have been undecided about getting the vaccine. They are just not sure right now if they are ready to get it. What do they do, though, if in a month or two they change their mind and decide they want to get it? KDHE has advised that they will continue to make sure that vaccine gets out to all health care personnel who want it. So if you have a situation like that who have staff who change their mind or are ready in a few weeks or a few months, KDHE has advised that you contact the immunization team and let them know that you need x number of additional doses to vaccinate folks who have since changed their mind about getting the vaccine.

Q15: *Since KDHE was delivering Pfizer's earlier, is the hospital able to give them at 3 days early rather than 2 days? For example, they have people who are due for their booster on 1-11-21, but with the booster being taken out today and delivered today, it's only good for 5 days. So those people would be getting them on Saturday. Getting people there on Saturday might be hard.*

A15: The CDC guidance on the Pfizer boost doses is to give it in the 17-23 day window. In the Pfizer phase 3 clinical trials, the exclusion criteria for study participants was that if they didn't get the second dose within 42 days. There is a little bit broader window in terms of going beyond. Of course, we have the CDC guidance at 17-23 days. I think if it's shorter than the 17 days that is something I would advise contacting the KDHE immunization team. They may have some additional guidance from the CDC about how to handle that.

Q16: *Could you comment on what is happening in the state of Florida, and how are they able to open up vaccines to the whole 65+ group?*

A16: We were surprised to see that on the news also. Certainly, it was unsettling to see individuals at high risk like that lining up in the early, dark hours of the morning and standing for 9-12 hours to get the vaccine. We don't know why that decision was made and how it was made. Unfortunately, it is indicative of how every state was charged with developing their own process. Communities and counties within states have a little bit different processes. KDHE has outlined the phased vaccination approach in Kansas in the Kansas COVID Vaccine Plan. They are providing updates about that in their weekly updates. The KDHE plan tracks very closely with the CDC's Advisory Committee on Immunization Practices and their recommendations on how those populations should be prioritized. That is something that we sense from KDHE and have heard from them that is top of mind in terms of once we get beyond Phase 1A how that should be staged to avoid some of these challenges we have seen in some other states.

### **COVID-19 Vaccine Update Call - Tomorrow, Jan. 6 at 11 a.m.**

Please plan to attend a COVID-19 vaccine update to include presentations from the Kansas Department of Health and Environment, CVS, and Walgreens followed by Q & A on Wednesday, January 6, at 11:00 a.m. Guest speakers include: Allison Alejos, COVID-19 Vaccine Co-Lead, KDHE, Christina Morris, Regional Director, State Government Affairs, CVS and Tracie Bowman, Regional Healthcare Director, Midwest Region, Walgreens.

#### Step 1: Web Login

[https://globalmeetwebinar.webcasts.com/starthere.jsp?ei=1418846&tp\\_key=deb0bb4e6b](https://globalmeetwebinar.webcasts.com/starthere.jsp?ei=1418846&tp_key=deb0bb4e6b)

\*\*Once you have opened the link. Please complete the form to enter the webcast. \*\*

#### Step 2: Dial-In Information

Toll-free Phone Number: 1-866-966-0043

Passcode: 967-88-789

### **Next KHA COVID-19 Hospital Huddle**

Hospital Huddles will occur on the first and third Tuesdays of each month. Our next Hospital Huddle will be at **10:00 a.m. on Tuesday, Jan. 19.** Email [Cindy Samuelson](mailto:Cindy.Samuelson) if you have guest speakers you would like to have present on an upcoming Hospital Huddle.