

<b>This policy applies to:</b> <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	<b>Date Written or Last Revision:</b> February 24, 2009
<b>Name of Policy:</b> Payment for extra services by residents and fellows <b>Policy Number:</b> 7.01.01	<b>Page 1 of 7</b>
<b>Departments Affected:</b> All Departments	

## I. PURPOSE

The purpose of this policy is to define under which conditions, residents and fellows may be paid extra funds for services within and without their training program at SHC and LPCH. The policy is written to ensure compliance with the Accreditation Council for Graduate Medical Education (ACGME) work hours regulations, maximize patient safety and address possible resident fatigue.

## II. POLICY

This policy covers three subjects:

- A. The conditions under which SHC or LPCH may pay ACGME residents and fellows extra funds for duties within the scope of their training ("On-Call Coverage") at SHC or LPCH. **FOR PURPOSES OF THIS POLICY, INDIVIDUALS PROVIDING THESE SERVICES WILL BE REFERRED TO AS "ACGME ON-CALL COVERAGE PROVIDERS".**
- B. The conditions under which SHC or LPCH may pay Non-ACGME trainees extra funds for duties within the scope of their training ("On-Call Coverage") at SHC or LPCH. **FOR PURPOSES OF THIS POLICY, INDIVIDUALS PROVIDING THESE SERVICES WILL BE REFERRED TO AS "NON-ACGME ON-CALL COVERAGE PROVIDERS".**
- C. The conditions under which SHC or LPCH may pay Non-ACGME trainees extra funds for duties outside of the scope of their training ("Moonlighting Services") at SHC or LPCH. **FOR PURPOSES OF THIS POLICY, INDIVIDUALS PROVIDING THESE SERVICES WILL BE REFERRED TO AS "NON-ACGME MOONLIGHTING PROVIDERS".**

**IT IS NOT PERMISSIBLE FOR ANY OF THE INDIVIDUALS DESCRIBED ABOVE TO PROVIDE MOONLIGHTING SERVICES AS AN ATTENDING PHYSICIAN IF THE PHYSICIAN'S SERVICES ARE WITHIN THE SCOPE OF HIS/HER FELLOWSHIP.**

**ACGME RESIDENTS/FELLOWS MAY NOT PROVIDE MOONLIGHTING SERVICES AT OR ON BEHALF OF SHC OR LPCH BUT MAY PROVIDE ON-CALL COVERAGE AT SHC OR LPCH.**

## III. DEFINITIONS

*Resident:* A physician at any level of GME in a program accredited by the ACGME. Participants in accredited subspecialty programs are specifically included.

*Fellow:* A physician enrolled in a fellowship program approved by the ACGME. Also included in this group are fellowships approved by the American Board of Medical Specialties, e.g. Reproductive Endocrinology, Gynecologic Oncology, and Maternal-Fetal Medicine.

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#### IV. PROCEDURES

##### A. REQUIREMENTS FOR ACGME ON-CALL COVERAGE PROVIDERS

1. Time spent by ACGME On-Call Coverage Providers must be recorded in MedHub and clearly marked as “On-Call Coverage” in the comments section of the duty hours reporting system. These hours are subject to the ACGME 80 hour work week limits as are all research and clinical hours.
2. Programs must obtain approval from Stanford’s Graduate Medical Education Review Committee prior to engaging ACGME On-Call Coverage Providers.
3. ACGME On-Call Coverage Provider supervision must be at the same level as the regular training program.
4. ACGME On-Call Coverage Providers may not provide attending teaching physician supervision.
5. ACGME On-Call Coverage Providers may not bill for services performed. Attending physicians may bill for professional services that they personally perform while they are supervising ACGME On-Call Coverage Providers, if the teaching physician guidelines are met.
6. On-Call Services must be within the general scope of the training program of the ACGME On-Call Coverage Provider.
7. ACGME On-Call Coverage Providers on J-1 visas must have approval from ECFMG (“Education Commission for Foreign Medical Graduates”) to receive On-Call Coverage payments.
8. Time spent by ACGME On-Call Coverage Providers is includable in the SHC or LPCH Medicare cost report, so no exclusion of such hours from the FTE count is required.
9. House Staff contracts state the residents/fellows may have the opportunity to perform on-call coverage for extra money.
10. Payments.
  - a. Program Director will determine the fair market value payment after conducting appropriate analysis and submit it to the GMEC for approval.
  - b. Payments will be processed by individual departments, approved by the GME office and paid via SHC payroll (for ACGME On-Call Coverage Providers who are SHC employees).

##### B. REQUIREMENTS FOR NON-ACGME ON-CALL COVERAGE PROVIDERS

1. Time spent by non-ACGME On-Call Coverage Providers must be recorded in MedHub and clearly marked as “On-Call Coverage” in the comments section of the duty hours reporting system. These hours are subject to the ACGME 80 hour work week limits as are all research and clinical hours.

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2. Programs must obtain approval from Stanford's Graduate Medical Education Review Committee prior to engaging Non-ACGME On-Call Coverage Providers.
3. Non-ACGME On-Call Coverage Provider supervision must be at the same level as the regular training program.
4. Non-ACGME On-Call Coverage Providers may not provide attending teaching physician supervision.
5. Non-ACGME On-Call Coverage Providers may not bill for services performed. Attending physicians may bill for professional services that they personally perform while they are supervising Non-ACGME On-Call Coverage Providers, if the teaching physician guidelines are met.
6. On-Call Services must be within the general scope of the training program of the Non-ACGME On-Call Coverage Provider.
7. Non-ACGME On-Call Coverage Providers on J-1 visas must have approval from ECFMG ("Education Commission for Foreign Medical Graduates") to receive On-Call Coverage payments.
8. Written agreements must be signed and in place with SHC or LPCH for each Non-ACGME On-Call Coverage Provider, before any services are performed and before any payment is made for such services.
9. Payments.
  - a. Program Director will determine the fair market value payment after conducting appropriate analysis and submit it to the GMEC for approval.
  - b. Payments will be processed by individual departments, approved by the GME Office, and paid via SHC payroll (for Non-ACGME On-Call Coverage Providers who are SHC employees) or SHC Accounts Payable (for Non-ACGME On-Call Coverage Providers who are University employees.)

### **C. REQUIREMENTS FOR NON-ACGME MOONLIGHTING PROVIDERS**

1. Programs must obtain approval from Stanford's Graduate Medical Education Review Committee prior to engaging Non-ACGME Moonlighting Providers.
2. Non-ACGME Moonlighting Providers must have a valid CA MD license.
3. Persons holding J-1 visas are prohibited from being Non-ACGME Moonlighting Providers.
4. Non-ACGME Moonlighting Providers must have the appropriate Clinician Educator appointment from the School of Medicine.
5. Non-ACGME Moonlighting Providers must have the appropriate Medical staff appointment from SHC/LPCH Medical Staff Office.
6. Non-ACGME Moonlighting Providers must obtain approval from SHC Medical Director of Education prior to moonlighting.
7. Billing For Services Provided by Non-ACGME Moonlighting Providers in Inpatient, Outpatient and ED Setting.

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- a. Non-ACGME Moonlighting Providers may provide and bill for services provided in the inpatient, outpatient and ED settings if the following criteria are met:
    - i. The services are identifiable physician services, and meet the conditions for payment in 42 C.F.R § 415.102a.
    - ii. The services can be separately identified from those that are required as part of the fellowship program. This means the services provided by the Non-ACGME Moonlighting Provider must be outside the scope of his/her fellowship as certified by the Program Director.
    - iii. Such certification must be submitted to the Compliance Office in writing at least annually, or at such time as the services change.
    - iv. Non-ACGME Moonlighting Providers must obtain a billing number from the Professional Services Operations after all approvals required by this policy have been received.
    - v. All billable services provided by Non-ACGME Moonlighting Providers must be appropriately indicated in the medical record as moonlighting services.
    - vi. Because Non-ACGME Moonlighting Providers are acting as attendings, no other physician may bill for the services provided by the Non-ACGME Moonlighting Provider. Further, other physicians may not duplicate the services previously performed by the Non-ACGME Moonlighting Providers and bill for these services, as such services are not medically necessary.
8. Non-ACGME Moonlighting Providers may act as teaching physicians and supervise residents while moonlighting in the inpatient, outpatient and ED setting. Further, Non-ACGME Moonlighting Providers may bill for professional services that they personally perform while they are supervising residents or fellows in the inpatient, outpatient and ED setting as long as the teaching physician guidelines are met.
9. Written agreements must be signed and in place with SHC or LPCH for each Non-ACGME Moonlighting Provider before the services are performed and before any payment is made for such services.
10. Payments.
  - a. Program Director will determine the fair market value payment after conducting appropriate analysis and submit it to the GMEC for approval.
  - b. Payments will be processed by individual departments, approved by the GME office and paid via SHC payroll (for Non-ACGME Moonlighting Providers who are SHC employees) or SHC/LPCH Accounts Payable (for Non-ACGME Moonlighting Providers who are University employees.)

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#### D. PROCESSES

1. On-Call Coverage Process
  - a. Each Department will provide a description of the on-call duties and the prevailing wage to be paid for the services of the resident/fellow. The description will include how the prevailing wage was determined and correlate the on-call coverage duties to program curriculum.
  - b. The description will be forwarded to the GME Office in HC435 no later than 60 days before the start of each academic year. The description for on-call coverage will be approved by the SHC/LPCH Graduate Medical Education Committee annually. Departments wishing to institute on-call coverage mid-year should allow 60 days for approval by the GMEC. A copy of all approved descriptions will be returned to the program. Description must be renewed annually.
  - c. Invoices for on-call coverage will be submitted to the GME Office, approved by the GME Director, and submitted to Payroll for processing.
  - d. All on-call coverage hours will be tracked using the MedHub system. Residents/fellows will clearly mark the on call coverage hours as "on-call coverage" in the comments section of the works hours reporting tool.
  - e. Department will monitor on call coverage hours weekly.
  - f. The GME Office will monitor on call coverage hours on a monthly basis.
  - g. The GME Office will maintain a file of on call coverage payments and establish a computerized log of all invoices.
  - h. The Compliance Department will periodically review the invoice files.
2. Internal Moonlighting Process
  - a. Each Department will provide a description of the moonlighting duties, the prevailing wage, and how the wage was determined.
  - b. The description will be forwarded to the GME Office in HC435. All descriptions will be approved by the SHC/LPCH GME Committee. Departments should allow 60 days for such approval. The description must include an explanation of how the duties are not part of the fellow's current educational program. A copy of all approved descriptions will be returned to the department. Description must be approved annually.
  - c. Departments requesting physician billing numbers for internal moonlighting must arrange for medical staff privileges at SHC or LPCH and for a Clinical Instructor appointment at the School of Medicine.

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- d. Requests for moonlighting approval by a non ACGME fellow should be sent to the GME Office in HC435. They should include:
  - i. Application for moonlighting services by a non ACGME fellow
  - ii. Copy of the fellows' offer letter
  - iii. Copy of the contract for services outside the fellowship.
  - iv. Copy of the approval description of the moonlighting duty.
- e. GME will review application materials:
  - i. Verify via email with the Medical Staff Office that privileges have been granted at SHC/LPCH
  - ii. Verify via email with Faculty Affairs at Stanford School of Medicine that Instructor/clinical educator appointment is in place.
  - iii. Verify that the applicant for moonlighting permission has a valid CA MD License.
  - iv. Verify that the applicant for moonlighting permission has no visa issues barring him/her from such activities.
  - v. Obtain written approval from the Medical Director for Education at SHC/LCPH for the moonlighting.
  - vi. Forward a copy of the above materials to Provide Enrollment.
- f. Maintain a file copy of all materials in the GME Office.
- g. Compliance will periodically review the moonlighting files in GME.

## **V. COMPLIANCE**

- A. The Compliance Department and/or Internal Audit will conduct periodic reviews and/or audits of moonlighting and on-call coverage services provided at SHC and LPCH to ensure that the above requirements are met.
- B. Violations of this policy will be reported to the GME Office and to the Compliance Office. Violations will be investigated to determine the nature, extent and potential risk to the hospital. Violations of this policy will be subject to appropriate disciplinary action.

## **VI. RELATED DOCUMENTS**

## **VII. APPENDICES**

## **VIII. DOCUMENT INFORMATION**

- A. Legal Authority/References
- B. Author/Original Date  
March 1999 by the Compliance Director and the Office of General Counsel
- C. Gatekeeper of Original Document

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- SHC/LPCH Compliance Department
- D. Distribution and Training Requirements
    - 1. This policy resides in the Compliance Manual
    - 2. No revisions to this policy may be made without approval from the Compliance Department and the GME Office
    - 3. The GME Office is responsible for communicating this policy to applicable faculty and staff.
  - E. Review and Renewal Requirements  
This policy will be reviewed and/or revised by the Compliance Department every three or as required by change of law or practice.
  - F. Review and Revision History  
February 2003 by the Compliance Auditor and the Office of General Counsel  
January 2004 by the Chief Compliance Officer and the Senior Compliance Auditor  
February 2009 by the Chief Compliance Officer, the Office of General Counsel and the GME Committee
  - G. Approvals  
November 2004 by the Chief Compliance Officer  
February 2009 by the Chief Compliance Officer, the Office of General Counsel and the GME Committee

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