# Graduate Medical Education and Residents

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- 3) Certification Statement

# <u>Business Managers' Responsibilities for Resident and Medical Student</u> <u>Education</u>

- Assist program director/coordinator in ensuring that ACGME requirements are met or exceeded.
- o Assist in recruitment of residents and fellows
- o Assist in coordination of medical students rotating through program
- Resident Services
  - Set up accounts for resident rotations by facility
  - Review and comply with all contract requirements
  - Review and certify Resident Tracking activity
  - Ensure compliance with individual hospital procedures
  - Review invoices for accuracy
  - Ensure that all expenditures are appropriately charged to the correct accounts
- o Ensure compliance with the Resident/Fellow management process
  - Program directors will develop monthly schedules by the 15<sup>th</sup> of the previous month for the current month
  - Program directors and/or resident coordinators will be responsible to provide a monthly copy of this schedule before the beginning of the month's rotation to each facility
  - Certification Reports will be required twice a month. The first Certification Report will not include the Signature page that is required for the end of the month Certification. It will require the Program Coordinator's signature.
  - The residency coordinators will be responsible to accurately input all rotations (including all time taken) into Resident Tracking by the end of the current month (for example August schedules must be entered by July 31). Coordinators will print the schedule entered for the month, review the entries, make any required corrections, sign the report and return the report

to the GME Office by the requested deadline. If the report can not be hand delivered, it must be scanned and emailed and documented in the subject line that it is the certification report, or faxed to the GME Coordinator by the requested deadline. This process must be completed in a short period of time due to the lock out and payroll schedules. A Calendar has been provided with the deadlines under a previous email.

- END Of The Month Certification Report Coordinators will continue to print this report by the date it is available (must be after Payroll processes the last payroll for the month), review the data, make corrections, and get the required signatures. In addition to the required signatures, all House Officers must initial next to their name on the report or confirm by Email or Outlook Voting option, that the Hospital rotation information, and any corrections made by the Coordinator are correct. The report with Email or Outlook voting responses is then submitted to the GME Coordinator by the requested deadline. Remember, if there are Account number changes made to this report a PER 3 must be attached to the report when submitted to the GME Coordinator. A Calendar is provided with these dates under a previous email.
- Coordinators are locked out only for a pay period at a time. Therefore, Coordinators can make changes only for the dates included in the next payroll, usually the 16<sup>th</sup> – 30<sup>th</sup> or 31<sup>st</sup> of the month, before the lockout date for that payroll.
- Program director and/or resident coordinator will be responsible to ensure that all residents/fellows have followed the individual facility monthly sign in process
- Program director and/or resident coordinators and/or business managers will be responsible for verification of residents/fellows signing in monthly at the beginning of their individual rotations at each individual facility
- Program director and/or resident coordinator will be responsible to provide a corrected copy of the month end rotation schedule to the facility
- Business manager is responsible to review all data for accuracy and that all data is accurately displayed in Resident Tracking with the appropriate legacy account number within 7 working days from the last payroll
- Program director, residency coordinator, and business manager are required to sign a month end certification letter verifying this process and this letter must be attached to the month end final Resident Tracking rotation report
- Business manager, program director, and residency coordinator are responsible to ensure that the all residents are signed in timely, all LSU and Facility resident verification forms are certified timely, and all data on the final rotation schedule, sign in sheets,

verification forms, certification forms, Resident Tracking, and invoices are completely accurate and are identical

- Any discrepancies with any of the data discusses on any form or software system will be the responsibility of the department to resolve with the facility to ensure proper compensation
- MBB provides partial funding to support program directors, residency coordinators, and business managers to provide the above services. The Chairs, Dean, and Chancellor agree that these functions are critical to GME and continued MBB financial support of these functions will be based on the individual departments' performance of the above services in support of the residency/fellow programs.

### Individual Facility Resident/Fellow Rotation Process and Contact Information

# • OLOL (Baton Rouge, Louisiana)

- Pre month resident schedules to know what residents/fellow are expected for the month
- Residents are to sign in within the first 5 business days of the month with the Medical Staff Office
- Residents/Fellows beginning a rotation at OLOL for the first time are required to attend OLOL resident orientation process which is typically held on the first day of the month
- Residents/Fellows that have already rotated at OLOL but have not rotated at OLOL for at least three months will be required to attend the computer system training portion of the orientation
- OLOL will provide information on any disputed invoices and the department will have the responsibility to resolve all invoice issues with the facility in a timely manner
- Contact Individual Erin Wheeler
  - Email erin.wheeler@ololrmc.com
  - Phone (225)-765-6415

#### • Ochsner Jefferson Hwy & Ochsner – Kenner

- Pre month resident schedules to know what residents/fellows are expected for the month
- Residents are to sign in within the first 5 business days of the month with the Medical Staff Office between 8:30 am and 5:00 pm
- Ochsner will provide a list to the SOM fiscal office of all resident not signed in by the 5<sup>th</sup> day of month according to the provided rotation schedule
- SOM fiscal office will inform each program with the individual resident/fellow name that has not signed in according to Ochsner

- Ochsner will provide information on any disputed invoices and the department will have the responsibility to resolve all invoice issues with the facility in a timely manner
- Contact Individual Mark Eckert (Ochsner Kenner)
  - Email [MaEckert@ochsner.org]
  - Phone (504)-464-8059
- Contact Individual Anne Fleming(Ochsner Jefferson Hwy)
  - Email [Afleming@ochsner.org]
  - Phone (504)-842-3207

#### • West Jefferson & East Jefferson

- Pre month resident schedules to know what residents/fellows are expected for the month
- Residents are to sign in within the first 5 business days of the month with the Medical Staff Office between 8:30 am and 5:00 pm
- WJ and EJ will provide information on any disputed invoices and the department will have the responsibility to resolve all invoice issues with the facility in a timely manner
- Contact Individual Kacy Petit (West Jefferson)
  - Email Kacy.Petit@WJMC.ORG
  - Phone (504)-349-1897
- Contact Individual Frannie Kronenberg (East Jefferson)
  - Email [fkronenb@ejgh.org]
  - Phone (504)-454-4005

#### • Children's Hospital

- Pre month resident schedules to know what residents/fellows are expected for the month
- Residents are to sign in within the first 5 business days of the month with the Medical Staff Office between 8:30 am and 5:00 pm
- Children will provide information on any disputed invoices and the department will have the responsibility to resolve all invoice issues with the facility in a timely manner
- Contact Individual Ms. Lulu Ceramie
  - Email Lucherami@chnola.org
  - Phone (504)-896-9431

#### o **Touro**

- Pre month resident schedules to know what residents/fellows are expected for the month
- Residents are to sign in within the first 5 business days of the month with the Medical Staff Office between 8:30 am and 5:00 pm
- Post month resident schedules are require
- Post month Touro's verification form is required listing the individual residents/fellows by program and signed by the attending physicians by the 5<sup>th</sup> day after the last day of the month

- Post month Touro's verification form for department residents doing rotations on other department's services will require a separate Touro verification form for those residents outside of the department signed by the attending physicians
- Touro will provide information on any disputed invoices based on matching the resident rotation schedule, the sign in sheet, the resident verification forms and the invoice within 30 days of receiving LSU's invoice
- LSUSOM department will have 20 days once notified of any dispute to resolve the issue
- If the issue is not resolved within 20 days the invoice will be paid according to the information that Touro has received and confirmed
- Contact Individual Ms. Margaret Horvath (Meg)
  - Email – <u>Margaret.horvath@Touro.com</u>
  - Phone (504)-897-8967

#### o MCLNO

- Pre month resident schedules to know what residents/fellows are expected for the month
- MCLNO does not have a formal sign in process and relies on the monthly schedules
- MCLNO will provide information on any disputed invoices and the department will have the responsibility to resolve all invoice issues with the facility in a timely manner
- Contact Individual Senora Paul
  - Email spaul@lsuhsc.edu
    - Phone (504)-903-0718
- o **EKL** 
  - Pre month resident schedules to know what residents/fellows are expected for the month
  - Residents are to complete a credentialing packet prior to their rotation. This is accomplished through EKL Medical Staff Office and LSU Program Coordinators.
  - Each rotation service has a coordinator located in the LSU Administration Building, which residents are to report to on arrival.
  - EKL will provide information on any disputed invoices and the department will have the responsibility to resolve all invoice issues with the facility in a timely manner
  - Contact Individual Vickie Bayham
    - Email vbayha@lsuhsc.edu
    - Phone (225)-358-1082

- o UMC
  - Pre month resident schedules to know what residents/fellows are expected for the month
  - Residents are to sign in within the first 5 business days of the month with the LSU Secretaries office located in the University Medical Center on the first floor
  - Each rotation service has a secretary that will handle all the required paperwork
  - UMC will provide information on any disputed invoices and the department will have the responsibility to resolve all invoice issues with the facility in a timely manner
  - Contact Individual Maia Marceaux
    - Email mmarc1@lsuhsc.edu
      - Phone (337)-261-6156

#### LSU School of Medicine in New Orleans (LSUSOM-NO) **Resident/Fellow Month End Education Rotation and Funding Certification**

\_\_\_\_\_\_ resident/fellow program director for the department (Print name) Ι\_\_\_\_

\_\_\_\_\_\_certify that (Department Name/Section Name) of \_\_\_\_\_

• All Residents and Fellows rotating at the facilities listed on the Res Track report for the month of are accurate and correct. The master schedule provided by Res Track represents the days Residents and Fellows rotated at the named facility for the named month and include all time taken. This information has been provided within 3 working days from the last payroll run/processed for the named month above to the resident coordinator or to other appropriate individuals within the department to ensure that all information is correct and accurate and that each listed facility confirms the rotations.

#### (Program Director)

I \_\_\_\_\_\_ resident/fellow program coordinator for the department (Print name)

of \_\_\_\_\_\_ certify that (Department Name/Section Name)

• All Residents and Fellows rotating at the facilities listed on the Res Track report for the month of \_\_\_\_\_\_ are accurate and correct. The master schedule provided by Res Track represents the days Residents and Fellows rotated at the named facility for the named month and include all time taken. This information provided by the resident program director has been reviewed and is accurately displayed in Res Track within 5 working days from the last payroll run/processed for the named month above and that each listed facility confirms the rotations.

# (Program Coordinator)

I \_\_\_\_\_\_ business manager/assist bus manager for the department (Print name)

of \_\_\_\_\_\_ certify that (Department Name/Section Name)

• All Residents and Fellows rotating at the facilities listed on the Res Track report for the month of \_\_\_\_\_\_\_ are accurate and correct. The master schedule provided by Res Track represents the days Residents and Fellows rotated at the named facility for the named month and include all time taken. This information provided by the resident program director and coordinator has been reviewed and is accurately displayed in Res Track with the appropriate PS account numbers within 7 working days from the last payroll run/processed for the named month above. This data is being certified to utilize for invoicing, that each facility confirms the rotations, and all charges will be appropriately captured in people soft.

(Business Manager/Assist Bus Manger)

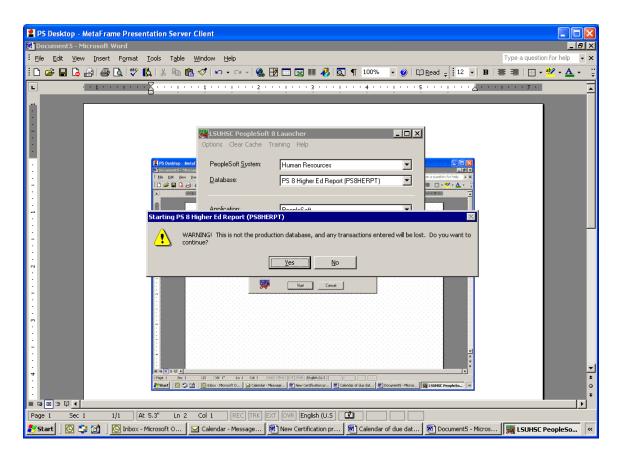
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Instance	Seq. Process Type	Process Name	User	View All Run Date/Time	First 1-4 of 4 Run Status	Details			
751150	SQR Report	ZZRT011	YLEEHA	07/02/2009 10:00:52AM	Success	Details			
655785	SQR Report	ZZRT011	YLEEHA	09/13/2007 10:39:08AM CDT	Success	Details			
655378	SQR Report	ZZRT011	YLEEHA	09/12/2007 11:13:28AM CDT	Success	Details			
638253	SQR Report	ZZRT011	YLEEHA	08/07/2007 11:42:44AM CDT	Success	<u>Details</u>			
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When Run Status states "Success" Click on Details

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Process				
Instance: 751150 Type:	SQR Report			
Name: ZZRT011 Description:	Resident Signature Form			
Run	Update Process			
Run Control ID: 1 st_Month_Report	Hold Request			
Location: Server	C Queue Request			
Server: PSNT	Cancel Request Delete Request			
Recurrence:	C Delete Request	Main Content		
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Request Created On: 07/03/2008 10:11:05AM CDT	Parameters Transfer			
Run Anytime After: 07/03/2008 10:08:53AM CDT	Message Log			
Began Process At: 07/03/2008 10:11:22AM CDT	Batch Timings			
Ended Process At: 07/03/2008 10:11:49AM CDT	View Log/Trace			
OK Cancel				<b>_</b>
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Click on View Log Trace

Report will appear on screen. Save the report. Print the report. Review the Report, follow new process guidelines.

Submit correct, signed report to GME Coordinator by the Requested Deadline.

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Instance:	751150	Туре:		SQR Report		
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Click on the line that begins with  $\underline{ZZR}$