Education Funds Billing and Schedules

Brad Clark

Education Funds

Purpose

- Used to fund educational expenses for the program
  - Recruitment
  - Curriculum
  - Travel
  - In training exams

Education Funds Framework

- Allocated at the start of each academic year
- Program funds calculated based on proportion of non-VA trainees and funds received by non-VA affiliate sites
- Use of educational funds is guided by educational funds policy and relates to USF and IRS rules

Education Funds

- Read the policy
  - Pay attention to deadlines
- All expenses must be pre-approved
- Flights must be booked through AAA/Concur
- Expenses need an educational purpose (justification to affiliates)
- Funds do not carry-over

Pre-Authorization Only/ Payments Require:
1. GME Pre-Approval (TAR)
2. T&E Form (If reimbursing individuals) Resident/Faculty/Staff/Others

Graduate Medical Education

Pre-Approval (TAR) Form

GME Office Use Only	
Received	
Control #	

Date:		Program Name		ID #	

The use of all education funds must be approved by the Graduate Medical Education Office. The purpose of the fund is to improve the quality of the education in relationship to the program. It is not intended for the individual resident.

Item to be purchased & travel: This request is an estimate. Please attach conference agenda/and or poster acceptance to this TAR. If you have any questions please contact Aiying Zhen at azhen2@health.usf.edu

Item Description	Price	Quantity	Total Cost
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		Total	**$0.00**

Conference Information	
Dates (Start / End)	
Destination (City/State)	
Conference Title	
Name	
Title	
Cell #	
Email	
Signature	

Vendor				
	Name:		Phone	
	Address:		E-mail	
	City/State/Zip:		Vendor #	

Please provide a brief summary defining the educational rationale for this request:

Check if the expense is Taxable

	PC or Preparer		PC Phone
Program Director's Signature Approval	Email		Mail Stop

SEND FORM TO GME OFFICE - 17 Davis Blvd., Suite 308 - ATTN: Aiying Zhen

**Graduate Medical Education Office Use Only **		NOTES
Signature		International Travel Requires CCO Approval PRIOR to trip
Brad Clark, GME Director	Date	
		Mark Moseley, UMSA CCO

USFPG/UMSA/MSSC
TRAVEL & EXPENSE REPORT (T&E)

This form and applicate receipts and documentation must be submitted within the applicable time limits per USFPG Travel Policy.

ENTITY (UMSA OR MSSC)

PREPARER NAME _____

PREPARER PHONE # _____

VENDOR # _____

TRAVELER NAME & REMIT TO ADDRESS _____

DIVISION # _____

D # (if applicable) _____

GRANT/ CONTRACT # (if applicable) _____

PO# _____ (alpha-numeric)

(one date per line) Date	Travel Performed from Point of Origin to Destination (i.e. Airfare, Taxi)	Purpose of Travel/Expense (i.e. Name of Conference, reimbursement purpose)	Time of Departure	Time of Return	PER DIEM OR ACTUAL Breakfast	Lunch	Dinner	Registration	Airfare	Lodging	Mileage Claimed	Rental Car	Parking	Other Expenses Amount	Type

I hereby certify or affirm that my supervisor has approved this travel and that the above expenses were actually incurred by me as necessary travel and/or expenses in the performance of my official duties. I further certify that my attendance at the referenced conference or convention was directly related to my official duties of the organization, any meals or lodging included in a conference or convention registration fee have been deducted from this request for reimbursement and that this claim is materially true and correct. I also understand that it is my responsibility to provide all receipts including proof of personal payment and related documentation in support of the travel & expense report and any failure to do so could result in a delay or denial of reimbursement.

	Registration	Airfare	Lodging	Mileage $0.580	Rental Car	Parking	Other	SUMMARY TOTAL
Column Totals -	-	-	-	-	-	-	-	$ -

LESS ADVANCE RECEIVED	$ -
LESS UMSA/MSSC/OTHER INSTITUTIONS PAID CHARGES	$ -
NET AMOUNT DUE*	$ -

*** If negative, traveler owes UMSA or MSSC**

TRAVELER/REIMBURSEE SIGNATURE _____ Date _____

By signing below, you are acknowledging that you have reviewed the travel expense report and certify that the travel expenses incurred are in support of the overall mission of USFPG/UMSA/MSSC. Your signature authorizes the reimbursement of the above detailed expenses.

SUPERVISOR SIGNATURE _____ SUPERVISOR NAME (PRINTED) _____ Date _____

(see Signature Authorization Policy for proper authorizer)

Tips

- Create an annual budget
- Create a tracking system
- Monitor your fund report from Aiying
- Close out any open items that are not needed

Education Fund Report

FY20 Starting Budget	32,802.38
FY20 Additional Allocation	10,697.62
CAMLS Redistribution	2,451.62
FY20 Budget	**45,951.62**
From FY19	4,467.97
FY19 Credentialing	340.00
Duty Hour - Sept 2019	(200.00)
Total Requests	(23,275.87)
Available	***27,283.72***

#	Vendor	Description	Travel End Date	Total Approved	Total Amount Expended	AAA Expended	Pending or Unused Amount	Total Requests
FY19-23	Ehab Akary	AUA Board Review Course in Austin TX	6/2/19	1,680.00		(160.00)		(160.00)
1	Eslevier	Campbells Walsh Urology E-Book		364.49	346.49			346.49
2	CAMLS/CBK	2019 Interview Day at CAMLS		5,829.76	4,467.97			4,467.97
3	TBD	Mock In-Service Exam Breakfast		150.00	119.48			119.48
4	AUA	AUA Match Fee		400.00	400.00		-	400.00
5	AUA	AUA Membership		645.00	645.00		-	645.00
6	AUA	AUA In Service Exam		2,310.00	2,310.00		-	2,310.00
7	Samantha Nealon	SMSNA Meeting in Nashville TN	10/27/19	1,937.00		426.00	1,511.00	1,937.00
8	AUA	AUA In Service Exam - Dr. Patel		154.00	154.00		-	154.00
9	AUA	AUA Membership Resident Dues		1,035.00	1,035.00		-	1,035.00
10	TBD	Breakfast for In-Service Exam		200.00	190.93			190.93
11	The Tenth Nerve	Interview Broker - Resident Recruitment		150.00	78.73		71.27	150.00
12	M Bird at Armature Wo	Annual Interview Dinner		1,800.00	1,830.00			1,830.00
13	Julio Siongo	SESAUA Annual Meeting in New Orleans	3/22/20	2,000.00			2,000.00	2,000.00
14	Samantha Nealon	SESAUA Annual Meeting in New Orleans	3/22/20	2,000.00			2,000.00	2,000.00
15	Julio Siongo	AUA National Annual Meeting in DC	5/17/20	2,000.00			2,000.00	2,000.00
16	Samantha Nealon	Society of Urodynamics, Female Pelvic M	2/29/20	2,000.00			2,000.00	2,000.00
17	Meghan Cooper	Southeast Section AUA in New Orleans, L	3/22/20	1,850.00			1,850.00	1,850.00
							-	-
			Total	***26,505.25***	***11,577.60***	***266.00***	***11,432.27***	***23,275.87***

Be Creative

- Consider limits on travel
- Look to donors and alumni
- Ask your department
- Consider hosting observers

Education Funds Help

- Aiying Zhen
  - AZhen@usf.edu
  - 813-250-2514

Schedules and Billing

GME as a Business

**Number of FTEs affiliates get reimbursed for is set unless considered a new hospital

**Have to know your FTE per affiliate to create schedule
**Affiliates may not fund time over FTE

**Have to make sure schedules are setup to be within FTE allotment and the weekend days are billed to an affiliate

**New Rotation Forms have to be filled out and sent to GME and affiliate for approval

**PDs (and PC and chair) attest to accuracy; errors will be billed to the dept

**Funding set up to bill on a 7 day a week schedule—note for rotations that have residents assigned to more than 1 hospital

Affiliate Reimbursement Through Medicare: Direct (DGME) and Indirect (IME) Funds

- Direct GME Payments (DGME or DME)
  - Pays Medicare's share of residency education costs
    - Per Resident Amount (PRA)
    - PRA for fellows is 50% of residents
  - Based on each hospital's 1984 cost estimate
  - FTE Cap – Based on 1996 FTE count

What Are DGME Payments Intended to Cover?

For costs directly related to educating residents:

- Residents' stipends/fringe benefits
- Faculty Salaries/fringe benefits
- Allocated overhead costs
- Residents must be in ACGME-approved program or pre-req. for ABMS certification
- Residents/Fellows cannot bill

Indirect Medical Education (IME)

- Compensates teaching hospitals for higher inpatient operating costs due to:
  - Unmeasured patient complexity not captured by the Diagnosis Related Group (DRG) system
  - Other operating costs associated with being a teaching hospital (lower productivity, standby capacity, etc.)
- Percentage add-on payment to basic Medicare per case (DRG) payment

Resident Time Claimable for DGME and IME

DGME

Within Hospital Walls	Non Hospital Owned Clinic
Trainee in Patient Care	Trainee in Patient Care
Vacation/Sick	Vacation/Sick
Didactic	*Didactic (since 2009+)*
Patient-related Research	**NO Research**

Note: Text in *italics* indicates language in the ACA.

IME

Within Hospital Walls	Non Hospital Owned Clinic
Trainee in Patient Care	Trainee in Patient Care
Vacation/Sick	Vacation/Sick
Didactic (since 1983+)	**NO Didactic**
NO Research *(after 2001+)**	**NO Research**

* The ACA clarifies that IME research time does not count after October 1, 2001

Block Schedule

- Base rotation for a trainee
- Typically in increments such as 1 month, 4 weeks, 2 weeks, etc.
- Affiliate tied to the block rotation will be billed for the trainee's time

Start Date	End Date	Rotation	Status	PGY	Comp Status
7/1/2019	8/27/2019	DM:IM:WARD TEAM C-TGH (Department of Medicine/MED-Internal Medicine)	PRG 1	1	CS-1
8/28/2019	9/10/2019	DM:ENDO:CONSULTS-JAHVA (Department of Medicine/MED-Endocrinology)	PRG 1	1	CS-1
9/11/2019	9/17/2019	DM:IM:AMBULATORY CLINIC/WOMEN HEALTH-JAHVA (Department of Medicine/MED-Internal Medicine)	PRG 1	1	CS-1
9/18/2019	9/24/2019	DM:IM:HEALTHPARK CC-TGH (Department of Medicine/MED-Internal Medicine)	PRG 1	1	CS-1
9/25/2019	10/22/2019	DM:IM:CARD WARD TEAM 1-JAHVA (Department of Medicine/MED-Internal Medicine)	PRG 1	1	CS-1
10/23/2019	11/5/2019	DM:IM:HOUSEOFFICER-TGH (Department of Medicine/MED-Internal Medicine)	PRG 1	1	CS-1
11/6/2019	11/12/2019	DM:IM:AMBULATORY CLINIC/WOMEN HEALTH-JAHVA (Department of Medicine/MED-Internal Medicine)	PRG 1	1	CS-1

Assignment Schedule

- Used to designate variations from the block schedule
- Down to ½ day detail
- Proper place to list vacation and sick leave
- Often used to designate clinics

Assignment Schedule

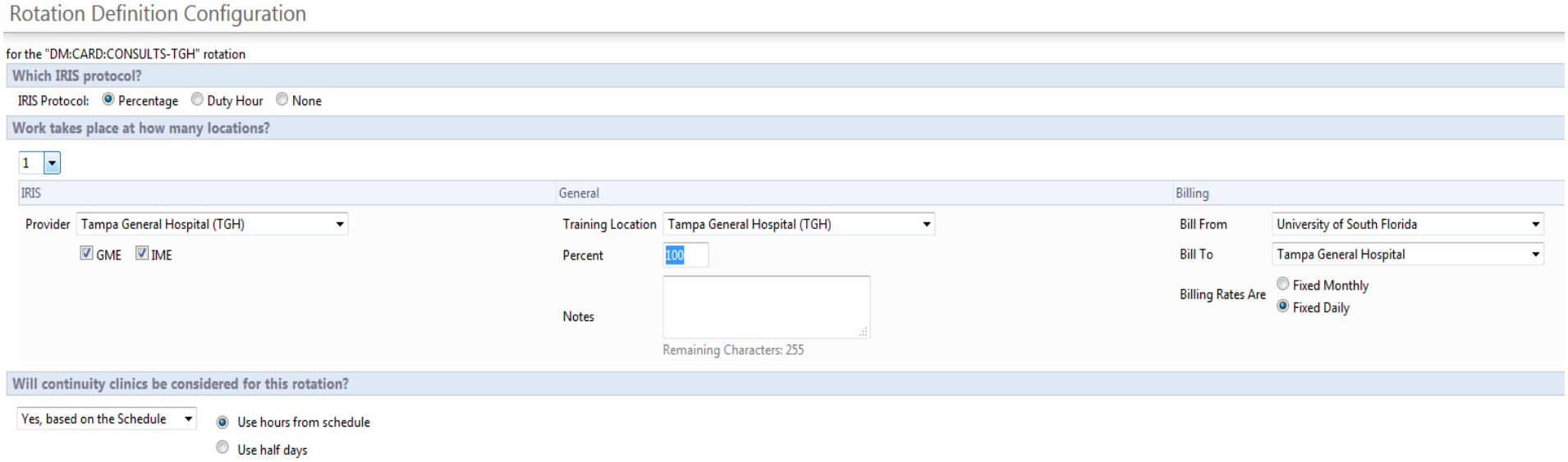
- Changes billing from block schedule affiliate to the affiliate for the assignment
- Reminder that 1 half day per week is 1/14 = ~7% and not 1/10 = 10%

MON	TUE	WED	THU	F
Feb 10	Feb 11	Feb 12	Feb 13	
Feb 17	Feb 18	Feb 19	Feb 20	

Ensure Correct Rotation Set Up

- All 800+ rotation must have accurate:
  - Physical address
  - Defined activity
  - IME and DGME flags
  - Mapping to a payer (Affiliate)

Rotation Mapping



What's The Process To Get A New Rotation?

- Complete new rotation form to request the funding
- If approved, GME sets up the rotation with payer and DME/IME flags set

UNIVERSITY OF SOUTH FLORIDA
GRADUATE MEDICAL EDUCATION
NEW ROTATION/ASSIGNMENT REQUEST FORM

Instructions: Programs complete the top section of this form for requesting a new rotation or assignment. Request processing time is 6-8 weeks. Take that into consideration when planning future rotations.

Program Name: _____

Rotation/Assignment Name: _____

__ New Rotation OR __ Replacing an Existing Rotation

Nature of Rotation/Assignment:

__ Patient Care __ Didactics __ Research

Effective Start Date: ____ / ____ / _____

Explain % of time didactics and/or research, if applicable: _____

_____

Description: _____

_____

Training Physical Location (name and address): _____

_____

PGY Level: _____ Funding Source FTEs: _____ Funding Source: _____

Will the residents be receiving credit towards Board Certification while on this rotation? __ Yes / __ No

SIGNATURE:

_____ _____

Program Director Name Program Director Signature Date

TO BE COMPLETED BY GME OFFICE

Select whether GME, IME or both are claimable for this rotation. __GME __IME

Is any other provider funding this program's residents at this training location? __ Yes / No

Provider: _____

_____ _____

GME Director Name GME Director Signature Date

_____ _____

Site/Funding Source Rep. Name Site/Funding Source Rep. Signature Date

How Can You Help?

- Maintain accurate block and assignment schedules in New Innovations
- Use rotations appropriately
- Track vacation and sick leave
- Provide data in a timely fashion for audits and requests (be responsive)
- Know your FTE allotment

FTE Report

OB/GYN	ACGME Approved	Funded slots	July Act	Aug Act	Sept Act	Oct Act	Nov Act	Dec Act	Jan Act	Feb Act	Mar Act	Apr Act	May Act	June Act	FY18-19 Avg Actual	Variance
Department		1.00	1.00	1.00	0.77	0.32	1.00	1.00	0.16	1.00	1.00	1.00	1.00	1.00	0.85	-0.15
Moffitt Cancer Center		3.00	2.60	2.53	2.60	2.55	2.57	2.65	2.97	2.79	2.89	2.95	2.87	2.93	2.74	-0.26
Tampa General Hospital		18.00	18.40	18.47	18.63	19.13	18.43	18.35	18.87	18.21	18.11	18.05	18.13	18.07	18.41	0.41
Total	**24.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**22.00**	**0.00**

USF HEALTH MORSANI COLLEGE OF MEDICINE
UNIVERSITY OF SOUTH FLORIDA

Graduate Medical Education
Intern/Resident/Fellow Request for Leave of Absence

All interns, residents, and clinical fellows requesting a leave of absence for illness, including maternity, educational, or personal leave, must complete this form. This form is not required for vacation/annual leave, regular sick leave, or any administrative leave routinely granted at the discretion of individual programs.

_____ _____
Intern/Resident/Fellow Name (Please Print) Trainee Phone #/Contact Info while on leave

_____
Program Name

☐ I UNDERSTAND THAT MOONLIGHTING OR LOCUM TENENS ACTIVITY WHILE ON A LEAVE OF ABSENCE IS NOT ALLOWED. _____ Initial to confirm

Leave Details

How many days of below leave have already been used this academic year?
_____ Annual leave (vacation) _____ Sick leave

Type of Leave Requested	Start Date	End Date	Dates assigned as Paid	Dates assigned as Unpaid	Total # of Days Requested
FMLA*					
Maternity/Paternity					
Bereavement					
Military Leave					
Sick Leave Pool ** (attach Extended Leave Form)					
Other (Identify)					

* FMLA does not entitle an employee to leave with pay. However, accrued and unused leave (such as annual or sick) may be used to provide continuation of pay and benefits during an FMLA designated leave. If no paid leave is available, employees on FMLA designated leave will be unpaid. Employees must request FMLA through the USF Division of Human Resources (http://www.usf.edu/hr/benefits/attendanceleave/fmla.aspx) and attach HR approval to this Request for Leave of Absence form.

_____ _____
Intern/Resident/Fellow Signature Date

I understand that additional leave time could result in my training being extended and have discussed this with my program director. _____ (initial)

Education Coordinator Verification

_____ _____
Education Coordinator Signature Date

Approvals

_____ _____
Program Director Date

DIO, Office of Graduate Medical Education Date

Deliver, mail, or fax form to: Graduate Medical Education – USF Health, 17 Davis Blvd., Ste. 308 | Tampa, FL 33606 |Fax: (813) 250-2507
or email to: ptaylor@health.usf.edu

It is the responsibility of the Program Director/Program Coordinator to notify and/or provide a copy of the approval form to Departmental Payroll Certifier.

USF Health College of Medicine
Department Rotation Verification for Fiscal Year 2019-2020

Program: _____

Instructions:

1. Verify that all residents/fellows for your program have a *primary rotation* in New Innovations and that all assignments have been entered in the *assignment schedule.* Add/update any incorrect information.
2. Verify that the number of days worked for each resident/fellow is correct. All days of the month must be accounted for.
3. Verify that no one has a duplicate or conflicting assignment on their Assignment Schedule.
4. Complete the checklist (below) and email this form to GME on or prior to the due date.

Month: _____

Verification Sent: _____ Verification Due Date: _____

	Yes	No
All resident/fellow rotations are allocated on block schedule		
PGY levels are appropriately allocated to align with affiliate funding		
Work location is correct		
Assignments are entered in assignment schedule area		
Assignment schedule has been checked for any duplicate or conflicting assignments		
Leave is documented in assignment schedule if applicable		
Away conferences are documented in assignment schedule if applicable		
Unspecified rotations are updated		

I have reviewed the rotations and assignments for my program on this date _____ and attest that these are accurate and that any inaccuracies may be billed to my department.

Program Director:_____

Education Coordinator:_____

Accountable Officer:_____
Department Chair or Administrator

Please return completed form to ptaylor@health.usf.edu

Scenarios

- I want to add a new rotation. What are some things to consider?
- Can I send trainees to to clinic down the street?
- How do I get more FTEs?
- What about research time?
- Can we do international rotations?

Schedules and Billing Help

- Cherie Dilley
  - cdilley@usf.edu
  - 813-250-2532
- Patti Taylor
  - ptaylor@usf.edu
  - 813-250-2512

Conclusions

- Understanding GME funding structure helps program administrators deal with fiscal and compliance responsibilities of managing GME programs (and why we have to do things the way we do)
- Must, must, must have accurate data