

**Munson Healthcare  
Provider Labor Pool**

April 3, 2020

**Purpose**

Munson Healthcare understands that COVID-19 has interrupted business as normal and new clinical demands are anticipated during the course of the pandemic. In order to address these demands, a system-wide provider labor pool has been established to redirect physician and APP resources to the areas of greatest clinical need across the system. MHC is seeking to match these needs with available resources so our providers can be appropriately utilized to provide services during this critical time. In addition, the disaster credentialing process has been initiated to support the provider labor pool and allow providers to move between hospitals/regions if necessary.

**Scope**

All providers on the medical staff of a MHC hospital. Please note distinctions between independent providers, contracted providers and employed providers in the guidelines below.

**Guidelines**

**Independent Providers** – Independent providers have the option to enroll in the provider labor pool and complete the disaster credentialing process if they wish to assist during this time of crisis and be deployed to meet clinical needs. This is not a requirement and opting out of the provider labor pool will have no impact on the providers' medical staff status. If an independent provider in the labor pool is requested to be redeployed, they have the ability to accept or decline the request for redeployment. If redeployment is accepted, the provider will be engaged with MHC via an Independent Contractor Agreement (ICA) at a standard hourly rate of pay based on the service being provided, MHC will bill for any professional services provided and will extend MHC's professional liability insurance to the provider for services performed under the ICA. The provider may discontinue participation in the labor pool at any time.

**Contracted Providers** – Providers who are partners or employees of a group contracted with a MHC entity to provide services may also participate in the provider labor pool and complete the disaster credentialing process if they wish to assist during this time of crisis. As is the case with independent providers, this is not a requirement and opting out of the provider labor pool will have no impact on the providers' medical staff status. The process of redeployment as well as compensation, billing and professional liability coverage associated with services provided as part of the labor pool will be determined in collaboration with the contracted entity and MHC, considering the underlying terms of the contract between MHC and the entity.

**Employed Providers** – MHC is requesting that employed providers whose schedules have been condensed to less than their contracted/FTE hours register with the provider labor pool for redeployment. Please refer to the Physician Compensation Guidelines and APP Compensation Guidelines distributed on March 27<sup>th</sup> for further details regarding compensation and PTO.

**Emergency / Disaster Credentialing** – MHC has initiated the process of emergency/disaster credentialing for providers in key specialties that may be needed as the COVID-19 pandemic progresses. This is an expedited process allowed by the Joint Commission and CMS for emergency situations. Providers will be credentialed in their current specialty at MHC's other regional hospitals to allow for

redeployment if the need arises. In the event a provider is asked to work outside of their current privileges, the emergency/disaster credentialing process does not grant new privileges. Rather, we will be implementing a process to train, evaluate and confirm certain competence in order to deploy an emergency workforce to fill critical gaps.

**Redeployment through the provider labor pool** – When work becomes available through the provider labor pool, providers in the appropriate specialty or with the required skill set will be asked to be redeployed to meet the identified clinical need. Consideration will be given to first match providers with needs in their local community and region. In the event such a match is not possible, providers will be asked to work in other regions to meet high priority clinical needs. If regional redeployment is necessary, MHC will cover lodging, food and travel expenses. Providers will be asked to submit an expense report for reimbursement, with expenses charged to the 3499 expense code.

**Limitation of Liability** – In Executive Order 2020-30 published on March 29<sup>th</sup>, Governor Whitmer instituted broad immunity for licensed health care professionals providing services in support of Michigan’s response to the COVID-19. Specifically, providers will be protected under existing Michigan law and will not be liable for any injury sustained by reason of services provided in response to the COVID-19 pandemic, unless the injury or death was caused by the provider’s gross negligence.

### **MHC Provider Labor Pool Frequently Asked Questions (FAQ’s)**

Q: What’s the difference between the disaster privilege form and the labor pool form?

A: The disaster privilege form is our TJC requirement to have on file for any provider who may be deployed to or providing services in a facility where he/she does not actively hold medical staff privileges.

The labor pool form is an “intake tool” that MHC is using to keep track of providers, from any specialty, willing to be deployed around the MHC system, as the need arises.

Q: Are disaster privileges reportable to the NPDB if/when they are terminated?

A: No. From a TJC standpoint, on a weekly basis, disaster privileges must be reviewed and terminated as soon as realistically possible, once out of the state of disaster. This is not reportable to the NPDB.

Q: Does signing the disaster credentialing/privilege form mean that I will be required to provide services outside of my specialty?

A: Not at this time. Our current disaster credentialing process allows providers to perform services within his/her own specialty, from any MHC facility/location. If a clinical need arises to have providers providing services outside of his/her specialty, then that would be a separate discussion between clinical leaders and the impacted providers to ensure appropriateness.

Q: How is a redeployment assignment made?

A: The provider labor pool team will work to match your skillset with appropriate assignments. These redeployments are reviewed and approved by a team of hospital and clinical leaders.

Q: I'm an independent provider. What happens if I'm offered an assignment to be redeployed and I decline the assignment?

A: As an independent provider, you have the ability to accept or decline a redeployment assignment. If you decline, you will remain in the labor pool and will continue to receive requests for redeployment as needs are identified.

Q: I haven't worked in an inpatient setting for years and want to ensure I am able to provide safe care if I'm redeployed. What resources will be available to ensure my skills are current?

A: Physician services is working to develop and offer skill refresher modules as well as other opportunities to ensure competencies. More information on these modules and other opportunities will be shared as it is available.

Q: I meet one of the criteria to opt out of caring for patients with COVID-19. How will this be handled through the provider labor pool? Can I still participate in the labor pool?

A: If you meet one of the criteria to opt out of caring for COVID-19 patients (diagnosed as immunocompromised by your PCP, pregnant, breastfeeding or over the age of 70), the provider labor pool will focus only on redeployment opportunities for non-COVID patient care.

Q: How will billing be handled for services provided while redeployed?

A: For employed providers, billing will be submitted through their primary practice location and associated billing system similar to providing care at a "satellite" location. For independent providers, charge tickets and a process to submit charge tickets will be provided during the onboarding process.

Q: How should providers handle travel expenses like mileage, lodging, food, etc.?

A: For those providers redeployed to another region, mileage, lodging and food expenses should be submitted with the appropriate employee expense report for reimbursement and will be charged to the COVID cost center 01-3449. Please note that each hospital Incident Command Center is maintaining a list of hotels offering discounted rates to MHC providers and staff that should be utilized if available.

Q: I'm an employed provider. Do I need approval to be reassigned/redeployed?

A: For employed providers, your manager and Medical Director will be notified of your redeployment and have an opportunity to approve or decline the re-deployment depending on their staffing needs.

Q: As an employed provider who's been redeployed, how should I charge my time?

A: You will receive your current rate of pay and your time will be charged to the COVID-19 Cost Center 01-3449. Administrator of the cost center is either the company President/CEO or COO and approval of expenses follow our normal signing/authorization authority limits and policy 001.033. More detailed information from HR will be distributed regarding OT, PTO, and logging of time in Kronos.