

What We Know Now

February 2, 2023

A weekly compilation of the latest news surrounding the COVID-19 pandemic from Community Care Network of Kansas. If developments happen that require immediate attention, Community Care will provide special updates as needed. We will also continue to monitor monkeypox, influenza, and others to include information about them in What We Know Now, as conditions warrant. We remain committed to keeping you informed with the latest information to help you respond to current and changing conditions.

Community Care Spotlight

Native Sons and Daughters of Kansas Annual Meeting Honors Kansas Health Care Workers



Native Sons and Daughters of Kansas presented the 2022 Kansan of the Year award to all Kansas Healthcare Workers for their response to the COVID-19 pandemic. Members of the Community Care Network of Kansas on hand to accept the Governor's proclamation on behalf of the healthcare facilities, nurses, and doctors were:

- ◆ Sonja Bachus, Chief Executive Officer
- ◆ Alice Weingartner, Chief Strategy Officer
- ◆ Pamela Kramer, Manager of Guadalupe Clinic
- ◆ JV Johnston, CEO of Guadalupe Clinic
- ◆ Dr. Anthony Turner, Chief Dental Officer of HealthCore Clinic
- ◆ Teresa Lovelady, CEO of HealthCore Clinic and Board VP of Community Care Network of Kansas
- ◆ Terri Kennedy, Director, Health Center Controlled Network
- ◆ Kari Parker, Resource and Training Specialist

Statewide organizations in attendance to acknowledge this prestigious award and represent and support their healthcare members were the Kansas Medical Society, Kansas Nurses Association, Kansas Association of Local Health Departments, Kansas Hospital Association, and Kansas Pharmacy Association.

Thank you to all of the healthcare workers across the state of Kansas for your dedication, sacrifices, and hard work before, during, and after the COVID-19 pandemic. A special thank you to all our network members who provide high quality, equitable care across Kansas. All of us at Community Care Network of Kansas are here to serve and support you so you can do the valuable work you do to serve Kansas communities.

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White House Announcement:

COVID Public Health Emergency will end on May 11.

The White House [announced](#) that it intends to end the COVID Public Health Emergency (PHE) and the associated National Emergency on Thursday May 11, which is only about a hundred days away. Below is a brief summary of some key factors about the end of the COVID PHE that will impact CHCs and their patients:

Policies NO LONGER impacted by the end of the PHE: The Omnibus bill passed in late December “de-coupled” the duration of two key policies from the PHE, so that they now run on different schedules:

- **The end of the Medicaid continuous-coverage requirement and start of eligibility redeterminations:** States can resume their normal redetermination processes as early as tomorrow, February 1, and must begin redeterminations by April 1. States can begin dropping Medicaid beneficiaries from coverage as soon as April 1. States have 12 months to begin redetermining each beneficiary’s eligibility and 14 months to complete the process. The higher FMAP that has been linked to the continuous coverage requirement will be phased out between April – December 2023.
- **Medicare telehealth flexibilities:** The following provisions have been [extended through December 31, 2024](#):
 - Medical services provided via telehealth: These services will continue to be paid at the current fee-schedule rates (as opposed to PPS rates.)
 - In-person visit requirements for patients receiving Behavioral health (BH) services via telehealth: The requirement for patients to have an in-person visit both within 6 months prior to starting BH telehealth services, and at least once every 12 months after starting such services. (Note that CMS has already used its regulatory authority to allow FQHCs to provide BH telehealth on a permanent basis, and that there will be exceptions to the in-person visit requirements once they go into effect.)

*Community Care will continue to disseminate information on the PHE unwind throughout the next few months. We will support our member network through this transition.

KDHE/Governor’s Office/Statehouse

As of 2/1/23: KDHE COVID DATA

[Latest statistics](#): 928,185 positive cases, 9,969 deaths, and 50 MIS-C cases.

Updated on 2/1/2023: According to the [Kansas WebIZ vaccination tracker](#), 5,141,986 doses have been administered in Kansas. 3,730,130 people have had their first dose; 1,043,515 have had their second dose; and 368,342 have had a bivalent booster dose. 12.2% of Kansans have been vaccinated with the bivalent booster.

For the week of 1/21/23 – 1/27/23, 25 counties of the 105 Kansas counties were considered to be [areas of high transmission](#), with at least 100 cases per 100,000 residents. 30 counties have substantial rates of transmission, (50-99 cases per 100,000), while 29 counties had moderate transition rates (10-49 cases per 100,000). 21 counties had low transmission rates, with fewer than 11 cases per 100,000.

Cover Kansas:

Encourage Patients to Update Their KanCare Contact Information Using KIERA

The [Kansas Department of Health and Environment \(KDHE\)](#) has created a new virtual agent called “KIERA” to assist Medicaid consumers in Kansas with updating their required information, such as their household address and phone numbers. KIERA stands for “Kansas Integrated Eligibility Reporting Assistant.”

Medicaid renewals have been on pause since 2020 and will resume in 2023. [KanCare](#) will use the information they have on file to determine eligibility for Medicaid or CHIP coverage. If KanCare needs more information to make a coverage decision, they’ll send a renewal letter in the mail.

If the address with KanCare is not up to date — patients may not receive the renewal letter and could lose Medicaid or CHIP coverage in 2023.

[Cover Kansas website](#) has a step-by-step video, instructions, and information on what you will need to utilize KIERA. This is a great tool for patients or your social media accounts to assist those with Medicaid make sure their information is up to date.

HRSA

Get #OurHearts Pumping for National Wear Red Day

February is American Heart Month and this Friday, February 3, is [National Wear Red Day](#). We encourage you to wear red and, at noon on Friday, [join an NIH webcast](#) for 25 minutes of heart-pumping activity!

Stay tuned to February Digests for American Heart Month content each week.



New HRSA and CDC Status Neutral Approach Framework Program Letter

HRSA’S HIV/AIDS Bureau (HAB), BPHC, and CDC released a [program letter](#) (PDF) on Tuesday, January 17, to encourage public health partners and grant recipients to implement *status neutral* approaches to HIV care and prevention. Status neutral service provision is an example of a syndemic approach to public health, weaving together resources from across infectious disease areas and incorporating social determinants of health (SDOH) to deliver whole-person care, regardless of a person’s HIV status.

White House Mpox Response Coordinator Dr. Demetre Daskalakis discussed the joint letter at the January 19 HAB You Heard webinar. The recording is posted on HAB’s [TA Webinars webpage](#).

Centers for Disease Control and Prevention

CDC Launches Website to Help Consumers Find Free COVID-19 Testing Sites:

The Increasing Community Access to Testing (ICATT) program provides no-cost testing sites to communities greatly affected by the pandemic. ICATT sites operate as a partnership between the federal government, state and local jurisdictions, and a federal testing contractor.

The ICATT program provides testing resources for people who are experiencing [symptoms](#) related to COVID-19 or [have been exposed](#) to someone with COVID-19. People without health insurance do not have to pay for COVID-19

testing at ICATT locations. The tests are billed to third-party payers, such as Medicare, Medicaid, and private health insurers, to increase program sustainability.

For more information about the CDC Testing Locator website, visit testinglocator.cdc.gov. For more information about the ICATT program, visit cdc.gov/icatt.

MMWR:

“Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing Symptomatic SARS-CoV-2 Infection Attributable to Omicron BA.5- and XBB/XBB.1.5-Related Sublineages among Immunocompetent Adults—Increasing Community Access to Testing Program, United States, December 2022–January 2023” published in *MMWR Early Release*

CDC published [Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing Symptomatic SARS-CoV-2 Infection Attributable to Omicron BA.5- and XBB/XBB.1.5-Related Sublineages among Immunocompetent Adults—Increasing Community Access to Testing Program, United States, December 2022–January 2023](#) in the January 25 issue of *MMWR Early Release*. A portion of the summary appears below.

Using spike (S)-gene target presence as a proxy for BA.2 sublineages, including XBB and XBB.1.5, during December 2022–January 2023, the results showed that a bivalent mRNA booster dose provided additional protection against symptomatic XBB/XBB.1.5 infection for at least the first 3 months after vaccination in persons who had previously received 2–4 monovalent vaccine doses.

Access the *MMWR* article in [HTML](#).

“Information for Persons Who Are Immunocompromised regarding Prevention and Treatment of SARS-CoV-2 Infection in the Context of Currently Circulating Omicron Sublineages—United States, January 2023” published in *MMWR Early Release*

CDC published [Information for Persons Who Are Immunocompromised regarding Prevention and Treatment of SARS-CoV-2 Infection in the Context of Currently Circulating Omicron Sublineages—United States, January 2023](#) in the January 27 issue of *MMWR Early Release*. A portion of the article appears below.

As of January 20, 2023, >90% of circulating SARS-CoV-2 variants in the United States, specifically Omicron BQ.1, BQ.1.1, XBB, and XBB.1.5 sublineages, are unlikely to be susceptible to the combined monoclonal antibodies, tixagevimab and cilgavimab (Evusheld) used for preexposure prophylaxis against SARS-CoV-2 infection (1). The Food and Drug Administration announced on January 26, 2023, that Evusheld is not currently authorized for preexposure prophylaxis against SARS-CoV-2 infection in the United States. It is important that persons who are moderately to severely immunocompromised, those who might have an inadequate immune response to COVID-19 vaccination, and those with contraindications to receipt of COVID-19 vaccines, exercise caution and recognize the need for additional preventive measures. . . . In addition, persons should have a care plan that includes prompt testing at the onset of COVID-19 symptoms and rapid access to antivirals if SARS-CoV-2 infection is detected.

Access the *MMWR* article in [HTML](#).

Influenza is still active in some areas; keep vaccinating

Keep encouraging influenza vaccination of those not yet protected. Although this influenza season peaked early, it is not possible to rule out a late season resurgence. CDC’s [Weekly U.S. Influenza Surveillance Report, FluView](#), provides a valuable snapshot of influenza activity state by state.

Influenza Surveillance

For week 3, ending January 21, CDC's [Weekly U.S. Influenza Surveillance Report, FluView](#), reports that nationwide, 2.6% of outpatient visits were due to respiratory illness that included fever plus a cough or sore throat (i.e., influenza-like illness [ILI]). This is just above the national baseline of 2.5%. Multiple respiratory viruses are co-circulating; the relative contribution of influenza virus infection to ILI varies by location. So far this season, 91 children have died from influenza-associated causes.

Additional COVID updates include:

- [Cases in the US](#)
- [COVID-19 Forecasts: Deaths](#)
- [Reporting COVID-19 Vaccinations in the United States](#)

NACHC:

Medicaid Unwinding

States may begin their 12-month unwinding period and initiate the first Medicaid renewals as early as February 1! Then beginning April 1, states will be able to terminate Medicaid enrollment for ineligible individuals following a redetermination. NACHC is committed to sharing information easily and regularly with and across the field throughout this process. The following are NACHC resources to assist health centers and their partners:

- a. Listening Sessions NACHC is seeking feedback from the field on Medicaid redeterminations. Join our two one-hour listening sessions to hear from health centers, PCAs, and partners on the redetermination process across states. Please [register here](#) and share with colleagues who might be interested.
 - a. February 8 at 3:30 - 4:30 pm ET
 - b. February 24 at 2:00 - 3:30 pm ET
- b. Medicaid Redetermination Workgroup Applications: Due Friday, February 3 NACHC is seeking applications to join a workgroup focusing on the Medicaid redetermination process. The goal of the workgroup will be to serve as a technical advisor to assist NACHC on policy and communications-related developments. Apply for the [workgroup on the following link](#).
- c. Medicaid Redetermination Online Information Sharing Platform (Noddlepod) Any federal guidance and resources related to health centers can be found in this online forum. To request access to the Noddlepod group, please [click on the following link](#).
- d. You can [use this link to access NACHC's Medicaid Redetermination social media resources](#). These resources include graphics with pre-scripted messaging and short videos.

WHO

Statement on the fourteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic

The World Health Organization (WHO) says that the COVID-19 outbreak will probably stop being a global emergency soon — but we're not there just yet. After a meeting of its emergency committee on 27 January, the [WHO said this week that it still considers the outbreak what it calls a public health emergency of international concern \(PHEIC\)](#), but that the COVID-19 pandemic is at an inflection point — meaning that high levels of immunity to the virus SARS-CoV-2 are beginning to limit its impact and reach. The agency said that nations must remain vigilant, however, and laid the groundwork for administrative changes to keep pressure on the virus in a post-pandemic world.

Media/Scientific Reports

Reuters:

U.S. FDA removes COVID test requirements for Pfizer, Merck pills (link [here](#))

The U.S. Food and Drug Administration (FDA) on Wednesday removed the need for a positive test for COVID-19 treatments from Pfizer Inc and Merck & Co Inc. Pfizer's Paxlovid and Merck's Lagevrio pills were given emergency use authorizations in Dec. 2021 for patients with mild-to-moderate COVID who tested positive for the virus, and who were at risk of progressing to severe COVID.

Still, the FDA said the patients should have a current diagnosis of mild-to-moderate COVID infection. The health regulator said individuals with recent known exposure with signs and symptoms may be diagnosed by their healthcare providers with COVID even if they have a negative test result.

The Lancet: Infectious Diseases

Protective effectiveness of previous SARS-CoV-2 infection and hybrid immunity against the omicron variant and severe disease: a systematic review and meta-regression (published 1/18/23; link [here.](#))

Previous SARS-CoV-2 infection and hybrid immunity both provided greater and more sustained protection against the omicron variant than vaccination alone. Individuals with hybrid immunity had the highest magnitude and durability of protection against all outcomes; protection against severe disease remained higher than 95% until the end of available follow-up at 11 months after hybrid immunity with primary series vaccination and 4 months after hybrid immunity with booster vaccination, and was sustained at these high levels of protection in projections to 12 months after primary series hybrid immunity and 6 months after booster vaccination hybrid immunity.