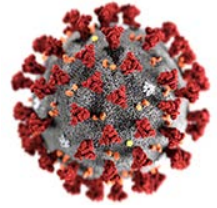




# COVID-19 Statewide Hospital Huddle Summary Tuesday, Dec. 15, 2020



## Welcome – Chad Austin

Thank you for taking time out of your busy schedule to participate in the hospital huddle. This week is an exciting week. It is also a busy week as Kansas has received its first shipment of the COVID-19 vaccine. We are pleased to have our guest speaker Kaylan Hinkle with KDHE to provide an update on the latest information. Besides the vaccination distribution, we continue to partner with the Kansas Farm Bureau, Kansas Chamber and Kansas Medical Society on the statewide PSAs that are focusing on the infection control practices to eliminate the spread of COVID-19 within Kansas communities ... [StopTheSpreadKansas.org](https://www.stopthespreadkansas.org). Later on today KHA will be joining house and senate leadership, as well as the governor's office, on regional COVID-19 updates. We are very much appreciative of the regional health care representatives that will be providing updates during those meetings. These meetings will occur every Tuesday afternoon. We are looking forward to educating not only local officials, but state elected officials as well on those Tuesday afternoon discussions on COVID.

In addition, you may have seen that the state has started to promote the [Go Get Tested](#) campaign throughout the state. We are closely monitoring the additional sites that are able to offer the testing to the public. There are a few other updates on in the agenda, one related to the HHS provider relief fund. In addition, we are closely monitoring the congressional conversations as it pertains to a COVID 4 package. We have been engaged with our congressional delegation and had a meeting with them last week to talk about what our priorities are on behalf of Kansas hospitals. We look forward to watching and weighing with our congressional members as they are trying to finalizing that package. Again, thank you for taking time today, for all the guidance and support that you have been providing during this challenging time and the work that is occurring within your local community. That is very inspiring not only to myself, but also to the team at KHA. I just wanted to reiterate that if there is anything that we can help with, whether COVID-related or non-COVID-related, don't hesitate to contact us here at the KHA office. We will do whatever we can to get those questions answered.

## Relative to COVID and Dashboard Update – Sally Othmer (*slides attached to today's Daily Update*)

Staff Shortage Reporting – We continue to report hospital capacity 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. Although it is optional, we encourage hospitals anticipating staff shortages to please continue reporting. It is an important measure that truly speaks to capacity.

Statistics – Our positivity rate continues to rise, now at 21%. The weekly new cases graph, added recently, now includes deaths due to COVID. KDHE updates their information on Monday, Wednesday and Friday each week.

COVID-19 Reporting Requirements – The CMS/HHS [FAQ document](#) was updated again on Dec. 8. Influenza fields added on Oct. 6, will be mandatory beginning this Friday, Dec. 18. New therapeutic fields are optional now but will become mandatory on Jan. 8, for select hospitals. As referenced in the TeleTracking release notes, not all users will be required to report these as they appear only for certain hospitals. Multiple resources are available from the presentation (attached to today's Daily Update) and on the KHA website.

**COVID-19 Preparedness and Response Update** – Ron Marshall (*slides attached to today's Daily Update*)  
**Mission Control App – Hospital Engagement/Rollout** – During the last Hospital Huddle, Dr. Watson presented an introductory information on the Mission Control app, which is the bed available and inter-facility transfer app in which the State has signed a contract. The availability of beds continues to be a problem in Kansas and in the Midwest. Oftentimes, it requires numerous phone calls and many hours of trying to find available beds. I have been talking to Mission Control and have some information to share with everyone. In the last 30 days, Mission Control has done over 375 inter-facility transfers from 50+ unique originating sites. Forty percent of the transfers have been presumed COVID-19 positive. It also shows that Mission Control moves more than just COVID-19 patients. Time-critical diagnosis patients would be the other 60 percent. In the 30 days, they on-boarded an additional 20 hospitals and another 21 in the active conversation/training process to go live with Mission Control. As Dr. Watson mentioned two weeks ago, their goal is to have access available to all hospitals in the state by the end of the year. One of the questions I have requested from Mission Control is how can hospitals help achieve that goal? One of their comments they made last night was facilities continue to call Mission Control rather than use the software to leverage the Mission Control app. While they can use the phone, they would certainly encourage all hospitals to use the software of Mission Control because it is more efficient, not only for the hospital but for the Mission Control staff. Mission Control would also like to seek out facilities who are willing to be designated receiving destinations. They are looking for the tertiary hospitals as well as the regional hospitals to go live with Mission Control. Related to those facilities, Dr. Norman has stated a numbers of times, that one of his goals with Mission Control is not only to send patients needing higher level of acuity to these tertiary and regional hospitals, but also have those hospitals be able to locate beds where they can send patients back to their home communities that require less acute care. Thereby freeing up beds in the larger hospitals for patients that require acute care. Another point of emphasis is making sure EMS is involved, because it does involve inter-facility transports by EMS. They are encouraging, when they are on-boarding a hospital and having conversations as well as doing the training, that the local EMS is invited to participate in those conversations and even in the training with the hospitals. If a hospital is getting ready to be on-boarded, they would encourage that facility to reach out to your local EMS and make them part of the conversation so they can bring up anything that they have concerns about. Remember, the local hospital determines the priority of which EMS will be called first. If you want your EMS to be called first, it would be good to be part of those conversations. Lastly, if you are interested in getting more information about Mission Control, [contact@cheyennemountainsoftware.com](mailto:contact@cheyennemountainsoftware.com). They also have a sign-up page where you can put in your information to be contacted about you and your hospital.

**Testing Questions and Answers** – Kansas has an expanded the COVID-19 public testing initiative. There are actually two parts to this. One is the [Go Get Tested](#) sites in Kansas. The map shows the 23 sites as of today that are available for public testing. Those sites are one part of the strategy. The other part is hospitals were reached out, because even with 23 sites, there was a bottleneck. They asked hospitals to consider being testing sites or reference laboratories. The Go Get Tested in Kansas testing is free of charge. Testing is covered by Dr. Norman's statewide standing order, so no physician order is required. Insurance is not required. No official ID is required. You only need to provide a name, email and phone number. That information is being used to get results back. To get tested at these sites, you must be at least 18 years old. They prefer appointments, but some walk-in appointments are available. Results are sent by email or you get a phone call. We have had several questions from hospitals about not having a positive result, even when an individual says they have a positive result. What we have learned is the Go Get Tested sites will send individuals a link where they can actually download the test results and produce a paper copy to share with the hospital and reduce the need to retest to verify whether the patient truly was positive or negative. Part of the other strategy is to have hospital laboratories be collection only sites and send the specimens off to six or seven regional labs who have a contract with the state. If you are a hospital laboratory doing public testing and sending it off to one of the reference lab, you get \$30 for every test you send. In less than two weeks, on Dec. 28, you have to have submitted those requests for payment to KDHE. Lastly, it may be a little bit late, because right now, without

additional state or federal funding, this program will end at the end of the year. If the program does happen to continue past the first of the year, these labs and the Go Get Tested labs will continue to be able to operate.

**Vaccine Planning and Distribution** – Karen Braman and Kaylan Hinkle (*slides attached to today's Daily Update*)

It is unprecedented to think that just two weeks ago in our last huddle, we were talking about the upcoming FDA and CDC reviews of the Pfizer and Moderna vaccine. Here we are today with Pfizer's vaccine being distributed to Kansas hospitals this week. We are pleased to have with us this morning Kaylan Hinkle who is the KDHE COVID-19 Vaccine Co-lead along with Allison Alejos. You have heard from both of them before. Kaylan will provide an update on the vaccine plan and distribution in Kansas. I want to thank Kaylan and Allison and the KDHE immunization program staff who have been working tirelessly with health care providers across the state, including Kansas hospitals in preparation for the COVID-19 vaccine. Kaylan Hinkle answered several questions she has received from hospitals.

How is KDHE handling vaccine distribution to hospitals? Consultants from KDHE will be delivering doses to hospitals. They will be in contact as it is happening. They plan to contact hospitals' primary or secondary vaccine coordinators today with allocation and anticipated delivery date. The hospitals should know that the vaccine will be arriving at refrigerated temperatures, so they will have 4-5 days to administer the vaccine once it is received. You must have completed the enrollment process in order to receive the vaccine. Keep in mind that involves all signatures to be received and you must be enrolled in V-Trac as well. If there are some communication you haven't gotten yet, check to make sure your enrollment is complete. Some of the local health departments will be vaccinating high-risk hospital and health care workers. It depends on what the enrollment looks like in your region. If you haven't received any communication from KDHE by the end of today, make sure your enrollment is complete. If not, give the immunization program a call to check to make sure they have received all your enrollment information.

When will KDHE deliver vaccines to hospitals in western Kansas? We are doing this at the same time as everyone else in the state. When will the Moderna vaccine be received next week? We will receive it next week. It will be used for allocation with local health department workers and FQHCs. Doses also will be given to EMS workers as well.

If a hospital didn't respond to the vaccine capacity survey, how will they get vaccine? How should they get their number of front line staff to KDHE? The number one thing is your enrollment. We used the information from that survey. It was very helpful, and I believe most of that information has gone into the micro-planning efforts as far as vaccine distribution. As long as your hospital is enrolled for COVID-19 vaccine providers, you should be receiving either by KDHE consultants or in regards to the amount of vaccine you will be receiving. If you haven't received that call, check your enrollment and go from there.

Will KDHE be calling all hospitals this week about the vaccines? It is all based on your provider enrollment. If your doses match an amount that we have that we can send out, they should have contacted you if you are enrolled as a COVID-19 vaccine provider. If not, check your enrollment and then check in with us if you are having issues.

How will KDHE communicate in the future weeks regarding additional doses to allocate to hospital workers? I would presume from this moment that they will communicate in the same manner as they are using this week. But keep in mind processes do change if they find a better way to communicate as they go through the process of distribution. If any large changes are made, KHA will be kept in the loop in order to pass on information to you all.

If vaccine declinations happen within the first priority group, are there directions for hospitals regarding those doses? If you have declinations for vaccines, ensure the vaccines are getting in the arms of health care workers at your facility. We don't want wasted vaccines. We want to use whatever we can. If you've gone through the entire priority groups as best you can and you still have vaccine left over due to declinations, just move through the priority groups in your hospital. Contact KDHE immunization support if you have questions or you're not sure who you should go to next. We don't want any wasted vaccines. We don't want to waste anything. So if you do have extra left over, we'd be more than happy to leave those at your facility so you can vaccinate the next level of priority.

When will clinics or individual practices be prioritized to receive vaccines? This goes back to the Moderna vaccine. The local health department will be receiving Moderna vaccines next week for health department staff and EMS staff. The FQHCs will be receiving vaccines for all health care providers. This vaccine will be Moderna. More vaccine will be available to hospitals regarding the Moderna in a few weeks. Don't forget that Pfizer will be sending the booster dose three weeks after the initial allocation. You will still be receiving at least one more allocation of Pfizer if you are receiving it this week since it is the second shot allocation.

If a hospital doesn't use their full allocation, what should they do? Contact KDHE. That way we can handle it on an individual basis to make sure appropriate storage and handling requirements are met. We will work with you to get that taken care of. Don't worry about redistributing it yourself or finding out who it goes to next. Just get in contact with us. We will point you in the right direction.

Has KDHE's micro-planning taken into account that other hospitals have ultra-cold freezers? I don't know we necessarily have taken into account in our micro-planning, but it is something that we are aware that certain hospitals have. Something those specific hospitals need to keep in mind is that if you have an ultra-cold freezer, this might give you additional time to vaccinate staff as you could bring the vaccine to ultra-cold temperature. But I will let you work that out with the consultant as they arrive with the vaccine because if it has been at refrigerated temperatures too long, it might affect whether it can go back to ultra-cold temperatures. It could give you an opportunity to elongate the time you have to vaccinate your staff, but it might not depending on how long the vaccines have been refrigerated.

We will be getting more Pfizer allocations, but the second and third week of that allocation will go to the long-term care facility programs and the federal programs. That is coming out of our allocations, but it is not something that we will be dealing with. Once we have allocated it to the federal programs, CVS and Walgreens will be handling that. Ultra-cold storage is something that they will be handling at their locations. Before the transport of the vaccine begins, calls will be made to the facility to ensure they know the timeline and to ensure they will be able to use the vaccine within the allotted amount of time. However long that vaccine has been refrigerated, that's when the timer starts. Once the timer starts, the consultant will let you know that you will have 4-5 days after that time to vaccinate the staff that you have identified. I will be giving a summary of these questions so they can be given out along with the summary.

KHA has a new [vaccine resources page](#). There are a couple of items that I want to mention as you are planning vaccinations for your staff. Kaylan mentioned the CDC COVID Vaccine Provider Agreement. We have that listed here. We are updating our website to include the link directly to KDHE's enrollment site. If your hospital is planning to vaccinate your staff and you haven't already enrolled, that is the critical first step as Kaylan mentioned. That is what will trigger the phone call to your hospital about your allocated doses and your estimated delivery time. The other thing I want to mention that is a CDC requirement is that the inventory of COVID-19 vaccines that your hospital will have in your possession to vaccinate your staff. That inventory has to be reported daily into Vaccine Finder. We have that information posted online as well. There are a number of CDC vaccine training and education tools. I want to note for clinicians the CDC slide deck including "What every clinician should know about COVID-19 vaccine safety." Pfizer-specific information is provided in a CDC

slide deck that we listed under the Pfizer information that will be helpful to clinicians who are both administering the vaccine as well as receiving it. As information becomes available, we will continue to add this to our site. We hope that it is helpful with all of it in one place. As the Moderna vaccine information becomes available, we will be adding those resources to this page as well. A couple of brief updates about the Moderna vaccine, the FDA released this morning the briefing document that includes the safety and efficacy data on the Moderna vaccine that will be reviewed by the FDA Advisory Committee this week. That meeting of the FDA Advisory Committee is on Thursday with the CDC ASIP meeting to review clinical considerations of the vaccine on the 18<sup>th</sup> and 20<sup>th</sup>. If the Pfizer review timeline from last week is an indicator, it certainly is possible that the FDA and CDC will take action over the weekend. We are anticipating Moderna vaccine being shipped into Kansas early next week. KHA will host a clinical call on Dec. 22.

**Finance and Reimbursement Updates** – Tish Hollingsworth (*slides attached to today's Daily Update*)

**PRF FAQs Updates** – On Dec. 4, and on Dec. 11, HHS made a number of updates to the [Provider Relief Funds \(PRF\) FAQs](#) which include new responses to inquiries as well as updates to some previously published FAQs. Changes made in these most recent revisions are in a number of sections of the FAQ document including the “Overview Section”, “Terms and Conditions”, “Miscellaneous”, “Ownership Structures and Financial Relationships”, and in the “Auditing and Reporting Requirements”. Of significant importance are the updates in the section “Use of Funds” (page 16 and 17) of the [FAQs document](#), which provide answers to questions that have been raised multiple times. HHS also clarified the use of PRF payments under the “Vaccine Distribution and Administration” (page 27). See more information in the attached Finance presentation from today's call.

**CMS to Hold an Ambulance Listening Session – December 16** – The Hospital Associations in CMS Region 7 (Kansas, Iowa, Missouri and Nebraska) and the CMS Kansas City Office have been working to convene a listening session to discuss ambulance services during the public health emergency. We are pleased to announce that CMS has scheduled the listening session for from 9:00-10:00 a.m. Wednesday, Dec. 16. The session will start with a brief overview of ambulance waivers and flexibilities during the PHE, followed by an opportunity for attendees to share experiences and challenges in finding beds and transferring patients (including reverse transfers) as well as the challenge in preparing for potential medical review to support the need for ambulance services. This also is an opportunity for you to make suggestions on any waivers, flexibilities, or changes you would like CMS to consider to address the challenges. CMS policy subject matter experts will also be available to answer questions related to ambulance policy. We look forward to your participation in this important session. Below is the connection information (no registration is required):

Dec. 16, 9:00 to 10:00 a.m. - Join ZoomGov Meeting

<https://cms.zoomgov.com/j/1617129446?pwd=UzNSOGtUZTVidTVnWVpKNVpaM3BSQT09>

Meeting ID: 161 712 9446 - Password: 797422

Dial Toll-free (833) 568 8864 - Meeting ID: 161 712 9446 - Password: 797422

**Updated Payment and HCPCS Code Structure from CMS for COVID-19 Vaccines and Antibodies** – On Dec. 11, 2020, the U.S. Food and Drug Administration issued an [Emergency Use Authorization \(EUA\) for the Pfizer-BioNTech COVID-19 Vaccine](#) for the prevention of COVID-19 for individuals 16 years of age and older. Review [Pfizer's Fact Sheet](#) for Healthcare Providers Administering Vaccine (Vaccination Providers) 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). Review CMS's updated [payment and HCPCS Level I CPT code structure](#) for specific COVID-19 vaccine information. Only bill for the vaccine administration codes when you submit claims to Medicare; do not include the vaccine product codes when vaccines are free.

[CMS Updates Guidance for Medicare Coverage of COVID-19 Antibody Treatment](#) – On Dec. 9, the Centers for Medicare & Medicaid Services updated the [COVID-19 Frequently Asked Questions \(FAQs\)](#) on Medicare Fee-for-Service Billing to include information about coverage and billing guidance for monoclonal antibodies to treat COVID-19 (see updated FAQs starting on Page 120). In addition, CMS has developed an [infographic](#) with key facts about Medicare payment to providers and information about how Medicare beneficiaries can receive these treatments with no cost-sharing during the public health emergency. CMS' [Nov. 10](#) announcement about coverage for monoclonal antibody therapies allows a broad range of providers and suppliers to administer this treatment in accordance with the Food & Drug Administration's Emergency Use Authorization.

[WPS Carrier Advisory Committee to Review Medicare Coverage for Respiratory Panels](#) – WPS, the Medicare Administrative Contractor for Kansas, has announced a [Multijurisdictional CAC](#) meeting on Jan. 11, to review their molecular diagnostics joint operating agreement for coverage of lab testing. The meeting will include Medicare Medical Directors of other MACs including Palmetto, Noridian, and CGS to discuss their coverage policies for respiratory panels and other multiplex nucleic acid amplified panels. The information discussed will be used in the process of possible revision of current Local Coverage Determinations. As we have previously reported, the WPS LCD L37764, as discussed in detail in the [Local Coverage Article A57579](#), currently only provides coverage for respiratory panels with three to five targets. KHA has been working with WPS to expand the Medicare coverage, especially during the public health emergency. The public is welcome to listen into the call, but are not allowed to comment during the meeting. Registration is required by using information included in the [notice](#).

#### **[State and Federal Advocacy Update](#)** – Audrey Dunkel/Landon Fulmer/Tara Mays

Landon Fulmer reported that there has been a lot of action over the weekend in Washington, D.C. Late last night, there was a new deal that emerged from the pieces of the deal that was announced last week. A bi-partisan group of legislators is looking to put together a bill to break the impasse on the COVID relief package. Basically, there has been a concern that there are two major provisions that are controversial on either side. Those are provider liability relief and aid to state and local governments. What this group of congressmen and senators have done is that they have broken it out into a separate bill and put everything else into a bill that, if it's voted on would definitely pass. That includes \$35 M in additional funding for provider relief fund. It includes language importantly that would require HHS to allow hospitals to use any reasonable calculation for calculating revenue loss for the purpose of knowing how much PRF each hospital is entitled to. This is something that we have been pushing as well. We are going to be sending out a Federal Advocate that will have more information on this deal and links if you want to go into a deep dive on it and know what's in it. The situation is that neither House nor Senate leadership has staked out a position on this yet, but right now, it is the only game in town. It is the most likely way for the House and Senate to finish its business for calendar year 2020.

There's not a lot happening in the state right now because the legislature is winding down. Those who were not reelected are preparing to leave. Some changes here on the KHA side. Tara Mays has joined us as our new Vice President of State Legislative Relations. Tara will be giving you these state updates. Tara Mays introduced herself and expressed her appreciation for the opportunity to work with KHA and its members.

Chad mentioned the [regional report-outs](#) that are going to begin this afternoon. You can access those via YouTube Live. We will send out the link with the transcript of this call so you can listen in to hear what is happening in those other regions or what is being reported in your region. We thank you all for participating in that. We know that the State Finance Council has extended the emergency declaration to Jan. 10, which is a little bit strange, but the Governor really wanted the finance council to extend the declaration a little bit longer so the legislature didn't have to come in immediately and take action, especially with the new legislators. So they extended it through Jan. 10. The new legislature starts on Jan. 11, 2021.

Audrey thanked all who were involved in the virtual legislative events. Usually we do legislative dinners, but in the time of COVID-19, we went with virtual events. I think they have been really informative for all of our legislators, and especially our new legislators. Thank you for taking out time to do that.

### **Member Questions**

*Q1: In regards to vaccine distribution, will KDHE need any paperwork turned in regarding vaccine distribution? When will the facility be notified when they are able to receive the vaccine and who will be contacted at the facility?*

A1: At the facility, the consultants will be contacting the hospital's primary or secondary vaccine coordinator. They should receive communication by the end of today regarding this week's allocation. Other than their enrollment, I am not aware of any additional paperwork.

*Q2: If one facility has not received the vaccine, may they get some transfers from a facility that did?*

A2: As long as a hospital has completed the CDC vaccine provider enrollment, they will be getting a call about their doses allotted and the estimated delivery date and time. For hospitals who have chosen not to complete the CDC vaccine provider enrollment, it is my understanding that KDHE will be working with the local health department in those circumstances. KDHE is reaching out to the local health department in the community to determine if they would be willing to work with the hospital to vaccinate their high-risk staff. The local health departments that are affected will be reaching out to the hospitals to coordinate that. Our understanding is that is happening in a very limited number of circumstances. If the hospital has some extra vaccine and another hospital in their area didn't receive any because they may not have enrolled, I do believe that you can transfer. But there is some paperwork involved, especially if they aren't a COVID-19 provider. I don't know that they would be able to give the vaccine. They could hold the vaccine, but someone else would have to come in to administer the vaccine. It would be much easier if you were all enrolled as COVID-19 providers. But if you are not, that is an option that is possibly out there, but there is some paperwork involved.

*Q3: What is the expected frequency and mode of notification that a registered site will or will not receive vaccine shipment as well as quantity?*

A3: When our consultants contact them, they will let them know how much they are receiving and when they will be receiving it. As far as other weeks' allocations, they will receive those calls again. I believe they will use both email and phone calls. I would check your email first. If you don't have an email, you should expect a phone call.

*Q4: Is there a requirement for a hospital to be enrolled in Vaccine Finder to be able to receive the vaccine? To date, we haven't received information on enrollment and Vaccine Finder.*

A4: I don't know that there is necessarily a requirement, but you are required to report in Vaccine Finder daily for inventory, so they probably go hand in hand. In order to receive vaccines, they must be enrolled and must go through that program to order more as far as I'm aware. As far as not receiving any communication about it previously, I would work with the KDHE department to figure that out. Unless they aren't a Web-IZ provider, because this is all taking place through Web-IZ as far as I'm aware of. On [the KHA COVID vaccine resources page](#), we have a link to the Vaccine Finder page, and there is information in there for providers about what is required and how to enroll in Vaccine Finder.

*Q5: If a hospital has not been in contact with Mission Control, how do they start the process? Do they wait for Mission Control to contact them, or do they reach out?*

A5: They reach out to [contact@cheyennemountainsoftware.com](mailto:contact@cheyennemountainsoftware.com).

*Q6: Does the Mission Control want hospitals to let them know if they are going to be taking patients who are no longer in need of a higher level of care?*

A6: Yes, right now it is kind of a manual process. My understanding is that Mission Control is developing a new bed availability app. If you have beds available and can take less acute patients and help reduce the load off regional and tertiary hospitals, please let them know. Our goal is to be able to move patients both directions – to higher and lower level acuity care.

Q7: *When will the vaccine consent be available from KDHE?*

A7: I believe KDHE is working with one of our pre-position facilities as they have already written their consent. I don't believe KDHE has written theirs yet since it is not a requirement by CDC. Hopefully, it will be coming out and shared with you soon. I'm not sure it will be coming from. The KDHE immunization team has been working on this. While the FDA is not requiring a written informed consent, it is a requirement and is listed in the EUA fact sheet for vaccination providers. We have linked to that on our [website](#) as well. It is a requirement that vaccination providers counsel the vaccine recipients or their caregivers and inform them of the information that is included in the EUA fact sheet for recipients and caregivers. You must provide them either a copy of that EUA fact sheet for recipients and caregivers or provide them the website where it can be located. That is the national requirement. KDHE has stated that they will be requiring an informed consent and are working on that language, but that hospitals can also develop their own informed consent. As soon as we have additional language or information from KDHE, we will add that to our website.

Q8: *If a hospital enrollment has been delayed by a technical glitch, will they miss the first round?*

A8: Maybe. The first round (Pfizer vaccine) is this week. Next week vaccines will be going to the local health departments and the FQHCs. So, you potentially would get it the week after that, and that would be the Moderna vaccines for the hospitals.

Q9: *When does the second round start?*

A9: The first week we are all getting Pfizer vaccine. Next week, the Moderna will be allocated for local health departments and the FQHCs. The second and third allocations will be going toward the federal long-term care facility program. As far as I'm aware, the Pfizer allocation will be only this week for hospitals. Of course, you'll be receiving the booster to go along with that as well. From that point on, I believe we are moving on to solely the Moderna vaccines at the hospital level. Could be the end of December or first of January.

Q10: *When will hospitals be notified if they are not getting an allocation of vaccine? Is that all happening today?*

A10: If they are not getting allocation, they will not be contacted. It could be that the consultants just might not get around to it until tomorrow. I'm not sure what their timeline would be. I know they are working as quickly as possible, but they might have had a delay at some point. So if you don't get a call by tomorrow, you should assume that you won't be getting an allocation from this first week.

Q11: *How do hospitals find out who is the primary or secondary vaccine coordinator for their hospital?*

A11: KDHE has granted me read only access to KDHE's COVID-19 vaccine provider dashboard. We are able to see who the primary contact is listed. I am not able to see who the secondary is, but I can certainly be that first line of response for hospitals that have questions about whether or not they have completed their provider enrollment and who the primary point of contact is. I'm happy to do that to help the KDHE folks and our hospitals, email [Karen Braman](mailto:Karen.Braman).

Q12: *Can you share the telephone number to call to verify enrollment?*

A12: [kdhe.COVIDEnrollment@ks.gov](mailto:kdhe.COVIDEnrollment@ks.gov) email or by phone at (877) 296-0464.



Q13: *You mentioned the vaccine will arrive under refrigerated temperatures and we only have 4-5 days to administer all doses.*

A13: That is correct in most cases, unless they were able to deliver a whole pizza box, which was only done with very large hospitals. It is likely that you will receive it at refrigerated temperatures.

Q14: *Why was the vaccine allowed to be refrigerated rather than frozen? Does that increase the risk of waste?*

A14: It does increase the risk of waste based on the fact that once it is at refrigerated temperature, it can only be utilized for up to 5 days after the timer starts. We did not have the capability to transfer it at ultra-cold temperatures. So once it is delivered to that pre-position facility, it will be transferred by our consultants through use of vehicles just transporting it as a person. It will be refrigerated, but we didn't have the ability to transfer it at ultra-cold. It will begin the thawing process. It may not reach refrigerated temperature by the time it reaches you, but it will have begun the thawing process. States were directed by the CDC that they could only submit a specified number of pre-position sites. The number that Kansas was given was five sites. KDHE stepped in to be one of those five sites. That way, they could ensure the vaccine was redistributed across the state regardless of a hospital's ability or access to an ultra-cold freezer. I suspect that was due to the limited number of thermal shippers that Pfizer created to ship and store their vaccine. The number of thermal shippers that Kansas is receiving is limited because of the small amount of vaccine that is being broken down to transport to other hospitals. As many front line workers as possible across the state can be vaccinated, but there just wasn't enough of those thermal shippers that include the dry ice that Pfizer created to send those out. It's been a tradeoff, and one that KDHE put a lot of thought into to make sure that there was equal access to the vaccine across the state. The consultants will be contacting as they are in route to delivery to make sure the hospital knows what the timeline on the vaccine is so they know when the timer started. That way they will have the timer of the five days they have to vaccinate from that point.

Q15: *If the hospital needs to know if they have completed all the provider enrollment information, who can they contact to confirm it?*

Q15: Reach out to [Karen Braman](#) as a first line, because she can quickly look up and answer if your enrollment status as the vaccine provider for COVID-19 has been completed. If there are any holds on it, for example if it is pending a signature, at that point, she will let you know and give you the contact information to the KDHE personnel who can walk you through how to get that completed.

Q16: *What is V-Tracks?*

A16: The KDHE COVID enrollment email address would probably be the best place to submit that question [kdhe.COVIDEnrollment@ks.gov](mailto:kdhe.COVIDEnrollment@ks.gov) email or by phone at (877) 296-0464.

Q17: *Is there a link that shows all pre-vaccine requirements?*

A17: At the top of our [vaccine tools and resources page](#), right under general tools and resources, we have a section entitled "COVID vaccine provider requirements."

Q18: *If doses are left over, should hospitals be offering to clinics outside of the system but still on their campus?*

A18: As long as it is on their campus, they can make that final call as long as they are an enrolled provider. Some hospitals have already queried their staff to find out who of their eligible front line workers who are eligible to receive it who will want it and getting an actual number of that. If you know what that number is, when KDHE reaches out to you and gives you your allotted number doses, if you believe that the number of doses is less than that, let the KDHE staff know so they can work on redistribution as soon as possible.

Q19: *Are hospitals not planning to expect any more Pfizer shipments between the ones happening this week and then three weeks from now with the second dose?*

A19: That is correct. If that changes, KHA should be notified.

Q20: *Are the priority groups for Kansas slightly different than what has been published. Is more detail going to be provided with that distribution?*

A20: The 1A priority is all we have distributed. As far as following priority groups, I believe most of it will be left up to the hospital's discretion. They will be provided a list of what KDHE will recommend. I'm not sure where or when that list will be posted, but it will obviously be posted before that allocation of vaccine comes out. Keep an eye out for that. KHA is not sure an updated description on the vaccine plan is available on KDHE's website. KDHE may be updating that. Knowing that the priority is front line health care workers who are at highest risk of exposure to COVID-19 and then work your way through your health care personnel based on their risk of exposure and duration and time. Many hospitals are obviously prioritizing emergency department staff and ICU staff first and then working their way through by level of exposure after that. As long as they are health care workers, and you have prioritized them in any way after we are done with the 1A high risk priority population, it's pretty much at your discretion to move through your hospital as you feel appropriate.

Q21: *Will our (Wesley) vaccines arrive in the Pfizer thermal shipper?*

A21: Wesley will still be receiving the vaccine at refrigerator temperatures.

Q22: *Are there any different recommendations for pregnant or breastfeeding staff?*

A22: There are additional information from the CDC interim considerations that have been posted within the last several days. The CDC actually talked about this, and we posted both slide decks on [our website](#). The interim consideration is that pregnancy is not a contraindication to receiving a vaccine. There were a number, I think two dozen individuals who became pregnant while they were in the phase 3 clinical trials and received the vaccine. But it really is a matter of the individual in consultation with their physician assessing their risks of exposure to COVID-19 and the benefits and risk of receiving the vaccine. I encourage you to seek the helpful information on the CDC interim consideration website.

Q23: *Will all hospitals that have successfully completed the enrollment process receive the vaccine even if they do not treat COVID-19 patients or are a small facility?*

A23: Not necessarily. The doses have been allocated on the basis of high-risk priority groups. Even if your hospital has completed the enrollment, they might have been allocated elsewhere. If that is why you haven't been contacted, keep in mind, that could be why. Size or location of facility does not matter.

Q24: *Has the EUA for the Pfizer vaccine been distributed?*

A24: It has, and it is available on the FDA's website, Pfizer's website, and on [our website](#).

Q25: *At this time, who is responsible for vaccinating health care workers not affiliated with a hospital?*

A25: That falls to the health departments with their Moderna allocation. I don't know how far out into the community that goes with health care workers at this moment based on who providers are. If they work at a long-term care facility, that might be part of the CVS and Walgreens program. As of this moment, that should fall to the health department. There is a lengthy list of long-term care facilities that signed up for the CDC pharmacy partnership with long-term care. Those vaccinations will be provided by CVS or Walgreens. There was a very small number of long-term care facilities who opted out of that, but their local pharmacy that they work with has been assigned to receive their vaccine and to handle that.

Q26: *Are we still only getting the 24,000 doses of the Pfizer in this first week for hospital vaccination, or are there more coming for first doses for all front line staff.*

A26: More will be coming later in the month, but it will most likely be the Moderna rather than Pfizer. Pfizer will be just this first week allocations (nearly 24,000 doses). After this week, we believe for hospital front line workers, it will be the Moderna vaccine.

Q27: *Are facilities doing prior authorization with insurers for the infusions, or is it covered due to a confirmed positive diagnosis?*

A27: I have not heard of anyone instituting a specific prior authorization. That being said, the emergency use authorization for the product is very specific to mild and moderate cases of COVID-19 who are at risk of progressing to severe disease. So the EUA itself has really limited that as well as the supply. So in some cases hospitals have elected to prioritize further amongst their population what individuals they believe may respond best to or may be at highest risk of hospitalization to get the monoclonal antibodies.

Q28: *Is there a way to check online to see if a hospital have received all their CDC enrollment information?*

A28: You could possibly go that enrollment link or they could get checked through Web-IZ. I think it tells them their status.

Q29: *It was stated that health departments are going to receive the Moderna vaccine next week. Are hospitals going to continue to receive vaccines to meet the rest of their tier 1 vaccinations?*

A29: It will be the week following next week, because next week's vaccinations are already slated for the health departments and FQHCs.

Q30: *Do you know whether the booster that is sent in three weeks, will be frozen or delivered as this first round was?*

A30: It will be delivered exactly as this one was just because it is the ultra-cold. I believe it will go out again to the five pre-position facilities and we will distribute it the same way that we did this week.

Q31: *We have received word from other hospitals that with proper reconstitution and carefully drawing up doses, there may be close to six doses per vial. Is it acceptable to use excess to get extra doses in their allocation?*

A31: Yes. Pharmacists have dealt with overfill with a number of injectable products over the years. I was just on the Pfizer-hosted vaccine training this morning. They did allude to overfill. A list of Pfizer-hosted vaccine trainings was included with yesterday's daily update. If you have not logged in and listened to one of those, it's one hour long. I highly encourage you to do that, especially for your pharmacy staff or nursing staff who are going to be reconstituting the vaccine and the folks who are going to be administering it.

Q32: *What if a person forgets to take the second dose on time? If for some reason they fail to get the second dose precisely three weeks after the first, do they have to start over again with another two-dose regimen?*

A32: No, they do not. There are two references that I want to point to. The first is the FDA briefing document on the Pfizer vaccine. One of the exclusion criteria in the phase 3 clinical trial was if the study participant didn't not receive a second dose in a 19-42 day window from the first dose. The FDA briefing document is linked on our site under the Pfizer-specific references. The other is on the CDC call hosted yesterday. We have linked to those sites as well. The window that the CDC recommended was that the second dose could be administered as early as day 17 after the first dose. Or if it after day 21, the second dose should be administered as soon after day 21. But the series does not need to be repeated.

Q33: *Do you know the email address or whom the emails would be sent from today?*

A33: We would assume it would be the COVID supplier email address it is [kdhecovidenrollment@ks.gov](mailto:kdhecovidenrollment@ks.gov).

Q34: *The person getting notified is the one that was identified as the primary vaccine coordinator. Will hospitals need to order weekly vaccine, or will certain amount be shipped?*

A34: With the Moderna, I'm not sure yet, especially since the EUA hasn't been released yet. I would watch for information about that since we will likely be replacing the Pfizer with Moderna from here on out.

Q35: *Since the Pfizer vaccine was approved under an EUA, is an order by a physician required for an individual to receive it?*

A35: With the EUA, you cannot require someone to receive a vaccine. We have asked this question of the KDHE immunization staff if Secretary Normal would be issuing a standing order for the vaccine like he has done with the standing order for testing. We have not received a response back to that yet. We will keep you posted on that. We would also refer a hospital who are going to be a vaccination provider to that EUA fact sheet for administering vaccine for vaccination providers. All the requirements are included there, including receiving consent from an individual recipient that they do, in fact, want to receive the vaccine. We would make sure that you have gone through that EUA in detail.

Q36: *If hospitals are located on the state line, can they administer to individuals not from Kansas?*

Q36: I am not aware of any prohibition against that, but I do want folks to note that the initial supplies of vaccine – both Pfizer and Moderna – are going to be limited through January. That's something to keep in mind in terms of prioritization and making sure we are working through folks who are at highest risk of exposure. Whether that is front line health care workers or individuals in long-term care or their staff. Making sure they are prioritized first. Just a quick note, I'm sure people are wondering why the schedule is the way it is. I do want to make sure folks remember that the national distribution of vaccine is much more limited than the states anticipated even several weeks ago, certainly a month ago. This is the state's attempt to make as equitable allocation as possible with the very limited vaccine supply that has been made available.

Q37: *The Vaccine Finder document says that an email will be sent to register providers with instructions for completing the V-Track enrollment. Should hospitals contact KDHE if they have not received that notification with how to enroll?*

A37: Yes. Also check your junk mail. Sometimes it goes into that box, so watch for that as well.

Q38: *We have not received links for setting up their COVID-19 locating health provider portal. Who do they contact to see when they will receive that?*

A38: Contact the KDHE immunization program.

Q39: *For the Vaccine Finder, if they are already enrolled in Web-IZ, does that count, or do they need a separate set up?*

A39: I believe it is a separate enrollment. We will confirm that and send that information out.

Q40: *If we completed a vaccine provider application and did not receive a call for allocation, will we be told why?*

A40: I'm not sure where their timeline is right now. They might not have been contacted yet. Keep watch for it until probably at least tomorrow morning. Then if you still haven't received a contact, I would presume it is probably the priority group lacking. The numbers of vaccines we are expecting are much smaller, so we had to pick and choose.

Q41: *The KDHE consultant will be delivering the vaccine, correct?*

A41: Correct. They will be delivering it in a personal-looking vehicle. It will not be marked, but it will be KDHE employees.

Q42: *If we don't get enough doses this week to vaccinate all their front line staff, when will they get it?*

A42: This depends on when the second allocation of Moderna comes out. I believe Moderna is shipping every two weeks. Since they are shipping every two weeks, it won't be next week or the week after, but should be the week after that. I believe they are shipping around the New Year week. That may also alter some scheduling with shipping around the holidays.

Q43: *Vaccine Finder seems to be provider-specific for public information. Is there a need for hospitals to enroll while vaccinating their front line workers?*

A43: Yes, because I believe that is how the federal side will be tracking inventory.

Q44: *Do hospitals need to make sure they are administering the vaccine from the same manufacturer when giving the second dose?*

A44: Yes. The CDC has confirmed again in the last few days' worth of safety-related calls that there has just not been enough study to date to indicate whether or not it would be appropriate at some point to make them interchangeable. So right now, they are not. So the individuals who are getting the first doses of Pfizer vaccine, they need to get that Pfizer booster.

### **Happy Holidays ... 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. 5**. Email [Cindy Samuelson](#) if you have guest speakers you would like to have present on an upcoming Hospital Huddle.