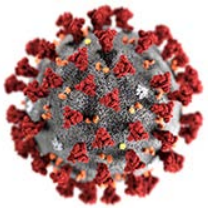
COVID-19 Statewide Hospital Huddle Summary
Tuesday, March 16, 2021



Chad Austin welcomed KHA members to the Hospital Huddle. Since the last call earlier this month, there's been quite a few additional activities that have occurred. We appreciate that many of our hospitals were able to participate and complete the vaccine capacity survey that KHA sent out on behalf of KDHE. That survey really was designed to be able to get information back from the hospitals to determine which hospitals within the state would be interested in receiving vaccines to vaccinate local community members. We have passed that information on to KDHE. In addition, yesterday KDHE started posting their new COVID-19 Vaccine Dashboard and the governor announced that the state of Kansas would be moving toward Phase 3 and Phase 4 on Monday, March 22. That will open up quite a few new Kansans that would be eligible to receive the COVID-19 vaccine. As always, any time that you have any questions or anything in which we can assist, please reach out to us at KHA. We are here to serve you and would be happy to help you through any activities in which you may need assistance.

Statistics Relative to COVID and Dashboard Update – Sally Othmer
(Slides attached to the daily COVID-19 email 3-2-21)
The hospital data from TeleTracking continues to demonstrate that we are going in the right direction as the number of COVID-19 hospitalized patients has dropped since our numbers peaked in November and December. We are now back to where we were in July. All six regions demonstrated a drop in the number of new cases from the week prior. The bottom graph displays weekly new statewide cases and deaths. All of the data from these graphs are pulled from information posted on the KDHE website. Weekly deaths are based on the cumulative number published by KDHE every Monday, Wednesday and Friday. Weekly new cases are down to where we were in May. As cases drop and vaccinations rise, we are hoping to move the dashboard to a focus on vaccine administration. This new bar graph, from data published by KDHE, displays the number of first dose, second dose and the percentage of the state population. Updates to TeleTracking and some vaccine resources are available here and at the KHA website. The KHA COVID 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.

COVID-19 Preparedness, Response and Vaccine Update – Ron Marshall
(Slides attached to the daily COVID-19 email 3-2-21)
We want to thank everyone who completed the Hospital Vaccine Capacity Survey last week. KHA sent it out on behalf of KDHE. We are very pleased that when we submitted the data to KDHE last Friday afternoon, we had 118 responses. That is really good, considering it was also spring break for many people. At this point, KDHE is reviewing the survey results, and we are awaiting the next step. In my brief review of the survey, it looks like the majority of the hospitals are interested in conducting vaccinations for mass sites as well as routine office visits and their patient base. So we are hopeful that as a result of this survey, KDHE and the increased number of vaccine doses arriving in Kansas that KDHE will allow hospitals to receive vaccine directly rather than going through the local health department. Stay tuned – we will wait to hear results from the Hospital Vaccine Capacity Survey.

Last week, KDHE announced that they were going to start providing a public-facing provider dashboard aggregating data for providers who have received or administered VOCID-19 vaccine doses since the start of the program. The current dashboard only has data coming from the daily snapshot. They are currently not using WebIZ, because we all know there are a number of problems being addressed, not only with WebIZ, but the HL7 interface. I did learn yesterday that part of the WebIZ issue is they went from 300 providers entering data in WebIZ to 1,500. As you might imagine, the staff and contractors at KDHE are a bit overwhelmed. Future versions of this provider dashboard will include additional data sets. I know they talked about the intent to, at some point in time, list the on-hand inventory for all providers. At this point in time, they have decided not to include that.

If you click on the download of the actual dashboard, the first version which is on this slide shows every hospital. This is a screen shot of the first few hospitals, the snapshot date and the accumulative doses received and transferred and net

transfers. It's not a lot of information. I don't think there will be a lot of people going to this and then calling you about vaccines doses that may be in your inventory from the public. This is version #1, and we'll see what develops after that.

As Chad mentioned, there was a big change yesterday in the phases in Kansas. Governor Kelly announced at 4:00 p.m. yesterday afternoon, this was the previous phases of vaccines in Kansas by population and the date they expected that we would reach each of these phases. There was some concern among hospitals (that we shared with KDHE) that Phases 3 and 4 really became jumbled. For example, aged 16-64 with severe medical risks versus aged 16-64 with medical risks. The questions were "what's a severe risk versus a medical risk," and "do we have to document that it was severe?" The big announcement yesterday afternoon from Governor Kelly was that Kansas, effective March 22 is moving to our next phase, which is a combination of Phases 3 and 4 into a single phase. So that does address some of the issues of what medical risks are, and it also speeds up the vaccinations as long as, as promised, the federal government provides the additional doses of vaccine to the state of Kansas. KDHE has defined what Phases 3 and 4 look like and condensed those. The slide lists the folks who will be now available next Monday to start signing up and trying to obtain vaccinations. A couple of comments on the timeline. The biggest barrier, as we have known for some time, is the actual allocation to Kansas of vaccines. We are moving two months sooner than we originally thought. If everything pans out as promised, all Kansans should be eligible for receiving a vaccine by May 1 or at least signing up to be eligible to receive a vaccine. The one big thing on this slide that was new to me at least was Kansas is going to partner with the federal government to set up FEMA-led mass vaccination sites. I know they have done that in New York, California and some other states. This would significantly increase the number of Kansans being vaccinated each day. We will have to see how that plays out as well as hospitals who are willing to be mass vaccination sites.

Finance and Reimbursement Update – Jason Barb, BKD
PRF reporting portal – No updates are listed on the portal website, and there is still no ability to enter data in the portal. Current understanding is providers will have a minimum of 30 days to report from date portal opens.

PRF Funds – No updates to FAQs since last call. The most recent FAQs were from late February.

American Rescue Plan Act – It was signed into law March 11. It includes an additional $8.5 billion to eligible rural providers. It appears the Congressional intent is similar to the PRF. The definitions of lost revenue and expenses attributable to COVID-19 are similar to the prior PRF language. It is unclear how HHS will treat those funds, and there is not a lot of clarity in how to access the funds. If you have had any difficulty in being able to justify the use of PRF, to the extent that you have unspent funds there, this likely is a non-issue. It appears that the same types of conditions are applied to this new funding that was attached to the PRF. You would have to identify some additional lost revenues or additional expenses that have not already been covered by prior funding sources.

State and Federal COVID-19 Advocacy Update – Audrey Dunkel /Tara Mays
Federal Update – One of the major issues from the American Rescue Plan Act of 2021 is the money to rural providers. There are a variety of other provisions that impact health care providers. One is an incentive for the 12 states that have not expanded Medicaid to receive an increase of five percent on their federal medical assistance percentage for two years if they expand coverage. That increase to the FMAP rate would be for the existing Medicaid program. Our existing Medicaid program has about 430,000 beneficiaries in it. There have been some estimates done on what would really mean for Kansas. When you take the additional FMAP and the state savings that would result from those dollars minus the cost of expansion that is a net over two years of an additional $250,000 million for the state of Kansas. Whether or not that is a big enough carrot for our legislature to move forward on that is a question.

The other portion of the bill addresses the Disproportionate Share Hospital funding. There have been some concerns that the calculations did not address the 6.2 percentage point increase to the FMAP rate. This resolves that issue in the legislation, making the determined HHS insure that total DSH payment the state make in a fiscal year is equal to the total payments they would have made without FMAP increase, so basically treating it the same. That addressed some issues and concerns we had with our DSH allotment. The bill also provides another $350 billion for state and local, tribal and territorial government. There's about $195 billion for states and another $130 billion for local governments. The dollars will go to the state in equal amounts. The state and local governments can use those. They have to cover costs incurred by Dec. 31, 2024, for some specific purposes including aid to households, small businesses, non-profits or impacted industries like tourism, hospitality, travel – things we know that COVID-19 has hit really hard. Funding for government

services that may have been curtailed because of the pandemic and then making necessary investments in water and sewer or broadband infrastructure. We'll be keeping an eye on those dollars as they hit Kansas, especially as we have talked about broadband infrastructure, because we know our governor has definitely focused on using some of the dollars that we have to expand that infrastructure in telemedicine. They are, however, prohibited from using their funding to spend on pensions or offset revenue resulting from a tax cut enacted since March 3. They can't give anyone a tax break, because they got a bunch of new federal money. There's also $500 million given to the USDA rural development Agency for emergency grants for rural healthcare as well. So there are some dollars out there that can support health care. Amongst other things that are happening outside of the bill, Medicare just announced yesterday and they would increase their payments for COVID-19 vaccine administration to about $40 for the administration for every vaccine administered on or after March 15, 2021. I know amongst our membership there have been some conversation than it may cost more to bill for it than you actually receive in payment. Hopefully that will push you over the edge and it will be worth our while.

In addition, some legislation that we just introduced in the last week or so that would extend the moratorium on the two percent sequester for Medicare through the end of 2021. We will be following that very closely. That legislation also includes a fix to the cap on when rural health clinics have to be certified before they are subject to the cap on their payments in the consolidated appropriations act. If you have been watching that, the cap was previously Dec. 31, 2019. This would adjust that, making a technical correction, making the certification date Dec. 31, 2020. So any rural health clinic certified after that date would be subject to the $100 cap for visits.

We have been having regular visits with our Congressional delegation and keeping an eye on any other health care legislation that is coming out.

State Update – The Rural Emergency Hospital bills in SB 175 and HB 2261, SB 175 passed the Senate on a vote of 39-0 and the bill is now before the House Health Committee, where the committee is likely to take that up later today. The subject, having passed one chamber is now something that can be added to any conference committee reports between the two health-related committees.

Adult Care Facilities Liability (HB 2126) provides immunity from civil liability for COVID-19 claims for adult care facilities. Following an amendment dealing with limiting visitors, the amendment was ruled not germane and the bill passed on a vote of 85-37, which is more than the 2/3 needed should that bill be vetoed. The bill is now in the Senate Judiciary Committee up for hearing today.

340B Updates bills SB 128 and HB 2260 were both stuck in committees as non-exempt bills. The committees, not having had the opportunity to hold hearings, will be held over to next year. In the meantime we are looking at the possibility of a budget proviso that just presses pause on the 340B changes that could impact 340B entities until the feds or the Kancare Oversight committee can take a deeper look at the policy implications related to the program.

COVID-19 Liability Protections amendments added to SB 283 on the Senate floor will include: extensions of liability protections for health care providers, extends licensed bed capacity, addresses out of state physician licensure, and adds extensions on the telemedicine flexibilities that allows physicians. The bill passed the Senate on a vote of 31-8 and is now in the House Judiciary Committee and scheduled for a hearing later this week.

Telemedicine HB 2206 was the original bill related to telemedicine services, referrals to specialty services and coordination of care. The bill was the one that KHA requested amendments to and was parked for the session while interested parties on payment parity met to further discuss. The legislation was procedurally blessed by leadership in the House when it went to the Appropriations exempt committee which is where it is right now. SB 248 is the mirror to HB 2206 original but was introduced in Ways and Means, so is exempt from legislative deadlines.

The Kansas Emergency Management Act Conference Committee reached agreement setting an overview of future emergency orders by the Legislative Coordinating Council with an added member in the Senate Vice President. While several iterations had some limiting language to the Governor and County Health Officers and included an Attorney General review, the conference committee agreed to does not include many of those provisions.

With the legislative committees only having two weeks to review legislation that came from the other chamber, it will be very fast-paced. We appreciate those of you that have continued to engage with policymakers up to this point in this very fast-paced legislative session. We hope that you will be able to continue that important outreach through the next few weeks of session which will be critical as committees have their last opportunities to work legislation.

COVID-19 Communications Changes – Cindy Samuelson
We have a couple of updates to share based on COVID-19communication that we've been doing since the start of the COVID-19 pandemic. The KHA communications committee as well as member CEOs have shared feedback with KHA on the regularity of our COVID-19 communication. We are going to transition away from daily emails. We still plan to do a dashboard on Mondays, Wednesdays and Fridays throughout the time that KDHE continues to share data on Mondays, Wednesdays and Fridays. As Sally shared, as we get more information on vaccines and other types of data, she will adjust that dashboard as our members desire different things being shown. Since we are completing a dashboard, we plan to send an email out on those days with that recent data and any other urgent news. But we won't be sending something every day. We will send a summary of this call today, but moving forward, just know that you may not see an email every day. In addition, we are going to continue to have these calls on the first and third Tuesdays until we feel we no longer have specific COVID-19 information that we have to share with that much frequency. We will need your ongoing feedback about the frequency of our emails and our calls. We will continue to keep our web pages on COVID-19 up to date. We have multiple pages with information specific for hospitals at www.kha-net.org.

Bryan Sexton Series – Jennifer Findley
I wanted to make sure that we drew your attention to an education series that we have kicking off this week that is directly related to some of the impacts that you have all been feeling dealing with this COVID-19 crisis over the past year. We will be offering a workforce resilience webinar series, and I just wanted to make sure that you all knew about it. We continually hear the stress that hospital employees are under as being part of this crisis. How everyone is feeling a little burned out, and we wanted to make sure that we provided some resources to help all of you. This webinar series will kick off on March 18 and continue through December. We wanted to provide some ongoing support and access to information to help all levels of employees. This is a program and a series of education that could be applicable to anyone that works within your hospital. It is not clinical by any means. The series will be led by Bryan Sexton, who is a name that many of you may recognize. Dr. Sexton has presented at a number of our KHA programs. He was a speaker at our convention a number of years ago and also talked at the Critical Issue Summit a couple of years ago. He is based out of the Duke Center for Healthcare Safety and Quality. He has received an NIH grant, actually a couple of different NIH grants to really study the impacts of burnout and how it overall impacts the healthcare safety practices within hospitals. He has developed a set of 12 evidence-based practices that he believes provide resiliency and help health care employees feel better about the environment they are working in. That is exactly what this series is going to do is to introduce you to some of those strategies. They are usually very simple, easy kinds of things that people can implement. But they have been proven through evidence to make everyone feel a little bit better. You can register for the entire series. Each webinar will be recorded, so if you missed one, you will have the ability to go back and catch up. Unlike other webinars, if you want to gather a group together, you are certainly allowed to do that. They can participate together and get this information. We think this is a great opportunity. We know it is something that you all have been asking for, so we just wanted to draw your attention to it. More information is online. We will be providing some nursing education connected to this series, so if you have nurses that are looking for CNE, this would be a great opportunity for them to get that credit too.

Member Questions – Cindy Samuelson
Q1: *Will you be offering CNE hours for nursing on this resiliency series?*
A1: Jennifer – Yes, we will be offering CNE and CME. Physicians and nurses will be able to pick up continuing education credits by participating in this series.

Q2: *Could you highlight the information about the Kansans who fall into the new phase starting March 22?*
A2: Ron – Phase 3 and Phase 4 have been combined into one phase together. These are the combined risks and folks who were previously in Phase 3. The first bullet group was in Phase 3. The second bulleted group was Phase 4. The third bullet is just a combination of what was in 3 and 4. The full details are online.

Q3: *Ron Marshall had previously made a note that Phase 3 & 4 were medical conditions with risk of severe COVID and probable risk of severe COVID, with the single exception of obesity, repeatedly shown to be an independent risk factor. Can you comment on its continued absence in the list? Is obesity a risk factor, even though it is not listed here.*
A3: Ron – Dr. Norman believes it should be on the list and thought it was listed. He is going back and checking but will try and add it to the document.

Q4: *How or will hospitals be notified about variants in their community? Will the patient and the public be made aware that variants are occurring in our community?*
A4: Ron – I believe they will be. I know when the variant of B-117, the UK variant was found in Ellis County and also Sedgwick County that was made public by KDHE. They are doing waste water testing, but I don't know all the locations. They are looking for variants. If a provider suspects a variant while doing testing or they have a previously diagnosed COVID and they submit a specimen to KDHE for variant testing, the provider will be notified by the local health department.

Q5: *Does anyone have any additional recommendations for quarantine for those exposed to variants? If we have and employee who has been fully vaccinated, we are continuing to allow them to work if they are exposed but remain symptom free. Is that still recommended or allowed if they are exposed to the "variant"?*
A5: Ron – I don't believe it has changed. If you are fully vaccinated and have received the second dose or, in J&J's case, the only dose, two weeks after you have received the dose, you are considered fully vaccinated. That guidance changed last week or the week before where you are considered immune for up to six months. Research is still being done for what happens after six months, but you are still allowed to work as long as you are symptom free. Personally, if you knew you were exposed to a variant, because they are more infectious, I might make the decision to request that employee to double mask, because they are more infectious, but that is just me speaking. There is no CDC or KDHE guidelines that a variant requires any different quarantine than the original COVID. We do know that in the next 60 days or so, it is suspected that B117 will be the predominant strain in the United States. It's been a little bit slower. We expected it in mid-March, but luckily we are not there yet, but we do expect that to change.

Q6: *Have there been any guidance or information shared about when hospitals may be receiving vaccine directly?*
A6: Ron – In exchange with KDHE, we sent the survey. I think it strongly reinforces hospitals desire to receive vaccine directly. All I know is they are looking at the policy and procedure and survey results and will make a decision shortly. That was yesterday afternoon, and that was the last I've heard. Chad – That is probably accurate. We would anticipate that hopefully this is something that will be later this month or most likely in April as the supply of vaccines gets increased to states. That is something that we are continually asking KDHE if they can provide some updated information on that.

Q7: *Does KHA think it would be possible if a vaccinator was able to secure a location just across the state line that would support a large mass vaccination event to use that location to provide Kansas vaccine to vaccinate Kansans ONLY, residents even though the location is just on the other side of the state line?*
A7: Ron – KHA shared more details with Dr. Noman after the call. He doesn't have a problem if the location is located across the state line as long as only Kansans receive Kansas vaccine. He did want to check with the KDHE vaccination team to make certain there aren't rules he is unaware of. KHA will follow up with the person from St. Luke's that submitted the question.

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, April 6.** Email Cindy Samuelson if you have guest speakers you would like to have present on an upcoming Hospital Huddle.