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GA-004-500 Call Coverage Policy

SCOPE

This policy applies to all Broward Health-affiliated hospitals.

PURPOSE

To establish a policy and procedure for the establishment of physician on-call rotational panels and lists, as applicable, for emergent medical examination, treatment, care, inpatient consultations, observation consultations and specialty urgent and emergency consultations as required by the Emergency Department to provide for appropriate examination and treatment for individuals who have been found to have an emergency medical condition following a medical screening examination ("Call Coverage"). This policy also provides for physicians to be on-call concurrently at two or more Broward Health-affiliated hospitals; provides how all hospitals involved where the physician is on-call shall be made aware of the details of the concurrent call schedule; and provides how the hospitals will respond when the on-call physician is not available because he/she has been called to another Broward Health-affiliated hospital.

POLICY

This policy establishes guidelines, criteria, and review and approval processes that shall be followed to establish Call Coverage panels ("Call Coverage Panels") for qualified physicians who are members of the Medical Staff on a fair, equitable and non-exclusionary basis.

In recognition of the fact that Broward Health's employment agreements with employed physicians may require its employed physicians to provide Call Coverage for those diseases, infirmities, and injuries within the scope of his or her applicable specialty of practice ("Specialty"), all employed physicians who are otherwise qualified per this policy shall be included on a Call Coverage Panel for his or her given Specialty. Furthermore, physicians are permitted to take concurrent call at two or more Broward Health-affiliated hospitals, as provided within this policy.

As required, the Call Coverage Management Team, as defined herein, shall submit to the CEO or designated department a request to obtain a FMV & Commercial Reasonableness Report for the establishment of a Call Coverage Panel that includes on an open and non-exclusionary basis both employed and non-employed qualified physicians. The request shall specify: (i) the number of times that physicians on call were called and the number of times such physicians responded to such calls each month for the last year; (ii) the response time of the physicians when they responded to the calls described in subsection (i); (iii) the number of times that physicians on call received in-person requests and the number of times physicians responded to such in-

person requests each month for the last year; (iv) the response time of the physicians when the physicians responded to in-person requests described in subsection (iii); (v) designate for such responses and information provided per (i) –(iii) above, a delineation of whether such call responsibilities were performed by employed or non-employed physicians; (vi) the Broward Health facility/facilities for which the request is being made; (vii) whether concurrent call coverage is contemplated ("Call Coverage Request").

Upon receipt of a complete Call Coverage Request, the designated department, i.e. Legal shall proceed to obtain a FMV & Commercial Reasonableness Report. The Call Coverage Management Team and executive officers of the applicable Broward Health facility shall provide all information and documentation requested by the independent appraisers to facilitate the receipt of the FMV & Commercial Reasonableness Report. The results of that report shall be provided to the Call Coverage Management Team with any confidential information redacted as determined by the Chief Medical Officer. Any hospitals impacted by the physician's concurrent call assignment must be notified of the schedule. The on-call physician taking concurrent call must have a backup plan to ensure that appropriate care is provided. In no case, however, shall a patient be transferred from one hospital to another for physician convenience.

Call Coverage Panels for any of Broward Health's clinical specialties shall be provided exclusively by employed physicians within a Specialty only if Broward Health determines that the inclusion of qualified non-employed physicians on such Call Coverage Panel cannot be determined to be Commercially Reasonable and consistent with Fair Market Value.

Broward Health shall, on an ongoing basis, monitor, review, evaluate and assess its Call Coverage arrangements as outlined in this policy. Participation in Call Coverage Panels shall comply with Applicable Federal and State Requirements, including the Federal Anti-Kickback Statute and the Physician Self-Referral Law (Stark).

PROCEDURE

A. Determination of Call Coverage Need:

1. In order to meet the needs of Broward Health patients and to comply with applicable regulatory requirements, the Broward Health Chief Medical Officer ("CMO"), the Regional Chief Executive Officer for the applicable Broward Health facility ("Regional CEO"), the Regional Chief Medical Officer for the applicable Broward Health facility ("Regional RMO") and the Chief of Staff and applicable Department or Section Chair for the applicable Broward Health facility ("Medical Staff Representatives") (collectively, "Call Coverage Management Team"), will consult and determine whether a Call Coverage Panel is required for each Specialty or Department within the applicable Broward Health facility.
2. As part of the establishment of Call Coverage Panels, the Call Coverage Management Team will insure that the Medical Staff Office maintains an emergency Call Coverage Panel.

B. Establishment of Call Coverage Schedules:

1. As approved herein, each Specialty within a Broward Health facility may have only one (1) Call Coverage Panel, which shall include Call Coverage for uninsured patients and patients with insurance coverage and all specialty urgent and emergency consultations as required by the Emergency Department and Trauma Center.
2. Coordination of the Call Coverage Schedule:
 - a. The Medical Staff Office Manager or designee shall be responsible for establishing, posting and distributing the monthly Call Coverage schedule. The Call Coverage schedule shall be made

available no later than 30 days in advance of the month for which the schedule applies.

- b. No physician shall be permitted to change the Call Coverage schedule, including removing himself or herself from the Call Coverage schedule or placing himself or herself on the Call Coverage schedule, without prior written consent of the Regional CMO.

3. Qualified Physicians:

- a. In order to be a Qualified Physician, the physician shall be appropriately credentialed and a member of the Medical Staff in good standing, with the requisite training or certification in the clinical Specialty, as determined by the credentialing process.
 - i. In determining whether a physician is a Qualified Physician, the MSO shall consult with the Call Coverage Management Team to determine whether a particular Specialty has additional criteria that must be met for a physician to be considered a Qualified Physician. The Call Coverage Management Team shall maintain a current list of Broward Health system-wide, Specialty-specific criteria, developed by, at minimum, the Broward Health Chief Administrative Officer ("CAO") or similarly equivalent position, CMO, Regional Chief Medical Officers, Department Chair and, if applicable, Division Chief, Chiefs of Staff and Vice President of Quality and Case Management, in consultation with the Legal Department and Compliance Department, which criteria shall be provided to the MSO and the MEC of each hospital.
- b. The MSO shall publicize the opportunity to participate in the Call Coverage Panel by posting the information in the MSO, on Broward Health intranet and internet sites, and in places frequented by physicians in the Broward Health facilities. The posting shall include information about the application process for participating in Call Coverage Panels.
- c. The MSO shall timely review each application received by a physician to participate in the Call Coverage Panel and shall determine whether each such physician applicant meets the qualification requirements set forth in Section B.3.a above, such that the physician is a Qualified Community Physician.
- d. The MSO shall provide the results of its review to the Call Coverage Management Team. If the Call Coverage Management Team determines a physician is not qualified, it will specify the reasons for the denial in a written response to the physician applicant. Such denials may be appealed in writing by the physician applicant to the CMO and the Chief Compliance Officer of Broward Health.
- e. The MSO shall provide the contact information to the Call Coverage Management Team for each physician applicant it determines is a Qualified Physician. The Regional CEO and Regional RMO shall maintain a list of all such Qualified Physicians ("QCP List").
- f. Before providing Call Coverage services, Broward Health shall enter into a written call coverage agreement for all non-employed Qualified Physicians ("Call Coverage Agreement") pursuant to Broward Health contracting policies and procedures, including its Physician Financial Arrangement Policy, Policy No. GA-004-441.

C. Call Coverage and Emergency Consultation Compensation:

1. Employed Physicians:

- a. Employed physicians are required to provide Call Coverage and Emergency Consultations per the terms of their employment agreements. Accordingly, they do not receive separate stipends for Call Coverage or Emergency Consultations.

- b. Broward Health, and not the employed physician, may bill for the professional services provided by employed physicians during their Call Coverage periods or during an Emergency Consultation.
2. Qualified non-employed Physicians:
- a. Call Coverage:
 - i. Qualified non-employed Physicians may receive a stipend for Call Coverage, based upon the FMV & Commercial Reasonableness Report and their Call Coverage Agreement with Broward Health. Each Qualified Community Physician shall enter into a Call Coverage Agreement with Broward Health and follow the Broward Health policies and procedures related to physician arrangements prior to providing Call Coverage services.
 - ii. Qualified non-employed Physicians may bill for the professional services provided to patients during their Call Coverage shifts.
 - b. Emergency Consultations:
 - i. Physicians do not receive a stipend for Emergency Consultations. However, Qualified non-employed Physicians may bill for the professional services provided to patients during an Emergency Consultation.
3. Documentation of call services: All physicians providing Call Coverage shall document such services in accordance with their respective agreement with Broward Health for said services, as well as all applicable Broward Health policies, procedures, standards, and regulations governing Call Coverage.
4. *Documentation of call services and Payment:*
- a. *All Physicians providing Call Coverage shall submit documentation evidencing the same in accordance with their respective agreements with Broward Health for said services. The documentation shall be consistent with this policy, and all applicable procedures, standards, and regulations of Broward Health, including but not limited to Broward Health policies, procedures, standards, and regulations governing on call coverage and services provided to uninsured patients.*
 - b. *Qualified non-employed Physicians shall document the coverage periods during which the Physician provided on-call coverage services, the Qualified non-employed Physician shall be required to complete and submit a Certification of Call Coverage Availability to Broward Health, which shall be incorporated and attached within the Qualified non-employed Physician's agreement with Broward Health to provide said services, within thirty (30) days of the last day of each calendar month in which call coverage was provided.*
 - c. *Broward Health shall not be obligated to pay a Qualified non-employed Physician for call coverage provided by the Qualified non-employed Physician if the Certification of Call Coverage Availability is not timely submitted, is incomplete, or is unsigned, and will do so only under exceptional circumstances as determined by Broward Health. Broward Health shall not be obligated to pay for call coverage provided by a Qualified non-employed Physician on Coverage Periods during which the Qualified non-employed Physician fails to comply with the obligations of Physician's agreement with Broward Health, or if Physician has not completed patient medical records as required pursuant to said agreement. Payment shall be made by Broward Health within thirty (30) days of receipt of the completed Certification of Call Coverage Availability.*

D. Response Times:

1. Call Coverage:

- a. Emergency Department: Physicians who provide Call Coverage for the Emergency Department shall respond to requests from Broward Health personnel in thirty (30) minutes or less, unless a shorter time frame is specified in the physician's Employment Agreement or Call Coverage Agreement.
 - b. All Other Specialties: Physicians who provide Call Coverage for all other Specialties shall respond in an appropriate and timely manner to requests from Broward Health personnel for professional services, within the time frame specified in the physician's Employment Agreement or Call Coverage Agreement.
2. In-patient Emergency Consultations: Physicians who are called for an Emergency Consultation shall respond in an appropriate and timely manner.

E. Failure to Respond:

1. Call Coverage and Emergency Consultations: If the responsible on-call physician fails to respond to a page from Broward Health personnel, Broward Health personnel will follow Broward Health Policy NUR-001-003, Chain of Command.
2. Failure to appropriately respond as provided in this policy may result in corrective action, including corrective action under Applicable Federal and State Law, the terms of the physician's Employment Agreement or Call Coverage Agreement, as applicable, Broward Health's Enforcement of Disciplinary Standards Policy, Policy No. GA-003-238 for employed physicians, and the requirements of the Medical Staff. Such corrective action may include, without limitation, termination of the physician's Call Coverage Agreement, Emergency Consultation Agreement, or Employment Agreement, or removal from the Call Coverage Panel or from the Emergency Consultation list.

F. Removal:

1. A physician may be removed from a Call Coverage Panel or from an Emergency Consultation QCP List for any reason set forth in the physician's Employment Agreement, Call Coverage Agreement, or Emergency Consultation Agreement or upon termination of such agreement, for any reason. Such determination shall be made by the Call Coverage Management Team.
2. Reinstatement of a physician to a Call Coverage Panel or to the Emergency Consultation QCP List shall occur pursuant to the conditions and processes set forth in the physician's Employment Agreement or Call Coverage Agreement.

DOCUMENT RETENTION

Broward Health will retain all documents relating to this policy for a period of seven (7) years after their creation. Documents may be considered a public record under Chapter 119, Florida Statutes and may be subject to disclosure, unless otherwise exempted.

EXCEPTIONS

Any exceptions to this policy must be approved in advanced and in writing by the Executive Vice President, Chief Administrative Officer or similarly equivalent position; Vice President, Chief Compliance and Privacy Officer; General Counsel; and Regional Chief Executive Officer.

INTERPRETATION AND ADMINISTRATION OF POLICY

This policy will be assessed at least annually (and more frequently, if appropriate) and revised or updated as necessary. Within 30 days of the effective date of any revisions or additions to this policy, a description of the revisions will be communicated to all affected responsible persons at Broward Health and a copy of the revised policy will be made available. The Chief Compliance Officer and Internal Audit will monitor Broward Health's adherence to this policy and make routine, but no less than quarterly, reports to the Board. Administration and Interpretation of this policy is the responsibility of the Chief Compliance Officer. In the event the terms of this policy conflict with any provision of the Medical Staff Bylaws, this policy shall control.

RELATED POLICIES

A. Enforcement of Disciplinary Standards Policy, Policy No. GA-004-238

B. Chain of Command, Policy No. NUR-001-003

C. References

1. Department of Health and Human Services, Office of Inspector General, Publication of the OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987 (Feb. 23, 1998).
2. Department of Health and Human Services, Office of Inspector General, OIG Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (Jan. 31, 2005).
3. United States Sentencing Commission, Guidelines Manual, ch. 8 (Nov. 2015).
4. Centers for Medicare & Medicaid Services, State Operations Manual, Appendix V, Interpretive Guidelines: Responsibilities of Medicare Participating Hospitals in Emergency Cases (July 19, 2019).
5. Department of Health and Human Services, Office of Inspector General, OIG Advisory Opinions, available at <https://oig.hhs.gov/compliance/advisory-opinions/> (last visited May 16, 2017)
6. Special responsibilities of Medicare hospitals in emergency cases. 42 CFR § 489.24(j)(2)(ii)
7. Rules and Regulations of the Medical Staffs of North Broward Hospital District. 2006.

D. Definitions

See Policies and Procedures Glossary, Policy No. GA-004-237, for all definitions.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Zari Watkins: EXEC DIR, CORP SVCS	07/2020
	Gino Santorio: PRESIDENT/CEO	06/2020

Step Description	Approver	Date
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