Section VIII: Appendices

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Departmental Contact List

**DEPARTMENT OF PEDIATRICS AND HUMAN DEVELOPMENT**

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* All mail should be sent to B215 Clinical Center
Department Meeting Schedule

The Department of Pediatrics and Human Development hold all department meetings on Wednesdays in each month. The following schedule shows the various department meetings:

1st Wednesday of the month, September – May Series

Department Research Seminar

2nd Wednesday of the Month – all year

Executive Committee Meetings

3rd Wednesday every other Month – all year

PHD Subspecialists Meeting

4th Wednesday of the Month – all year

Department Meeting
Departmental Committees

Executive Committee

The executive Committee will coordinate administrative functions of the department. This committee will be composed of the Chair, up to twelve (12) assistants to the Chair, and at least two (2) elected members. The assistants to the Chair will be appointed by the Chair from among the voting faculty. Meetings are held on the second Wednesday of each month. Additional meetings may be called at any time at the request of either the Department Chair or members of the committee. Elected members will serve for a term of two (2) years, not to exceed two consecutive terms. Each campus may select a faculty member to serve as its community representative to the Executive Committee. The term of service shall be determined by each respective community.

Research Committee

The Research Committee is responsible for promoting research activities in the department. Responsibilities include helping to set research priorities for the department, reviewing faculty member grant applications, advising the Executive Committee on allotment departmental research funds, overseeing the annual research day and other research seminars, and advocating for research.

The Research Committee will advise the Chair regarding allocation of salary savings dollars to faculty who have been awarded external funding.

The Research Committee will be composed of 4-7 members, appointed by the Chair, to include both basic and clinical researchers and the residency program director or his/her delegate. Members will serve for a term of (2) years, not to exceed two consecutive terms, with a possible extension to three (3) terms at the discretion of the Department Chair. Meetings will take place at least bimonthly. Additional meetings may be called at any time at the request of either the Department Chair or members of the committee.

Advisory Committee on Annual Performance and Merit

The Advisory committee on Annual performance and merit will advise the Chair regarding East Lansing based faculty performance and productivity in relation to the annual review and merit increase process, using objective criteria and respecting faculty confidentiality. It will be composed of three faculty members:

- 1 full professor
- 1 associate professor
- 1 assistant professor
Additional members may be appointed at the discretion of the Department Chair. The committee shall include at least one M.D. and one Ph.D. Each member will serve a three-year term, not to exceed two consecutive terms.

Reappointment Promotion and Tenure Committee

The Reappointment, Promotion and Tenure (RPT) Committee is responsible for the implementation of the peer review process to serve the University objective of improving academic strength and quality among its faculty. The RPT Committee shall be advisory to the Chair and to the Dean. The peer-review process is outlined in Department Bylaws – Appendix 1. Specific criteria for standardizing peer-review evaluations are listed in the department Bylaws – Appendix 11. The RPT committee shall provide:

- Peer review for faculty being considered for promotion, reappointment, and/or tenure.
- Peer review for faculty being considered for post-tenure review.

The RPT committee will be made up of both physician and non-physician faculty members of the department, with distribution of the two (2) categories being based roughly on their relative proportion in the department. The committee shall consist of seven (7) members, of which at least one shall be an instructor or assistant professor, one associate professor, one full professor, and one HP faculty. The committee should add additional members from within the department or outside the department as needed to achieve representation by women and minorities. The committee may add additional members in a specific field of expertise at the request of the candidate. This shall be done in consultation with the Department Chair.

The RPT Committee will independently review all faculty eligible for promotion, reappointment or tenure in sufficient time for consultation with the Department Chair. Additionally, the committee will conduct incremental faculty reviews as follows:

- Assistant Professor Every three (3) years
- Associate Professor Every five (5) years
- Professor Every six (6) years
- HP System Faculty One-year prior to Reappointment

One-third of the RPT Committee shall be elected on a yearly basis, except that every third year three (3) members shall be elected. Each member will serve three (3) years, not to exceed two consecutive terms. It is expected that non-tenured, HP, annually appointed faculty and junior faculty will have an opportunity to participate in the promotion and tenure review process.
Patient Care (formerly Compliance) Committee

The Compliance Committee has established the following training requirements.

Health care providers can meet the training requirements by completing one of the following:

1. Complete the on-line Fraud Awareness training through the MSU HealthTeam,
2. Complete the on-line Fraud Awareness training through Sparrow Health Systems,
3. Attend a one-hour educational session presented by the Compliance Office (E&M Coding/Teaching Physician Rules or E&M Auditing/Teaching Physician Rules). Only providers will receive credit for attendance at a training session. All non-providers are required to take the on-line training.

To schedule a training session for departmental faculty, call 355-1822. The deadline for completion of compliance training will be June 30th of each year.

In addition, the Compliance Committee has determined that there are some job categories that are not required to take Fraud Awareness training. These are individuals who job role is not related to patient care, patient care billing, or establishing contracts for professional services. Examples may include academic secretaries, computer programmers and technicians, student employees, etc. The Department has the responsibility to identify such individuals and to request a training exemption from the Compliance Office.

For questions, contact: Mary-j Waterstraat M.P.A., R.H.I A., C.P.C. Compliance and Privacy Officer, MSU HealthTeam, A130 East Fee Hall, East Lansing, MI 48824-1315; (517) 355-1822 (phone); (517) 353-5292 (fax); or maryj.waterstraat@ht.msu.edu
Leave Policies

Annual Leave

Policy: Annual leave (vacation) with pay is granted to employees based on their percent time status.

Applies To: MSUE provost-appointed academic staff

Provisions/Restrictions:

Full-time employees are granted 22 days of annual leave per year to be taken between July 1 and the next June 30.

Part-time employees are granted annual leave on a proportionate basis i.e. percent time status $\times$ 22 days = annual leave days.

For newly hired employees annual leave is granted based on their hire date and the months remaining in the annual leave year times a monthly annual leave factor of 1.83 days. {Eg. A full time employee hired January 1 is granted 11 days (6 months $\times$ 1.83 = 10.98 or 11)}

Annual leave is not carried over to the next annual leave year. If annual leave is not taken July 1—June 30 annual leave time period is lost.

Annual leave is reported to the County Extension director for off-campus employees and the Unit-administrator for on-campus employees.

An employee receives payment for unused annual leave when terminating. {E.g. An employee terminating on September 30 who has taken 2.5 days of annual leave will receive pay for 3 days of annual leave (3 months worked $\times$ 1.83 monthly—2.5 annual leave days taken = 3)}.

Scheduling

Each department is responsible for scheduling vacations in order not to interfere with the operation of the department and to insure that each faculty/academic staff member receives the appropriate vacation allowance during the appointment period. Although the scheduling preference of faculty and academic staff should be considered, vacations have to be scheduled to meet the instructional and research requirements of the department. Units that experience “slack” or “down” periods may require that vacations be taken during these times (e.g. December recess, summer recess, etc.). When practical, faculty/academic staff members should be informed of such requirements in advance.
Pay in Lieu of Vacation

Actual time off from work during the appointment period must be taken in order to receive compensation for vacation time. Payment in lieu of vacation may only be approved in case of retirement or termination for any cause (resignation, death, etc.).

Pay in lieu of vacation shall not exceed payment for one month less vacation time used during the fiscal year. Neither vacation time nor pay in lieu of vacation can be granted prior to eligibility vacation allowance.

Transfers

Unused vacation allowance not exceeding one month will be transferred with a faculty/academic staff member when the individual transfers from one position, budget, or operating unit to another. If a faculty/academic staff member is transferred from an instructional staff appointment to a professional, administrative, or other type of appointment, a transfer of the balance based on one month less actual vacation days used during the past fiscal year will be made.

Each department, school, or other administrative unit is responsible for scheduling vacation time off for faculty/academic staff members, maintaining vacation usage records, and if a faculty/academic staff member transfers to another unit, for notifying the faculty/academic staff member of unused vacation time in writing. A copy of the notification must be sent to the faculty/academic staff member’s new unit.

Holidays

The University observes six legal holidays by closing offices and dismissing classes. They are: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day. In addition, the Friday following Thanksgiving Day, and as stipulated by the University based on the calendar, the working days preceding or following Christmas Day and New Year's Day are granted as holidays.

Jury Duty

The University recognizes the civic responsibility of faculty/academic staff members to serve jury duty and makes provision for them to perform such duty without loss of pay or benefits.

Faculty and academic staff serving on jury duty who are absent from work for 80 continuous hours or less will receive their regular pay and are not required to submit proof of jury duty payment to the University. They must, however notify the department chairperson/school director of the call to jury duty as soon as it is received.
Faculty and academic staff serving on jury duty who are absent from work for more than 80 continuous hours must notify the department chairperson/school director to the call of jury duty as soon as it is received and are required to submit proof of jury duty payment to the Payroll Office. The faculty/academic staff member will receive the difference between the pay received from the court and the normal base pay.

In all cases, the faculty/academic staff member is expected to report for regular University duty when temporarily excused from attendance of court.

Full cooperation is expected between the faculty/academic staff member, unit administrator and department(s) involved to insure minimal disruption in the instructional and service responsibilities of the unit.

**Funeral/Bereavement Leave**

In the case of death of a faculty/academic staff member’s immediate family, it has been practice to provide up to three days paid time off work to attend the funeral or memorial services and to make necessary arrangements. If additional time is needed, vacation time, as applicable, or leave of absences without pay may be requested.

The immediate family consists of a faculty/academic staff member’s spouse or MSU-recognized same-sex domestic partner; the son, daughter, parent, grandparent, grandchild, brother, sister (or spouse of any of them), of either the faculty/academic staff member or the faculty/academic staff member’s spouse/MSU-recognized same-sex domestic partner.

One day of paid time off work will be allowed in the case of death of an uncle, aunt, nephew or niece of either the faculty/academic staff member or the faculty/academic staff member’s spouse/MSU-recognized same-sex domestic partner.

**Study Leave**

**Policy:** A study leave with pay, formal study or educational travel, may be granted to improve professional competence.

**Applies To:** MSUE provost-appointed academic staff

**Eligibility Requirements:** Two, Three, Four weeks leave: One year of satisfactory service; three months leave: three years of satisfactory service; Six months leave: six years of satisfactory service; Twelve months leave: six years of satisfactory service.

**Provisions/Restrictions:**

1) Annual leave is automatically reduced with approved study leaves as follows:
   a. Two weeks leave; Three weeks leave: Travel time amount
   b. Four weeks leave: Three years of satisfactory service
   c. Six months leave: Six years of satisfactory service
d. Twelve months leave: Six years of satisfactory service

2) Employees are expected to return to employment with MSU Extension for a period of at least one year after completing study leaves.

3) A study leave requires a report of no more than one page to be submitted within 30 days following conclusion of the leave to the Unit Head/Regional Director. The report should provide an assessment and evaluation of the leave accomplishments in relation to the study leave plan.

Procedures:

1) For off campus employees, a request for study leave is submitted in writing for approval by the Regional Extension Director through the County Extension Director. For on campus employees, a request is submitted in writing for approval by the Associate Director or Unit Administrator. The Regional Extension Director/Associate Director consults with the ANR Human Resources office regarding employee eligibility. The request should include leave type, start/end dates, content of study, location of study, expected outcomes, and how current job duties will be covered while on leave.

2) Approved study leaves of four weeks or more, require submission to a Leave of Absence form to the Provost’s Office. The form is prepared by the Regional Director/Unit Administrator and submitted to ANR Human Resources office for processing.

Short Term Disability (Medical Leave)

Faculty and academic staff members who are appointed on a full time basis are eligible for up to six months of paid leave if health problems prevent the individual from working. (Normally, short term disability leave related to pregnancy, childbirth and/or recovery is for six weeks, but may be longer with proper medical certification). It is the responsibility of the individual faculty/academic staff member to promptly notify the department chairperson, director, or immediate supervisor of absence due to illness or disability.

If other members of the faculty/academic staff assume the duties of the individual on a temporary basis without additional cost to the University, no formal report of the absence beyond the dean or director of the major academic unit is required during a four week period.

If the absence extends or is expected to extend beyond four weeks, a leave of absence beginning with the first day of absence should be requested by the individual or if the individual is unable to make the request, by the department chairperson or director, through the office of the dean to the provost for reporting to the president and Board of Trustees. The leave of absence form must be accompanied by medical certification specifying the dates of the period of disability.

Faculty/academic staff returning from medical leave may be required to obtain approval from the attending physician before returning to work.
Parental Leave

Faculty and academic staff who are appointed on at least a 50 percent basis for nine months or more are eligible for parental leave in accordance with this policy. This policy is to be read in coordination with the Short-Term Disability policy and the Family Medical Leave Policy for faculty and academic staff.¹

Faculty and academic staff are eligible to receive up to six (6) weeks of paid parental leave in connection with the birth of a child. Faculty and academic staff who adopt a child younger than age six and/or not attending school full-time are eligible to receive up to six (6) weeks of paid parental leave. Additional unpaid leave may be available for the birth of a child or the placement of a child for adoption or foster care in accordance with the Family Medical Leave Policy and/or the policy regarding Leaves of Absence Without Pay for faculty and academic staff.

In situations where the University employs both parents of a newborn/adopted child as faculty/academic staff, a combined maximum of six (6) weeks of paid parental leave is available under this policy. Both parents are expected to coordinate leave arrangements between their respective units so that the maximum parental leave period is not exceeded. Depending on the circumstances, additional unpaid leave may be available pursuant to the Family Medical Leave Policy or with the approval of the academic unit administrator.

Requests for parental leave must be accompanied by evidence of adoption or by a health care provider’s medical certification that provides the projected delivery date. Faculty and academic staff are expected to make leave arrangements with the academic unit administrator as far in advance as possible. The timing of parental leave can be arranged to provide some variation in scheduling the leave of absence period before and/or after the projected delivery/adoption date in recognition of constraints associated with academic responsibilities. Faculty and academic staff are encouraged to schedule leave periods with input from the academic unit administrator regarding the needs of the individual unit.

Leave for purposes relating to ongoing child care is not to be confused with parental leave or medical leave of absence relating to pregnancy and child birth. Faculty and academic staff may arrange to use available vacation time or leave without pay for child care purposes with the approval of the academic unit administrator.

Footnote:

¹In cases where a faculty/academic staff member provides medical certification that she is unable to work due to a disability related to pregnancy, childbirth and/or recovery, such absences will be covered by the Short Term Disability Policy for faculty and academic staff. Normally, short term disability leave related to pregnancy, childbirth and/or recovery is for 6 weeks but may be longer with proper medical certification. Note that the combination of Short Term Disability and Parental leave replaces the 12 weeks normally provided by the Maternity Leave policy, which has been discontinued.
Leave of Absence Without Pay

Leaves of absence without pay may be granted with the recommendation of the department chairperson and dean. Specific dates for the leave must be specified in the request and should be made as far in advance as possible, so neither instruction nor research programs will be interrupted. Such leaves usually do not extend beyond two years.

Faculty/academic staff members should contact the benefits office to make arrangement for continuation of their benefit programs.

Family and Medical Leave (FMLA) – www.hr.msu.edu/documents/emplawguide.htm

The Family and Medical Leave Act (FMLA) of 1993 requires that eligible employees be allowed to take unpaid leave, or paid leave if earned, for a period of up to twelve work weeks in any twelve month period (defined by MSU as the fiscal year, i.e., July 1 through June 30) in the event of the birth of a child or the placement of a child for adoption or foster care; because the employee is needed to care for a family member (child, spouse or parent) with a serious health condition; or because an employee's own serious health condition makes them unable to do their job. Health and dental benefits, if enrolled, will be maintained at the same level and under the same conditions as coverage would have been provided if the faculty/academic staff member were continuously employed during the entire leave period. The Act provides that this leave may be taken intermittently or on a reduced leave schedule.

Faculty and academic staff who have regular appointments of nine months or longer at 50% time or more and have been employed by MSU for at least twelve months are eligible under FMLA. Faculty and academic staff with fixed-term appointments of less than nine months or less than 50% time who have been employed by MSU for at least 12 months and have at least 1,250 hours of service during the twelve months immediately preceding the commencement of FMLA leave are also eligible.

Faculty and academic staff are required to use paid leave provided by the short-term disability leave of absence policy (see preceding section) in the case of pregnancy, childbirth and/or recovery or their own "serious health condition" and count it toward the twelve weeks of leave permitted under the FMLA. Short term absences that are not "serious health conditions" do not count toward the twelve weeks of FMLA leave. Faculty and academic staff may choose to use vacation leave for all or part of any otherwise unpaid FMLA leave, e.g., for the "serious health condition" of a family member. Vacation leave for such purposes is counted toward the twelve weeks of leave permitted under the FMLA.

FMLA leave shall be concurrent with parental and other paid/unpaid leaves of absence taken for FMLA reasons. For example, faculty and academic staff are not entitled to an additional twelve weeks of FMLA leave for birth of a child after the conclusion of a 12-week leave provided under the short-term disability and parental leave policies.

FMLA leave will not be provided beyond the end date of a fixed-term appointment.
Faculty and academic staff must provide their department chairperson/school director at least 30 days advance notice before FMLA leave is to begin if the need for the leave is foreseeable. Otherwise, notice must be given as soon as practicable. Units may require medical certification to support a request for leave because of a serious health condition and may require second or third opinions (at the unit’s expense) and a fitness for duty report to return to work.

Questions regarding the FMLA may be directed to your department/school or the Office of Academic Human Resources (355-1526).

**Military Leave**

The University cooperates fully with faculty/academic staff members taking part in the reserve program of the military forces which calls for up to 15 days active duty training annually with the National Guard, Officers’ Reserve Corps, or similar U. S. military organizations the University will pay the faculty/academic staff member the difference between military pay and allowances and normal take-home pay for the required 15 calendar days of military duty.

When a member of the faculty/academic staff enters the armed forces, it is the policy of the University to grant, on request, a leave of absence to cover the term of service.

**Maternity Leave**

Maternity leave is no longer a part of MSU’s leave programs. Maternity leave can be taken through a combination of Parental Leave and Short-term Disability leave.

**Sabbatical**

*General Policy.* A sabbatical leave is intended for the mutual benefit of the University and the faculty member granted a leave. The purpose is to encourage academic and institutional revitalization by providing sustained time for research/creative activities; development of new courses or programs; acquisition of expanded and/or new qualifications and skills; contribution to academic unit plans to improve and/or refocus instructional, research, or public service activities in accordance with the mission of the University.

A sabbatical leave is not granted automatically. Each request for a sabbatical leave must include a detailed description outlining the purposes, objectives and scholarly and research activities of the leave and normally should be submitted six months in advance of the starting date of the leave. The plan should indicate how the objectives and accomplishments of the leave will advance the interests and capabilities of the faculty member for fulfilling the aims, objectives and goals of the department/school, college or University. All leaves must have the approval of the appropriate administrators and of the Provost or designee.
Within thirty (30) days following the conclusion of a sabbatical leave, a sabbatical leave report, with a separate summary not to exceed one page in length, must be submitted to the department chairperson/school director or dean of a non-departmentally organized college. The report should include an assessment and evaluation of the leave accomplishments in relation to the sabbatical leave plan. Departments/schools and non-departmentally organized colleges should retain a copy of the sabbatical leave report in applicable unit files.

Eligibility:

Only faculty members with tenure shall be eligible for sabbatical leaves.

A sabbatical leave shall not be granted until the faculty member has completed six years of service to the University. Service shall be interpreted to include those activities of interest to and supported by the University, regardless of the source of financial support.

Years of service shall count from the date of full-time appointment, or from the ending date of the previous sabbatical leave (except as stated in the following section, number 3, below). However, all leaves of absence shall be excluded in determining years of service for a sabbatical leave.

The length of leaves shall not be extended on the basis of more than six years of service since the previously compensated leave.

Appropriate applications for a full year of leave (with reduced pay) normally have precedence over shorter term leaves (with full pay).

For more information explaining the conditions and the types of sabbatical leaves go to http://hr.msu.edu/HRsite/Documents/Faculty/Handbooks/Faculty/AcademicPersonelPol icies/iv-sabbatical.

HP Track Professional Development Leave

A professional development leave is intended for the mutual benefit of the University and the faculty member granted the leave. The purpose is to encourage academic and institutional revitalization by providing sustained time for acquisition of expanded or new qualifications and skills; development of courses or clerkships, or instructional efforts devoted to graduate nursing students, residents or fellows; contribution to academic unit plans to improve and/or refocus instructional, scholarly, or public service activities in accordance with the mission of the University. A professional development leave is not granted automatically. Each request for a leave must include a detailed description outlining the purposes, objectives and activities of the leave and normally is submitted six months in advance of the planned starting date of the leave. Availability of local professional development assignments is at the discretion of the unit administrator. This could include assignment to research laboratories on the Michigan State University campus.
The professional development leave policy for Health Programs Faculty is similar to that of regular university tenured faculty members with one exception, i.e. the faculty member’s beginning date for the initiation of the calculation of time toward the leave. In the case of the Health Programs Faculty, the calculation of time for the initial professional development leave will begin from the date of the appointment of the Health Programs Faculty under the Health Programs Faculty Appointment System. For faculty members who are converting from the fixed term system to the HP Appointment System requests that previous service as a fixed term faculty member be counted toward a professional development leave, must be made and defended on a case by case basis. The chairperson will hear such requests and will make recommendation to the Dean about each request, after hearing and evaluating the faculty member’s request. The Dean will make the final decision regarding the fixed term faculty member’s request for service months counting toward professional development leave.

**Long Term Disability (Medical Leave)**

For detailed information on long-term disability leave go to http://hr.msu.edu/hrsite/Documents/Faculty/Handbooks/Faculty/AcademicPersonnelPolicies/iv-longtermdisab.
Leave Request Form

Leave Request Form is available from your assigned support staff (secretary). Below is a sample of the form.

DEPARTMENT OF PEDIATRICS AND HUMAN DEVELOPMENT
FACULTY VACATION AND PROFESSIONAL DEVELOPMENT LEAVE REQUEST

TO: H. Dele Davies, M.D. DATE__________
CHAIRPERSON

NAME__________________________________________________________

DESTINATION:

DEPARTURE DATE________________________ RETURN DATE________________

TYPE OF LEAVE: Vacation ______ Conference, Seminar, CME ______ Personal ______ Other____

Address and Phone number where you can be reached, if necessary:

________________________________________________________________________

________________________________________________________________________

What arrangements have you made to ensure your teaching, patient care, research, and/or administrative responsibilities will be covered during your absence? Please provide the names of individuals with whom coverage arrangements have been made.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty Signature:_________________ Chair Approval: { } Yes { } No Date__________

Please submit form to Chair Secretary. Thank you.

DEPARTMENT OF PEDIATRICS AND HUMAN DEVELOPMENT
FACULTY VACATION AND PROFESSIONAL DEVELOPMENT LEAVE REQUEST

TO: H. Dele Davies, M.D. DATE__________
CHAIRPERSON

NAME__________________________________________________________

DESTINATION:

DEPARTURE DATE________________________ RETURN DATE________________

TYPE OF LEAVE: Vacation ______ Conference, Seminar, CME ______ Personal ______ Other____

Address and Phone number where you can be reached, if necessary:

________________________________________________________________________

________________________________________________________________________

What arrangements have you made to ensure your teaching, patient care, research, and/or administrative responsibilities will be covered during your absence? Please provide the names of individuals with whom coverage arrangements have been made.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty Signature:_________________ Chair Approval: { } Yes { } No Date__________

Please submit form to Chair Secretary. Thank you.
Conflict of Interest in Educational Responsibilities

This policy was approved by the Board of Trustees on November 8, 1996.

An amorous or sexual relationship between a student and a faculty member, a graduate teaching assistant or another University employee who has educational responsibility for that student may impair or undermine the ongoing trust needed for effective teaching, learning and professional development. Because of the faculty member, graduate assistant or other employee's authority or power over the student, inherently conflicting interests and perceptions of unfair advantage arise when a faculty member, graduate teaching assistant or other employee assumes or maintains educational responsibility for a student with whom the faculty member, graduate teaching assistant or other employee has engaged in amorous or sexual relations.

It is, therefore, the policy of Michigan State University that each faculty member, graduate teaching assistant and other University employee who has educational responsibilities for students shall not assume or maintain educational responsibility for a student with whom the faculty member, graduate teaching assistant or other employee has engaged in amorous or sexual relations, even if such relations were consensual. Whether such amorous or sexual relationships predate the assumption of educational responsibility for the student, or arise out of the educational relationship, the faculty member, graduate teaching assistant or other employee shall immediately disclose the amorous or sexual relationship to the relevant unit administrator, who shall promptly arrange other oversight for the student.

In unusual circumstances, the achievement of the affected student's academic requirements may necessitate continued oversight of the affected student by the faculty member, graduate teaching assistant or other University employee who has engaged in amorous or sexual relations with that student. In such circumstances the unit administrator shall, therefore, have authority, after consulting the affected student, to permit the continued oversight of the affected student by the faculty member, graduate teaching assistant or other University employee, provided that the faculty member, graduate teaching assistant or other University employee shall not grade or otherwise evaluate, or participate in the grading or other evaluation of, the work of the affected student, and that the alternative arrangements for grading or evaluating the affected student's work treat the student comparably to other students.

Footnotes:

1The Board of Trustees approved this policy statement on November 8, 1996. The Board of Trustees adopted a subsequent motion which emphasized the view of the Board that consensual amorous or sexual relations between faculty and students are discouraged.

2Other relevant policies include "Supervision of Academic Work by Relatives" and "Conflict of Interest in Employment".
Compliance Plan
Department of Pediatrics and Human Development College of Human Medicine

The Department of Pediatrics and Human Development is committed to ensuring that its billing activities are conducted in accordance with applicable laws, rules, and regulations concerning professional fee billing in an academic practice setting.

The Department of Pediatrics and Human Development proposes the following steps to promote and monitor compliance within the department:

1. Meetings of the Department Compliance Committee will be open to faculty and staff of the department and will serve as a forum for discussion of issues related to compliance, coding and billing.

2. The Department Compliance Committee will meet a minimum of six times per year. An agenda will be set for each meeting and notes of each meeting will be kept, distributed to members and the chair of the department and filed for reference.

3. Committee membership is established by the chair with representation from units across the department: departmental administrators, laboratory staff, clinicians (physicians and genetic counselors). A representative from the Healthteam Compliance Office and the Central Billing Office will be invited to attend each committee session as well.

4. Representative from each departmental Division will be invited to attend Compliance Committee meetings on a rotating basis - a physician and nurse from each subspecialty unit will be invited to come once a year or as necessary to bring their issues regarding compliance to the attention of the committee and to receive specialty specific updates on compliance as appropriate.

5. The department follows the written policies and procedures of the Healthteam for all department billing activities.

6. Members of the committee will work with staff of the Healthteam’s Compliance Office to set up periodic chart reviews regarding appropriate coding and documentation of clinical encounters. The details of this process will be worked out in concert with the Healthteam’s Compliance Officer and members of the department.

7. The Compliance Liaison of the Department of Pediatrics and Human Development will chair the meetings of the committee and will delegate duties to committee members as needed.

8. The Compliance Liaison is appointed by the Chair of the department. The performance of the Compliance Liaison will be evaluated annually during that faculty member’s annual performance review. The Chair may replace the Compliance Liaison as he/she deems appropriate.

9. Compliance issues will be reported to the Division Chiefs and the Compliance Liaison and will be forwarded to the Department Chair and the Healthteam Compliance Office.

10. Physicians and staff of the department are responsible for maintaining current knowledge of proper coding and chart documentation appropriate to their role. The department will sponsor one coding and documentation in service per year. Contracts with the Central Billing Office and First Class Billing specify regular meetings and updates to keep physicians and staff current.
11. The Compliance Committee will review documentation of the completion of educational and training programs for faculty and staff and report any lapses in training to the department Chair.

12. The Compliance Plan will be presented to the Department Chair for review and approval.

13. The Compliance Plan will be reviewed by the committee annually to identify the need for changes and to identify specific compliance objectives for the coming year.
**MICHIGAN STATE UNIVERSITY**
**HEALTHTEAM**
**POLICIES AND PROCEDURES**

**SUBJECT:** DOCUMENTATION REQUIREMENTS FOR NEW PATIENTS, REFERRALS, AND CONSULTATIONS  
**NO.:** CMP 2

**SCOPE:** MSU HEALTHTEAM  
**Page 1 of 1**

**AUTHOR:** Annette Cawley  
**INITIAL REVIEW REQUIRED BY:**

**FINAL APPROVAL:** 9/11/2001

**EFFECTIVE DATE:** 11/1/2002  
**REVIEW DATE:** 5/2004

**KEYWORDS:** NEW PATIENT, REFERRALS, CONSULTATIONS

**POLICY**
It is the policy of the MSU HealthTeam to apply the CPT coding convention in a standardized and consistent manner in compliance with the Centers for Medicare & Medicaid Services (CMS) rules and regulations.

For purposes of this policy, the term “provider” refers to both licensed physicians and non-physician practitioners permitted by law to provide care and services within the scope of the individual’s licensure and consistent with the clinical privileges granted by the MSU HealthTeam. In this policy, the term “provider” excludes those who cannot bill under CMS rules and regulations.

**DOCUMENTATION REQUIREMENTS**

1) **New Patient:**
   a) An individual who has not received any professional services from the provider or another member of the group in the same specialty, within the past three (3) years.
   i) Solely for the purposes of distinguishing between new and established patients, “professional services” are those face-to-face services rendered by a provider and reported by a specific CPT code(s).
   ii) CPT procedure codes used to bill new patient E & M services performed in an office/outpatient setting must be appropriate to the level of care provided.
      (1) New patient CPT codes are in the range 99201 – 99205.
   b) Where a provider is on call or covering for another provider, the patient’s encounter will be classified, as it would have been by the provider who is not available.

2) **Referral:**
   a) Indicates that a provider is requesting another provider to assume/treat a given diagnosis of a patient.
   i) When transfer of care occurs at the time of the referral, the receiving provider should not bill a consultation procedure code. The receiving provider should report a new (or established) patient visit.
      (1) CMS defines “transfer of care” as the referring provider transferring the responsibility for the patient’s complete care to the receiving provider at the time of the referral. The receiving provider must document his or her acceptance of the transfer of care.

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*Approved by MSU HealthTeam Practice Executive Committee 9/11/02*
3) Consultation:
   a) Required components to bill a consult:
      i) The written or verbal request for the consultation and the need for the consultation must be documented in the medical record.
      ii) The consulting provider must see the patient and document the findings.
      iii) The consulting provider must send a written report to the requesting provider, if in the outpatient setting, and document this in the medical record.
   b) CPT codes utilized for the office/outpatient setting are 99241-99245.
      i) Level of service coded is based on the complexity of history, examination and medical decision-making documented in the medical record.
      ii) In an office setting, the documentation requirement may be met by a specific written request for the consultation from the requesting provider or a notation in the consultant’s records making specific reference to the request.
      iii) In the office setting, the consultation report is a separate document communicated to the requesting provider.
   c) The provider consultant can initiate diagnostic or therapeutic services, provided a transfer of care has not occurred.
   d) CPT codes utilized for the hospital inpatient setting are 99251 – 99255.
      i) In the inpatient setting, where the medical record is shared between the referring provider and the consultant, the request may be documented as part of a plan written in the requesting provider’s progress note, an order in the medical record, or a specific written request for the consultation.
      ii) In this setting, the consultant’s report may consist of an appropriate entry in the common medical record.
         (1) The above holds true for consultations rendered in the Emergency Department or Outpatient setting in the hospital.
   e) “Follow Up” inpatient consultations are visits to complete the initial consultation or subsequent consultative visits requested by the attending provider. A follow-up consultation includes monitoring progress, recommending management modifications, or advising on a new plan of care in response to changes in the patient’s status. These codes are used only when the consulting provider assumes no responsibility for the management of a portion or all of the patient’s condition.
      i) CPT codes 99261 – 99263 are used to report follow-up consultations provided to hospital inpatients or nursing facility residents only.
      ii) Follow-up consultative sessions provided in other settings should be reported using the codes for office or other outpatient consultations (99241 – 99245).
   f) “Confirmatory” consultations are used to report the E & M services provided to patients when the consulting provider is aware of the confirmatory nature of the opinion sought (e.g., when a second/third opinion is requested or required on the necessity or appropriateness of a previously recommended medical treatment or surgical procedure)
      i) Confirmatory consultations may be provided in any setting
      ii) If a patient or family member initiates a consultation, the provider should use the confirmatory consultation codes.
      iii) Range of CPT codes used for confirmatory consultations are 99271 – 99275.
MSU HealthTeam physicians shall follow CMS (Center for Medicare and Medicaid Services) Teaching Physician rules for all patients regardless of payer. (See the attached CMS Transmittal 1780 effective November 22, 2002.) Exceptions shall be granted only by approval of the MSU HealthTeam Compliance Committee.

**PROCEDURE**

**DEFINITIONS.**

Resident—an individual who participates in an approved graduate medical education (GME) program or a physician who is not in an approved GME program but who is authorized to practice only in a hospital setting. The term includes interns and fellows in GME programs recognized as approved for purposes of direct GME payments made by the fiscal intermediary.

Student—an individual who participates in an accredited educational program (e.g. medical school) that is not an approved GME program. A student is never considered to be an intern or resident.

Scribe—is a person other than the teaching/billing attending physician who writes or produces documentation intended to fulfill the teaching or billing physician’s responsibility with regard to the documentation to support billing for a service.

**GENERAL DOCUMENTATION**

For a given encounter, the selection of the appropriate level of E/M services shall be determined according to code definitions in CPT and any applicable documentation guidelines.

For the purposes of payment, E/M services billed by teaching physicians require that they personally document at least the following:

a. That they performed the service or were physically present during the key or critical portion of the service when performed by the resident; and

b. The participation of the teaching physician in the management of the patient.

Documentation by the resident of the presence and participation of the teaching physician is not sufficient to establish the presence and participation of the teaching physician.
Exception for E/M services Furnished in Certain Primary Care Centers.

Teaching physicians providing E/M services with a GME program granted a primary care exception may bill for lower and mid-level services provided by residents. For the E/M codes listed below, the teaching physician may submit claims for services furnished by residents in the absence of a teaching physician.

<table>
<thead>
<tr>
<th>New Patient</th>
<th>Established Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>99211</td>
</tr>
<tr>
<td>99202</td>
<td>99212</td>
</tr>
<tr>
<td>99203</td>
<td>99213</td>
</tr>
</tbody>
</table>

If a service other than listed above needs to be furnished, then the general teaching physician policy applies.

E/M SERVICE DOCUMENTATION PROVIDED BY STUDENTS
Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history, which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth for teaching physician billing.

Students may document in the medical record. However, documentation of an E/M service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems and/or past family/social history. The teaching physician may not refer to a student’s documentation of physical exam findings or medical decision making in his/her personal note. If the medical student documents E/M services, the teaching physician must verify and re-document the history of present illness as well as perform and re-document the physical exam and medical decisions making activities of the service.

USE OF A SCRIBE
The use of an individual to scribe a physician’s documentation is permitted only when the scribe is functioning as a “recorder” of the actions and words of the physician. The scribe writes what the physician dictates and does not act independently.

If an individual scribes for the physician, the individual writing the note shall document “written by xxx, acting as a scribe for Dr. yyy”. The physician must co-sign the note indicating that it reflects the work and decisions made by him/her.
Anti-Discrimination Policy

Article I. Purpose
Michigan State University's scholarly community-building efforts occur within the context of general societal expectations, as embodied in the law. The University, consistent with its policies and governing law, promotes institutional diversity and pluralism through mechanisms such as affirmative action, within an over-arching strategy promoting equitable access to opportunity. The University's commitment to non-discrimination is the foundation for such efforts.

This policy states expectations for institutional and individual conduct. It applies to all University community members, including faculty, staff, students, registered student organizations, student governing bodies, and the University's administrative units, and the University's contractors in the execution of their University contracts or engagements (1), with respect to the following:

1. All educational, employment, cultural, and social activities occurring on the University campus;
2. University-sponsored programs occurring off-campus, including but not limited to cooperative extension, intercollegiate athletics, lifelong education, and any regularly scheduled classes;
3. University housing; and
4. Programs and activities sponsored by student governing bodies, including their constituent groups, and by registered student organizations.

Article II. Prohibited Discrimination
Unlawful acts of discrimination or harassment are prohibited.

In addition, the University community holds itself to certain standards of conduct more stringent than those mandated by law. Thus, even if not illegal, acts are prohibited under this policy if they:

1. Discriminate against any University community member(s) through inappropriate limitation (2) of employment opportunity (3), access to University residential facilities, or participation in educational, athletic, social, cultural, or other University activities on the basis of age, color, gender, handicapper status, height, marital status, national origin, political persuasion, race, religion, sexual orientation, veteran status, or weight (4) or
2. Harass any University community member(s) on the basis of age, color, gender, handicapper status, height, marital status, national origin, political persuasion, race, religion, sexual orientation, veteran status, or weight.

These prohibitions are not intended to abridge University community members' rights of free expression or other civil rights.
Article III. Mediation and Adjudication

Mediation of claims and disputes, through consultation provided by offices serving the University, is encouraged (5).

Complaints under this policy may be submitted for non-disciplinary adjudication according to the provisions of the "Procedures of the Anti-Discrimination Judicial Board." Upon its review, the ADJB may recommend that appropriate disciplinary proceedings be initiated, if such has not already occurred. Disciplinary proceedings are governed by the documents listed in Appendix A.

Excepting the President and the General Counsel, any University community member may be named in a complaint.

APPENDIX A

The contracts, policy documents, and procedures listed below provide avenues for the consideration of disciplinary complaints or actions against the various members of the Michigan State University community.

"Academic Freedom for Students at Michigan State University"
"Bylaws of the Medical Staff, Colleges of Human and Osteopathic Medicine: Michigan State University"
"Cooperative Extension Service Continuing Employment Policy and Dismissal Hearing Procedure"
"Dismissal of Tenured Faculty for Cause"
"Faculty Grievance Procedure"
"General Grievance Procedure for Non-Unionized Employees"
"Graduate Student Rights and Responsibilities"
"Librarian Personnel Handbook of Policies, Procedures, and Practices: Michigan State University"
"Medical Student Rights and Responsibilities"

Michigan State University collective bargaining agreements
PROCEDURES OF THE ANTI-DISCRIMINATION JUDICIAL BOARD

Article I. Composition and Selection of the Anti-Discrimination Judicial Board

1. The Anti-Discrimination Judicial Board (ADJB) shall consist of at least fourteen individuals serving staggered terms, and shall include at least two minority persons (6), five women, five men, and one handicapper. Membership shall comprise:

   a. Three junior-status, undergraduate students selected by ASMSU. Each student shall serve for a term of two years.

   b. One graduate student, to serve for a term of two years, selected by the Council of Graduate Students.

   c. Four members selected by the University Committee on Academic Governance from the tenure system faculty and job security system specialists. Each such member shall serve for a term of three years.

   d. Four individuals, to serve for terms of three years, selected by the Vice President for Finance and Operations from a slate comprised of two nominees from each recognized bargaining unit and two nominees from the non-unionized support employees.

   e. Two individuals, to serve for terms of two years, appointed by the President. All selectors shall strive to ensure membership diversity, being cognizant of the factors listed in Article II of the MSU Anti-Discrimination Policy. Additional Presidential appointments shall be made if necessary in any given year to ensure the minimum diversity of membership mandated above. When and if necessary, such appointees shall serve for two years.

No member of the ADJB shall serve more than two consecutive terms. All selecting groups and University officers are expected to give due consideration to the necessity for a diverse total membership.

2. Terms on the ADJB shall begin on August 15th. Thereafter, the ADJB shall select one of its members to serve as chairperson for the entire year. Vacancies during terms shall be filled in accord with these procedures. The chairperson shall appoint members of hearing panels, as provided herein.

3. The position of "ADJB Coordinator" shall be established, reporting to the President of Michigan State University. The ADJB Coordinator shall ensure the provision of appropriate staff support services for the ADJB and generally facilitate the efficient operation of the group. In addition, at all hearings and appeals, the ADJB Coordinator shall:

   - preside without vote to ensure consistency and equity in procedure;
   - provide the legal advice needed by the ADJB; and
   - draft majority and minority opinions for finalization and approval by the ADJB, at the request of the group's members.
Procedural rulings made by the ADJB Coordinator while presiding over hearings and appeals may be appealed in writing to the President, upon completion of the ADJB proceedings.

**Article II. Jurisdiction**

1. The ADJB shall have jurisdiction only over those complaints filed by and pertaining to members of the University community which allege discrimination as defined in the All-University Policy entitled "MSU Anti-Discrimination Policy."

2. A complaint filed with the ADJB must be filed within thirty (30) calendar days of the alleged discrimination. Either the ADJB Coordinator or the full ADJB by majority vote may waive the 30-day time limit for good cause shown. A complaint must simply, concisely and directly specify the time, place, and nature of the alleged discrimination, as well as the individual(s), group, or entity alleged to be responsible for the discrimination. The complaint must also contain a short and plain statement of the remedy sought.

3. The ADJB shall not proceed to consider any claim: (a) for which another procedure for final and binding adjudication is provided within the University by contract, unless both contracting parties agree to submit the matter to this ADJB or (b) which, based on the same set of facts, has been submitted for adjudication under the rules of another University procedure. However, when a complaint has been adjudicated under another University procedure, the ADJB may review such findings upon the written request of the complainant, to assure itself that any non-disciplinary matters relating to prohibited discrimination were satisfactorily addressed. If, in its judgment, such non-disciplinary matters were not adequately addressed, it may accept the complaint for further consideration on the basis of the non-disciplinary charges of discrimination only.

4. The ADJB shall have no jurisdiction respecting disciplinary charges against individuals, and no disciplinary sanctions shall be imposed through the procedures set forth herein. Alternative disciplinary channels exist for the consideration of such charges against any member of the University community. (See Appendix A.) On the basis of its non-disciplinary proceedings, the ADJB may recommend that separate, de novo disciplinary proceedings be initiated by relevant administrators for alleged violations of the "MSU Anti-Discrimination Policy" when such actions were known, or reasonably should have been known, to be prohibited by that policy.

5. The ADJB shall address all jurisdictional questions by a majority vote of the full Board. Immediate presidential review of jurisdictional decisions may be requested under Article IV by either party to a dispute.

**Article III. Procedures**

1. Initial Filing of a Complaint

a. When an individual files a complaint with the ADJB, the ADJB Coordinator shall refer the matter in writing to the chairperson of the ADJB, who shall appoint five voting members of a Hearing Panel to be convened and presided over by the ADJB Coordinator. The ADJB Coordinator shall provide a copy of the complaint to the party or parties against whom it is made.
b. A contested matter shall be heard without undue delay. The hearing and its record shall be closed unless both parties consent to an open hearing. The ADJB Coordinator shall give the parties reasonable notice of the hearing, which notice shall include:

1) A statement of the date, hour, place and nature of the hearing; (a hearing shall not be continued or adjourned except for good cause and in the discretion of the ADJB Coordinator);

2) A copy of this policy and the general rules of conduct for hearings.

c. The complainant is required to establish the basis for and produce evidence in support of the complaint. Complainants assume the burden of proof, which must be met by a preponderance of the evidence (7).

d. After the complainant presents his/her case, the respondent shall present his/her case. Respondent may elect to forego answering a complaint.

e. Parties may be accompanied by an advisor of their choice, who may provide private counsel to the party during a hearing but shall have no official voice in the proceeding. Advisors must be members of the faculty, staff, or student body of the University. Each party shall be responsible for the presentation of his/her own case. Each party shall have the opportunity to present witnesses, and to question witnesses presented by the other.

f. The Hearing Panel shall render a decision in writing, without undue delay, and the ADJB Coordinator shall transmit copies of it promptly to the ADJB chairperson and the parties. The Panel's decision shall address all major questions raised. The recommended relief, if any, shall be tailored to remedy charges which have been substantiated. The decision shall state the name(s) of the prevailing party/ies and the party/ies against whom any complaints have been substantiated. The Panel shall carefully and clearly state its factual findings and the reasoning supporting its decision.

2. Appellate Procedures

a. A party may appeal the decision of the Hearing Panel to the full ADJB by filing a written request with a short, written statement in support of the party's position on appeal with the ADJB Coordinator. The appeal shall be filed within 14 calendar days of receipt of the Panel's decision, and a copy shall be provided to the opposing party. The opposing party shall have 14 calendar days from receipt of the request in which to submit a written statement in support of its position on appeal.

b. Appeals shall be based on the record established at the initial hearing and shall be limited to the following two issues:

1) whether the evidence previously presented provides a reasonable basis for the resulting findings and recommended remedies (if any), and

2) whether specified procedural errors were so substantial as to effectively deny the appealing party fundamental fairness.

c. The ADJB chairperson shall provide written notice to both parties of the scheduled hearing date.

d. With the exception of the ADJB Coordinator, members of the initial Hearing Panel shall not participate in the appellate hearing or deliberations. An appellate quorum shall be
necessary to hear any appeal and shall consist of a majority of those ADJB members who did not serve on the original hearing Panel.

e. Parties may be accompanied by an advisor of their choice, who may provide private counsel to the party during an appeal but shall have no voice in the proceeding. Advisors must be members of the faculty, staff, or student body of the University. Each party shall be responsible for the presentation of his/her own appeal.

f. The ADJB shall give each party the opportunity to present an oral argument, based on the record established at the initial hearing, in support of his/her position on appeal.

g. The hearing shall be closed unless both parties consent to an open hearing.

h. The ADJB’s review on appeal shall be limited to the record established at the initial hearing, the Hearing Panel’s decision, the written statements submitted by the parties, and the parties’ oral arguments. Findings of fact by the Hearing Panel may not be overturned unless clearly erroneous.

i. The ADJB shall render a decision without undue delay. The ADJB may affirm or reverse the Hearing Panel’s decision in whole or in part and/or remand it to the original Hearing Panel for reconsideration. Recommended relief, if any, shall be tailored to remedy those charges which have been substantiated.

Article IV. Final Resolution

1. Decisions issued by the ADJB (including those of jurisdiction) and unappealed decisions of its Hearing Panels shall be forwarded to the President by the ADJB Coordinator in the form of a recommendation, without undue delay.

2. Within 30 calendar days, the President shall either concur with the decision and direct appropriate action to implement it, or for stated cause, shall overrule or modify the decision. When the President overrules or modifies a decision, he/she shall provide written reasons to the ADJB and to the parties.

Article V. The ADJB’s Advisory Function

The ADJB shall meet with the ADJB Coordinator regularly (at least once annually and no more than monthly at the discretion of the Board) to review and consider any policies or practices brought to its attention, which may have contributed to allegations of unlawful discrimination or harassment. The ADJB may meet with University administrators to obtain information regarding relevant policies and practices. Upon discussion and review, the ADJB may make such advisory operational recommendations to the President as it deems appropriate.

Article VI. Other Provisions

1. Time Limits

With the exception of the thirty-day filing deadline in Section II of Article II, all time limits set forth above shall be suspended during regularly scheduled vacations or semester breaks in the University’s academic year. Summer semesters shall similarly be excluded from consideration when calculating time limits applicable to complaints brought by students not then enrolled.
2. Regular Reports

The ADJB Coordinator shall make annual reports to the President, who shall share them with the Board of Trustees and University community.

3. Assistance with Complaints

Individuals considering filing complaints with ADJB may obtain advice and procedural assistance through the ADJB coordinator and, as appropriate, the bodies listed in footnote #5 of Article III of the MSU Anti-Discrimination Policy.

--Approved by the Board of Trustees
April 9, 1993