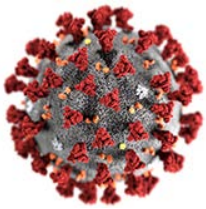
COVID-19 Statewide Hospital Huddle Summary
Tuesday, Feb. 2, 2021



Chad Austin expressed his appreciation for everyone joining the huddle today. Since our last huddle, there has been a lot of activity. Not only has the State Legislature started out on a fast pace, but the activities surrounding COVID-19 have increased as well. KHA continues to communicate with KDHE regarding the distribution of vaccines, and how the state will approach Phase 2 and beyond. At this point in time, the state will continue to work directly with the local health departments until we get more vaccines into the state. Hopefully, at that point in time, we will be able to coordinate more specifically with some of our local hospitals. We are pleased to have Phil Griffin, Director of KDHE Bureau of Disease Control and Prevention, to provide an update on the latest COVID-19 vaccination activities. Thank you for all you are doing. If we can help with anything from a KHA perspective, please do not hesitate to contact us.

Statistics Relative to COVID and Dashboard Update – Sally Othmer

Thank you again for submitting your data to TeleTracking, reported on the first page of our Dashboard. This information is hospital-specific information and is aggregated at the district level. Please note that our hospitalizations are trending down from our peak in December, which is always good news. 187 Kansans perished due to COVID-19 last week, bringing our total in Kansas to 3,809 since the pandemic began. For the third consecutive week, the number of new cases in all six KHA regions trended down. These are trends we all want to see and hope will continue as more Kansans are vaccinated. The KHA COVID-19 Dashboard has changed over time and will continue to be updated to report information in the best way possible. Please reach out to Sally Othmer, sothmer@kha-net.org with questions or recommendations. Updates to TeleTracking and resources are available on the attached slide and the KHA website.

COVID-19 Preparedness and Response Update – Ron Marshall

As Sally's dashboards indicate, and from what we hear from hospitals on our weekly calls with Dr. Norman, hospitals are reporting across Kansas that they are experiencing a decrease in COVID-related hospitalizations, ICU stays, ventilated patients and deaths. All good news for hospital capacity, staffing resources and the need for patient transfers. Hospitals are also reporting decreases in staff absenteeism and quarantining as a result of the vaccination efforts for health care workers. KHA also participates in a couple of regional calls every month, Region 7 (KS, MO, IA, NE) and another which also include CO, WY, SD. Those states are reporting experiencing similar decreases. Kansas hospitals rank high nationally in the administration of monocloneal antibodies and we hear from a number of hospitals these are making a difference in the severity of the illness and decreasing hospitalizations.

The COVID-19 virus is doing what viruses do, which is continue to random mutations. There is some concern for another wave, potentially in the March time frame, as the US sees COVID-19 variants spread and potentially become the dominant variant. Dr. James Lawler, an infectious disease physician with the University of Nebraska Medical Center shared on a call last week his particular concern with the Brazilian variant. It appears in Brazil there is a significant reinfection rate. Early indications are that this variant has the potential for neutralizing antibodies (from the vaccines and monoclonal antibodies) to be less effective – still effective but not in the 94-95 percent range. Novavax has conducted one of the largest study in South Africa with approximately 4,400 participants and found the efficacy dropped from 89 percent in the US to 49.6 percent in South Africa. Dr. Fauci and the CDC says that the most important thing we can do is get shots in patients' arms as soon as possible.

Dr. Lawler will be presenting a webinar at 2:00 pm on Thursday, February 4, entitled "Exploring Implications of the New COVID Strain". Information and registration is attached. In other vaccine news, Moderna has requested the FDA approve changing the amount of vaccine in their vials from 10 ml to 15 ml. This would not require any change in the existing vial size. That would help reduce one of the issues of getting raw materials produced.

Also, the Kansas Division of Emergency Management has announced that if facilities need additional assistance with vaccine data entry, they may be able to provide resource assistance. If the facility has exceeded local resources and exhausted all other options for additional staffing, you can make a request to your local county emergency manager who will run it up to KDEM. They may be able to find additional resources for data entry. This assistance could also help with parking lot management, check-in stations etc. If you need assistance the request should be made through the local county emergency manager. We have heard the number of doses shipped in Kansas far exceeds the number of doses reports in WebIZ. So if it is an issue of staffing, that may be a way to explore an option to do that.

Data Reporting – Phil Griffin, Director of the Bureau of Disease Prevention
Phil Griffin, Director of the Bureau of Disease Prevention at KDHE thanked all of the hospitals for everything they have contributed, particularly in the Phase 1 vaccination process for COVID-19 vaccines. Hospitals were KDHE's primary partner for a large portion of the health care associated workers to be vaccinated in Phase 1. KDHE appreciates all the collaboration with KHA in helping to get surveys out, to keep track of progress and getting staff throughout the hospitals vaccinated. To my knowledge, we have met those needs, and everybody was able to get what they needed to get those entire staffs vaccinated. As we move into Phase 2, as has been said many times, we have shifted the focus of where the vaccine is going right now and it is being focused through the local health department. That does not mean that hospitals cannot get the vaccine, but that you need to work with the local health departments in a county plan of how to do that. Really, what we are looking for at this time, is how to get the most vaccines out in the most efficient manner. Sometimes that is not fitting into traditional hospital system methods of doing individuals who have set an appointment. It is more about setting up vaccine clinics.

The real challenge for most counties, they are receiving the amount of vaccine they can push out in about an hour instead of over a week. More than 60 counties across the state are only getting 100 doses each week. And it goes up from there in very small increments. Over 90 percent of the state is getting less than 400 doses per week. Only the top five counties are in the thousands, and those are limited thousands. Sedgwick and Johnson are obviously getting the most with the highest populations in Phase 2. They are each getting around 6,000 per week. The next three being Shawnee, Douglas and Wyandotte are each getting a couple thousand a week. They are pushing those out. I know that Johnson County is working with some of the hospitals there to supplement Phase 2 and is transferring the vaccine to different hospital systems that are taking care of different portions of their population. Sedgwick County is also collaborating with various partners to reach different populations there. Sedgwick County's primary focus is on the very elderly, and they are being able to do that through some mass clinics and special population outreaches. It varies by county how they are approaching things. Like I said, many of them are really challenged with the fact that while they would want to be able to distribute vaccines, especially if you have an ability to set up more of mass clinic structure, but unfortunately, they just don't have the vaccine to give you. They don't have it, because KDHE doesn't have it to give them. We are still averaging around 40,000 per week coming into the state to stretch across all of the state. That's where we are at right now.

What KDHE really needs most from hospitals right now is help in getting all the vaccine received several weeks ago to vaccinate hospital staff and health care workers reported as administered. KDHE will be sharing a report with KHA later today that shows the outstanding doses of unaccounted for vaccine by hospital. The vast majority of that is through the hospitals where several hundred or thousands of doses have been allocated to

the hospital, but none are showing as administered in WebIZ and none are showing as administered up to the federal level. We are getting a lot of heat from media and legislature from all types of sources as to why we have unaccounted vaccines. It looks like we have vaccines sittings on shelves that is not in peoples' arms. We know that is not the case. We know you are not sitting on the vaccine you have administered to your staff. The problem is there is no documentation of that. What we have found is there are a few different reasons for the discrepancy. Most glaring is what we found out yesterday, with some of the different hospital systems, that the HL7 message, which is an electronic transfer message that works between your EHR and WebIZ. In many situations, it is a different EHR than what your staff vaccination records went into. There are apparently some different EHR or some other type of HR database that those records went into, it is not connected via HL7 to WebIZ. People have assumed that that vaccine administration that got put into those HR records got transferred to WebIZ, and that is not the case. Some of the hospitals wanted to enter directly into WebIZ. A lot of that is maybe the smaller hospitals who have less than 100 vaccines that need to be entered, and that just has not been done yet. Whatever the reason may be, we need to work in partnership to get this data entered. The Secretary is really pushing to get a vast majority of this date enter this week.

KDHE is going to have staff reaching out and making phone calls to hospitals. KDHE is also going to provide the information to KHA and see how KHA can help get the information out so hospitals know exactly where they stand with doses that have been allocated versus those who have been administered, which result in the unaccounted for numbers. We will be reaching out in the next couple of days. We have come up with hopefully, the least painful solutions and that we have some ways to just put it into a spreadsheet with the required fields. As we designate them within the spreadsheet, we can work with that and do a mass group rather than having people go in and do individual records. Hospitals can work with IT and extract the data out of the database that you have into the right format to get it into an Excel sheet. We can then batch the data into WebIZ and up to the federal level. Others that are doing direct entry can also use the spreadsheet approach to do some uploads that way. As always, you can go in directly to get it done too. There may be some situations where the vaccine was initially delivered to the hospital, but the hospital was not an enrolled provider so it got transferred to another provider, such as a health department or a pharmacy that administered the vaccines for you. They need to report that those vaccines never showed as being transferred, so the reporting is not matching up. So we just need to work together to come up with the accountability from all those. Currently, Kansas is sitting in the bottom 10 of states for showing the rate of administration. That is not acceptable. It is showing that we have greater than 30 percent of our vaccines theoretically sitting on our shelves. We have a lot of people to answer to for that. There is also a concern that has been stated several times from the federal level that if these kind of trends continue, it could impact our allocation to come to the state. The theory would be that you apparently have vaccines sitting on the shelves, so if you have vaccines sitting on the shelves, we don't need to send you any right now. We know that is not the case, but we just need the documentation to provide that. We know that hospitals understand fully the importance of documentation and that if it not documented, it did not happen. KDHE appreciates your partnership in that.

Finance and Reimbursement Update – Jason Barb, BKD

Provider Relief Fund Reporting Portal – There are no updates listed on the portal website as of this morning. There is still no ability to enter data in the portal. There is no new information listed regarding the reporting due date, which was previously listed as Feb. 15, 2021. We expect there will likely be an extension of that deadline, but there is nothing officially listed as of this morning. You may want to register as a user for the portal at https://prfreporting.hrsa.gov/s/. If you haven't already done so. Our understanding is that folks who have signed up as a registered users are included on a listserv that supersedes any updates as they come forth. It may be worthwhile to do that. It is anticipated that it takes 15-20 minutes to register.

Provider Relief Funds Use of Funds – There were a handful of new FAQ's that were updated Jan. 28, 2021. Several of these are not anything new per se. They just clarified guidance. One that that is a little bit new is

reporting will be on a consolidated basis in the portal rather than on individual funds. So if you received general funds as well as some of the targeted funds, when you are able to actually enter information into the portal, it appears that you will do so on a consolidated basis and not have to individually list out the various funds that you did receive. Another one continues to indicate that when you are applying funds, expenses will be used first. Then unused funds will be applied to lost revenues. Another rule provides different guidance than what we had. It clarified that 2020 budgeted revenues to actual can be used as a basis for lost revenues provided that the budget was approved prior to March 26, 2020.

Schedule of Expenditure of Federal Awards (SEFA) – Another thing that has popped up that we receive a lot of questions on, especially for hospitals that don't routinely received federal awards, keep in mind that you will need to file a SEFA. That should capture all expenditure of federal awards (i.e., when funds are spent, not when they are received). The fact that you received a federal award does not trigger reporting it. When that money is spent, and to the extent that you have an expenditure of $750,000 or more in a year will require Single Audit to be performed in conjunction with your financial statement audit. Note that timing of the $750,000 requirement is based on the hospital's fiscal year end while reporting in the portal is on a calendar year end. It is very possible there will be differences between what you report to HHS in the portal and what you report in the SEFA on the single audit. Our understating is funds received in April 2020 from KDHE for emergency grant funding came from State General Funds and would not be included on the SEFA. Another thing to keep in mind is if you had any noncash Federal awards, they should be included if the hospital received PPE or equipment from the Federal stockpile, even though are not cash awards, those would be included on the SEFA as well. That's something new for a lot of folks that don't routinely have federal awards. Keep in mind that if you are not a calendar fiscal year end, there will be differences between your reporting for the federal funds on your audit as well as HHS funding.

State and Federal Advocacy Update – Audrey Dunkel/Landon Fulmer/Tara Mays
COVID Relief Plan – If you have been watching the news, you've seen that the President has put out a $1.9 trillion COVID-19 relief bill. The new news is that 10 republican senators met with the President yesterday evening to talk about their $600 billion alternative proposal. Big things that are in the proposals that impact hospitals is that the President's proposal did not include additional PRF funding. However, the senators' proposal does include $35 billion PRF with 20 percent dedicated to rural hospitals. It also leaves out states and local aid and the federal minimum wage increase, which I know is a concern for some of you as well. It also makes some reductions in the checks that would go out to individuals. It reduces the checks recommended by the President from $1,400 to $1,000 per person and really limits those to people who are in the income level of $50,000 or less for individuals. It also makes the reduction of $100 for jobless payments. Weekly payments would go from $400 to $300. Things that are the same. There are some dollars in there, $160 billion for vaccine distribution, testing and PPE production and those kinds of things. It really is the first salvo in the negotiations we would expect to see going forward. I would anticipate we will see something between $600 billion and $1.9 trillion, but we will see how it goes.

These 10 senators, which includes Senator Moran, who has always been a great supporter of hospitals, is starting to signal a kind of interesting change to the balance of power. With 10 republican senators added to the 50 democratic senators, there would be 60 votes to overcome in the Senate the filibuster. The filibuster is sort of an insurance policy. It is put in place in the Senate to ensure that most bills have some kind of bi-partisan support if, in fact, it is going to pass. The major bills in the past few years have had bi-partisan support, including the earlier COVID-19 relief bills. With this group of 10 signaling that they want to work with the President, it signals that they are at least engaging on the large issues that the President wants to put out there. There has been a lot of commentary this morning that maybe this is disingenuous and the President shouldn't give them any credence. He has another option to him called budget reconciliation which only requires a majority to get most of what he wants. But what it does do is it sets the stage for the moderates in the Democratic Party to also have a voice in this. If democratic leadership in the Senate and the President too

quickly walk away from Republican overtures to try and solve a problem, you might see senators like Jerry Mansion from New Jersey or Christy Cinema from Arizona also threaten to walk away because they want to have that kind of bi-partisan coverage. They come from a more moderate ideological spectrum. You might start to see the Senate develop something of a softer middle rather than the hard edges that we have seen over the past few years. I don't know if this is how it goes in the play out. The House of Representatives is going forward with Biden's proposal this week. Under budget reconciliation instructions, they first have to pass the budget resolution that has to be passed in the Senate. Then they could pass the reconciliation bill. It might take 2-3 weeks. It does signal a willingness on the part of different parties to try to find common ground on some of these major issues.

Telemedicine – We will be introducing today at 1:30 the telemedicine legislation. This will continue some flexibility we feel that we had during COVID-19 or we have had under the COVID-19 legislation that we would like to see continue moving on. But I would expect to see some amendments because there are some things that were not included in the bill that we feel like need to be. In addition, it's February, which means that the Legislature has been talking about budgets. We anticipate reaching out to all of you maybe to provide us some additional information and provide comments on things that are happening with different budgets, with KDADS and certainly with the KDHE budget.

Other Related Bills
HB 2126 – On the house side, HB 2126 provides immunity from civil liability for COVID-19 claims for adult care facilities. That bill has a hearing in House Committee on Judiciary that KHA will provide proponent testimony for this week.

HB 2174 – This bill would establish the rural hospital innovation grant program to assist rural hospitals in serving rural communities. That is part of the House leadership's 5-point plan targeted towards rural Kansas specifically. The bill has been modeled after legislature that we saw during the 2020 legislature that had an amendment when it was up for a hearing last year. This year's version does include the changing of the offset. That bill was introduced in House Appropriations last week, and it doesn't have a hearing date yet. But we anticipate that will be very soon.

On the Senate side of things, 340B legislation has been introduced. KHA joined with Community Healthcare Systems in providing the Senate Public Health and Welfare Committee an update on recent changes to the 340B program and the impacts on hospitals. Legislation will be introduced to eliminate discriminatory practices in state statutes. We don't have a bill number on that yet.

In both the House and Senate side, KHA has introduced the Rural Emergency Hospital Bill which establishing rural emergency hospitals as a rural health care licensure category. We don't have bill, but we anticipate that coming very soon.

A KanCare Expansion proposal was announced by Governor Kelly yesterday, while we have not seen legislative language, we have expressed how expansion is helpful for hospitals while expressing some concerns about the new pay-fors in that proposal including medical marijuana. We will continue outreach with our members but the legislative leadership has not expressed much desire to take up either of these proposals.

Public Education/Campaign – Cindy Samuelson
We have mentioned in previous huddles that KDHE will be starting a public education campaign around vaccinations in early February. We have been notified that until vaccines are more readily available, that campaign is not going to be pushed out at this time. We want to make sure that folks know about the KDHE www.Kansasvaccine.gov website which includes lots of public education information as well as information for providers. They have launched the Find My Vaccine tool, which is a part of that kansasvaccine.gov website. If

you go to that tool, you will see mapping information that we shared last week is live as well. That site, as you might recall from earlier updates, includes information about safety, availability of vaccine and frequently asked questions. It is a great site to link to or to direct folks to. It also has a dashboard for vaccinations. Just a reminder the county-by-county vaccine listing does not include Phase 1 vaccines that hospitals received, it just includes Phase 2 vaccinations. If you haven't had a chance to look at the Find My Vaccine tool and look at the mapping tool, we encourage you to do so. A link to the provider form to fill out is in today's daily email.

Member Questions – Cindy Samuelson

Q1: *What information is required on the required fields for the data vaccine spreadsheet?*
A1: It's an 80-column spreadsheet, but there's only about 15 that are actually required. Primarily, it is the basic demographics of the patient (name, date of birth, age, ethnicity and race) and the specific information about the date of vaccine and where it was administered and which vaccine it was. KDHE is having staff right now take that down to a more manageable piece that is only the required fields. A new spreadsheet will be coming that will be all required fields and sent today or tomorrow.

Q2: *Is it possible for a hospital to have both an HL7 interface and be able to manually enter vaccinations into WebIZ?*
A2: If it's coming out in the same database, the HL7 could cause a duplication, depending on how your vendor has your HL7 to be connected. But KDHE does have a de-duplication process, so they would clean that up eventually. At this point, they need to get it in the fastest way possible. HL7 messaging link has stopped linking at this point. They need to get the spreadsheet in so we can upload it. KDHE will be sharing with KHA the list of hospitals who don't have all their vaccinations showing as being distributed in the system. KHA will reach out to those members to talk to them about that. You will be hearing from KDHE and/or KHA.

Q3: *When we fill out a redistribution agreement, do we have to do a new form each time we redistribute vaccine, or is one on file enough?*
A3: A single redistribution agreement is all that is needed. Once you have done it, you can redistribute to community enrolled providers. They do not have to have a redistribution. You have to for redistributing the vaccine. And it's one and done for having it on file.

Q4: *We mentioned on the Find My Vaccine site. Has KDHE decided which hospital, clinic or other locations will serve as public vaccination sites?*
A4: KDHE's goal would be to have vaccine in every type of provider possible when we have the vaccine available to do so. We encourage our members to complete that information in today's Daily Update if you want to be a site that gives vaccinations.

Q5: *Are there specific EHR vendors that are creating the HL-7 problem?*
A5: There are many, and we have dealt with this for years. Some of it is a matter of the way vendors associated with immunizations. For some, they do a patch fix across their entire system, so it does not matter, because everybody gets an upgrade. For others, it is a client-by-client patch, and you pay extra for it. For others, it is a "here's the instructions on how you can do it." There are about as many different issues with vendors as there are vendors, I would say.

Q6: *Who should a hospital call if they have any specific questions related to the vaccine data submission?*
A6: Send an email to kdhe.covidenrollment@ks.gov.

Q7: *Do you see situations where a hospital thinks they have submitted data, but it is not visible in WebIZ?*
A7: The only ones KDHE has heard that kind of scenario are where they assume that their HL7 stuff has gone through. But as far as those who have done direct entry but the information not showing up, we have not. It is the assumption that the HL-7 message has gone through, and it is not showing up in WebIZ.

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, Feb. 16.** Email Cindy Samuelson if you have guest speakers you would like to have present on an upcoming Hospital Huddle.