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| **MCCMH PROVIDER MEETING** |
| Meeting Name: | Quarterly Provider Meeting (CLS/Respite, Residential, Skill Building) |
| Location, Date and Time: | April 15, 2020, 9:00AMZoom Meeting |
| Meeting Facilitator: | Cristina Mosella, Chief Network Officer |
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| **Agenda Items**  |
| Item | Topic |  |
| 1 | Introduction  | Network Operations Team:Valarie Pierson Contract Manager: CLS/Respite & ResidentialEmma VanHoet Contract Manager: Hospital & Primary/Clinical ProviderDick O’Neil Contract Manager: COFRVictoria Schulte: Senior Administrative AssistantCarrie Weickel: FOCUS AdministratorStephanie Woodall: Residential Financial Auditor  |
| 2 | Resource Sharing  | Food Assistance Resources: 1. Eastern Michigan Foodbank is still open and operating. This link allows you to locate food banks by zip code: <https://www.fbem.org/where-to-get-food/find-a-food-pantry/>
2. SNAP-Households eligible for Food Assistance Program benefits will receive additional benefits in March and April to bring current SNAP cases to the maximum monthly allowance for that group size. This will only apply to customers not currently receiving the maximum benefit amount.

TB Testing and Physicals: 1. Shelby Urgent Care- 51850 Dequindre Rd., Shelby Township, MI 48316

586-799-4082PPE and Other Essential Supplies: 1. Amazon: Providing PPE to healthcare providers at cost. You will need your license number.
2. Providers purchased paper masks and sanitizer from [www.medixsource.com](http://www.medixsource.com)
3. Providers purchased N95 masks from [www.modernbeyond.com](http://www.modernbeyond.com)
4. Pharmaceutical Reps
5. Vanson Leathers is selling masks: vanson@vansonleathers.com
6. Provider suggested Detroit National Action Network: 313-288-8433
7. Provider Suggested Michigan Mutual Aid: (810) 255-0336
8. MCCMH will be distributing PPE to providers that responded to the PPE survey (direct contract only). COVID confirmed cases will be prioritized (amount and types of PPE will be dependent on inventory). Providers are still strongly encouraged to seek out needed PPE independently. First round was disseminated. This will continue to be an ongoing effort.

Financial Resources: 1. Small Business Stimulus-Paycheck Protection Program. The stipulation that publicly funded business/organizations cannot apply has been removed. Please see link for more info:

 <https://home.treasury.gov/system/files/136/PPP%20Borrower%20Information%20Fact%20Sheet.pdf>General Guidelines and Resources: 1. <https://www.michigan.gov/coronavirus/>
2. LARA AFC Guidelines: <https://www.michigan.gov/documents/lara/AFC_HFA_FAQ_Final_685300_7.pdf>
3. CDC Guidelines for Returning to Work: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.htm>
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| 3 | Questions About Authorizations and Payment  | 1. **Q.** Can claims processing be expedited for providers with identified cash flow/financial issues?

***A.*** *MCCMH wants to provide support to all providers as needed to the best of our ability. If you need your claims paid at a faster rate than normal, please email your contract manager and they can assist in connecting you to the finance division to see their ability to pay claims in an expedited timeframe.* 1. **Q.** Do residential providers that are experiencing financial hardship due to increase staffing needs because of skill building closures need to provide all of the documentation outlined in the Executive Directive dated 3/17/20 and 3/27/20?

***A.*** *For the time being please follow the process outlined in the directive for all financial hardship concerns. Please note, MCCMH is reviewing the ability to provide rate increases to assist providers.* 1. **Q.** What is the process for increasing CLS hours? Can I bill without an authorization?
2. *Work with the Primary Case holder to have the PCP updated to reflect the hours needed under H2015 and H0043 (The primary case holders have been told they have until May 1, 2020 to amend the PCP). An updated PCP or authorization change does not need to occur prior to providing the additional hours or billing the hours. Providers can bill without an authorization in place. This functionality is not yet in place however is being reviewed by PCE currently. We are moving as quickly as we can with updates to FOCUS.*
3. ***Q****.* What if I am unable to reach the primary case holder to discuss an increase in hours?
4. *If you are unable to reach the primary case holder, please email* *Cristina.Mosella@mccmh.net* *and* *Emma.VanHoet@mccmh.net**. You may also contact the Access Center to discuss what an appropriate increase would be. Do not wait to provide what you feel is needed, provide what you know the individual needs. Our primary concern at this time is the safety of persons served.*
5. **Q.** Can providers pick up checks?

***A.*** *Yes. If you do not already have an arrangement set up with Finance to pick up your check, you will need to contact* *Kendra.Militello@mccmh.net**. Kendra will email providers the day the checks arrive. Kendra is asking providers to wait in their car and call her phone when they arrive to reduce traffic in the lobby of Administration.* 1. **Q.** Will MCCMH be providing additional funding to providers?
2. *MCCMH is reviewing means to pass through rate increases to assist providers. At this time MCCMH intends to provide additional funding through the H2016 and H0043 CLS codes. Since last week’s meeting, additional information from the State has been provided about funding and more information will be provided as it is available to the PIHP’s.*
3. **Q.** Will MCCMH be providing financial assistance for vacancies in the home as a result of COVID-19?
4. *MCCMH will not be offering reimbursement for vacancies. However, providers may request an exception using the financial hardship process outlined in the Executive Directive.*
5. **Q.** Will MCCMH be waiving the 60 day billing requirement?
6. *MCCMH does not anticipate that the 60 day billing edit will be a barrier. If there are delays in billing, MCCMH is asking providers to email exceptions to* *claims.exceptions@mccmh.net**.*
7. ***Q.***Are the technical difficulties providers are experiencing with billing additional CLS hours related to the email sent out by the FOCUS Program Coordinator on 4/7/20?
8. *Yes. PCE our programmer currently has several COVID-19 related updates. At this time the CLS authorization/billing update has not been completed. Once completed, a notice will be provided to the network.*
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| 4 | Questions About Service Delivery  | 1. **Q.** What should providers do if they have a confirmed COVID Case?
2. *MCCMH is asking that providers do the following:*
	1. *Inform the Macomb County Health Department (helpline number:* ***586-463-3750. Helpline is open 8:30AM - 5:00PM,*** *seven days a week). If outside of Macomb County, please contact that county’s local health department.*
	2. *Contact Cristina Mosella and your Contact Manager.*
	3. *Complete an Incident Report (report all confirmed consumer cases and positive staff cases if they came in contact with consumer(s)*
	4. *Follow the guidance issued by LARA:* [*https://www.michigan.gov/documents/lara/AFC\_HFA\_FAQ\_Final\_685300\_7.pdf*](https://www.michigan.gov/documents/lara/AFC_HFA_FAQ_Final_685300_7.pdf)
	5. *Follow the guidance issued by the CDC:* [*https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.htm*](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.htm)
	6. *Follow the guidance issued in the Freedom of Movement MEMO issued by MDHHS.*
3. **Q.** Can MCCMH reach out to Case Management/ Supports Coordination Providers and encourage more contacts via phone or video conferencing?
4. *MCCMH hosted a meeting on 4/7/20 with Hospital and Primary Providers at which time this was discussed. Providers were encouraged to contact persons served weekly to ensure support is provided. This meeting will occur bi-weekly, please email any questions/concerns/information to share with this group to* *Valarie.Pierson@mccmh.net* *and Emma.VanHoet@mccmh.net.*
5. **Q.** CM/SC are unable to request new authorizations because plans are expiring. What should we do?
6. *The primary case holders are aware of the process for requesting an extension through the Access Center when services must be requested that exceed the date of the plan.*
7. ***Q.***What if I have a shortage of staff that may impact the safety and wellbeing of a person served?
8. *MCCMH will do our best to provide support in ways we can. Please consider other staffing possibilities such as staff out of work at this time with Skill Building providers. Please email Cristina Mosella at* *Cristina.Mosella@mccmh.net* *and your contract manager if you need support.*
9. ***Q****. Does MCCMH have a plan as staffing becomes a larger issue?*
10. *This is an unprecedented time and so it is hard for both providers and MCCMH to know the extent of the needs that will arise. With that being said, MCCMH is actively planning/discussing what solutions can be put in place to solve issues like staffing shortages. Providers are also strongly encourage to create their own organization specific plans and directives.*
11. **Q.** What should providers do in relation to quarantining persons served after a visit to the ER for medical care not related to COVID-19. How do providers ensure a person’s served rights are upheld?
12. *MCCMH had an internal meeting to discuss and it was the consensus that providers should follow CDC guidelines. If an individual was exposed, quarantining them would be appropriate. If they were not exposed, it is not necessary.*
13. **Q.** What should providers do when they call 911 for persons served and the arriving EMT decides the individual does not need to be taken to the hospital?
14. *Dr. Serpa, MCCMH Chief Medical Director, has advised the following: It is* ***very important*** *that in the event of a medical need or medically related incident, the staff always contact the right medical personnel to further provide recommendations on how to proceed. If not able to reach PCP or Medical team on call, the staff must contact 911.*

*It is out of the scope of practice of a home provider staff to deem a medical need of abrupt onset or medically related unexpected incident as mild or severe. These determinations and any possible recommendations on a next course of action* ***must always*** *come from the appropriately trained and credentialed personnel.**In regards to how a potential EMS recommendations should be documented or any 911 incident or emergent medical phone call with medical provider for that matter. Here is a potential template to follow:** *Date and time of incident and/or call*
* *Who provided report to the EMS/medical personnel upon arrival/contact on behalf of the consumer and a detail description of the incidents/concerns that prompted the call*
* *If EMS provides a recommendation of "no need of transport," their recommendation must be documented in detail along with the name of EMS personnel and credentials making that recommendation. Any vitals collected by the EMS can also be added to the record.*
* *If the recommendations come from a PCP office or Medical team on call, those should be also documented along with the source and credentials of who provided the recommendation.*

*Staff must exercise due diligence in making sure that if the consumer's presentation changes for the worse, new symptoms arise different from the ones initially reported, or their condition continues to not improve the provider should not hesitate to reach out again to either 911 or the medical provider. It is better to err on the side of caution and to maintain close communication with the medical provider in order to make sure all recommendations are followed in a timely manner and the right action is taken when appropriate.* |
| 5 | Open Discussion  | 1. MCCMH is not closing and will remain open.
2. This meeting will be held weekly until the need resolves. Every Wednesday at 9:00 AM via zoom.
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