

## SECTION TEN

### Weill Cornell Physician Organization Policies and Administrative Procedures

For the most current information on the subject matter of this section, please contact the Physician Organization, which is responsible for its content (646-92-6040). The following link will take you to their official intranet website.

<http://intranet.cornellphysicians.com>

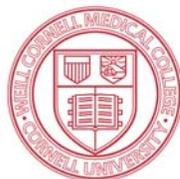
***WEILL CORNELL PHYSICIAN ORGANIZATION***

**POLICIES AND  
ADMINISTRATIVE PROCEDURES**

**APPROVED BY THE CORNELL UNIVERSITY**

**BOARD OF TRUSTEES**

**SEPTEMBER 11, 2008**



**Weill Cornell Medical College  
Physician Organization**

# WEILL CORNELL PHYSICIAN ORGANIZATION

## Policies and Administrative Procedures

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For questions or additional copies, please contact the Weill Cornell Physician Organization's executive office at 646-92-6040 or Room Y-1062, 1305 York Avenue, New York, NY 10021.

**WEILL CORNELL PHYSICIAN ORGANIZATION  
WEILL CORNELL MEDICAL COLLEGE**

**CORNELL UNIVERSITY**

***POLICIES***

**I. PURPOSE**

The Weill Cornell Physician Organization (PO) is established as a component of the Weill Cornell Medical College (WCMC) of Cornell University (Cornell) for the management of the practice of medicine in an academic setting. The PO is dedicated to excellent patient-centered care and the advancement of medical science and education through pursuit of the following objectives:

- Preserve and strengthen the academic mission of WCMC through the clinical service delivery capability of the PO members
- Foster a multi-specialty group practice
- Serve as the organizing element for the clinical practice of employed faculty physicians, employed licensed independent professionals, and contract voluntary faculty members, all of whom have academic appointments and practice at the Weill Cornell Medical Center of NewYork Presbyterian Hospital (NYPH) and other approved sites
- Promote and develop the reputation and service delivery capability for highly specialized services through the application of the most current medical science with prudent judgment and sensitivity to patients' needs, collegiality, continuous improvement of the patient care experience, and standard-setting performance
- Improve the health of the community through the development and promotion of clinical "best practices", clinical pathways/protocols, practice standards and outcomes
- Protect and expand WCMC's physician market position and recruit new physicians where appropriate
- Provide organizational flexibility necessary to compete effectively and efficiently in the marketplace
- Expand the number of patients served from government-sponsored health plans and managed care plans through contracts arranged by the PO.

The PO is centrally administered and departmentally managed, and while operationally distinct, the PO is a financially integrated element of WCMC exercising delegated operational authority consistent with these PO Policies and Administrative Procedures.

Through the management of clinical practice revenue and expenses, the PO provides an essential base of financial support for the individual members and WCMC programs in an atmosphere conducive to clinical instruction, the advancement of medical knowledge, and the professional development of staff. In addition, NYPH benefits from PO patients who receive hospital services and the activities of PO members relating to quality assurance, quality improvement, and supervision of NYPH staff and programs.

The PO is comprised of faculty members who perform teaching, research, and patient care functions and licensed independent professionals whose patient care functions assist and extend the faculty. Faculty members of WCMC engage in clinical practice and render patient care services to the extent that, in the opinion of the Dean and departmental chairs, such practice does not interfere with assigned instructional and research activities and such practice is conducted consistent with the PO Policies and Administrative Procedures and applicable institutional and departmental guidelines.

## II. DEFINITIONS

- A. “PO” means the Weill Cornell Physician Organization at WCMC.
- B. “PO members” – The PO membership is comprised of:
  - “Full-time and part-time faculty physicians” – physicians who are employees of WCMC
  - “Contract faculty physicians” – voluntary faculty physicians who have a contractual relationship with the PO which involves billing clinical services through the PO
  - “Licensed Independent Professionals (LIPs) – licensed professionals appointed and employed by WCMC who independently provide health care services.
- C. “Dean” means the Dean of WCMC or his/her designee
- D. “Hospital CEO” means the President and Chief Executive Officer of NYPH
- E. “Clinical practice” means the act of providing all forms of medical and health care, including patient consultations, for which a fee for professional services is customarily charged. Clinical practice is restricted to the facilities of WCMC, the Weill Cornell Medical Center, including the Westchester Division, the

affiliated hospitals of WCMC, and other locations as approved in advance by the department chairman and the Dean.

- F. “Clinical practice income” means the cash value of payments received from fees for professional services (excluding refunds and returned checks rendered in connection with clinical practice as defined in Section II, Paragraph E above). Research grants and contracts, royalties, honoraria for lectures, and income unrelated to patient care are not considered clinical practice receipts.
- G. “Medical Services Agreements” (MSAs) are written arrangements with hospitals, healthcare organizations or other institutions pursuant to which WCMC provides clinical, administrative, supervision, teaching and/or related services through PO members. MSAs must be approved by the Dean, the Office of University Counsel, the CAO and PO Finance.
- H. “MSA income” means the payments received by Cornell from hospitals, healthcare organizations, or other institutions through MSAs. Fees for professional services billed in WCMC’s name pursuant to an MSA are treated as clinical practice income as defined above in section II, paragraph F.
- I. “Annual base salary” means that salary paid by WCMC to PO members and determined annually or on a more frequent basis by the department chairman and approved by the Dean, and the Board of Overseers or Trustees according to Cornell policies.
- J. “Earned income component of annual base salary” means that portion of annual base salary paid from clinical practice income and from MSA income.
- K. “Supplemental compensation” means payments (other than base salary) that WCMC makes to a PO member from clinical practice income. The estimated amount of the payments is determined by the department chairman on an annual or more frequent basis and approved by the Dean and, in some instances in accordance with transaction authority guidelines, the Board of Overseers or Trustees. The annual fringe benefit rate for certain fringe benefits that WCMC provides for PO members is calculated to include an annually determined portion of supplemental compensation payments, related to certain annual IRS pension plan compensation limits.
- L. “Total compensation” means the total of annual base salary and supplemental compensation as described above and all other compensation payments made to PO members.
- M. The “New York Weill Cornell IPA” is an independent practice association for all PO members participating in managed care and for voluntary clinical faculty who wish to participate for managed care contracting. PO physicians generally participate in managed care contracts entered into by Cornell.

### III. ORGANIZATION

The PO shall be responsible for governance, management and administration of the practice of medicine by individuals with faculty appointments and certain academic staff appointments who are employed by or who contract with WCMC as provided herein.

The PO Policy Board governs the PO and is co-chaired by an Overseer member and the Dean. The PO Policy Board has representation from Cornell, WCMC, NYPH, and the various PO physician constituencies. The Policy Board is responsible to the Board of Overseers and through it to the Board of Trustees of Cornell for the governance of the PO, adoption and approval of PO policies, and development of general strategy for the PO. The PO Policy Board is also responsible for assuring consistency of PO policies and strategic direction with those of Cornell, WCMC, and, when applicable, NYPH.

The PO has an Operating Board, chaired by the Chief Medical Officer (CMO) of the PO, which is responsible to the Policy Board for the recommendation of policy and strategic plans and for oversight of PO management.

As chief executive of the PO, the CMO confers and consults with the Dean and the NYPH CEO on a regular basis regarding PO administrative and operational matters. The day-to-day management and operations of the PO as well as the execution of the plans and initiatives approved by the Operating Board and the Policy Board are the responsibility of the PO management.

This section sets forth the authority and organization of the PO to which the Boards of Trustees and Overseers have delegated responsibility for specific aspects of governance and administration of the practice of medicine in this academic medical center setting.

#### A. Board of Trustees, Board of Overseers, and Dean

The PO is subject to the charter and bylaws of Cornell, the laws of the U.S. government, the State of New York and the City of New York, and the delegation of authority and responsibility of the Board of Trustees of Cornell and the Board of Overseers of WCMC. The Trustees retain ultimate legal and fiduciary responsibility for the general supervision of the programs and operations of WCMC. The Trustees retain their duty and responsibility to assure compliance with all applicable federal, state, and local laws and all lawful regulations of the Regents of Cornell of the State of New York, the New York State Education Department and all other agencies of government and may amend or revoke any of the provisions of these PO Policies and Administrative Procedures. The responsibilities of all Executive Officers of the Corporation including the Dean and Provost, as provided Cornell Bylaws, shall continue in effect with respect to WCMC and the PO.

To protect the interests of Cornell, the Board of Trustees and the Board of Overseers, as set forth in Cornell's bylaws, are responsible for ensuring that the PO does not execute transactions that place Cornell's reputation at risk or inappropriately obligate Cornell assets. The Board of Trustees and the Board of Overseers have specifically retained the powers to do the following:

1. Amend these PO Policies and approve policies and protocols that enable the PO to conduct business as an operating component at WCMC.
2. Approve the conditions under which the PO may utilize WCMC and Cornell names, emblem, logo, and other trade or service marks.
3. Approve all non-investment and real estate transactions, with the exclusion of patient care contracts, with dollar amounts greater than \$1.5 million.
4. Approve total annual physician compensation according to levels established by the Boards.
5. Approve (Overseers) and ratify (Trustees) WCMC budgets (including PO budgets).
6. Approve, through University Counsel, the PO's retention of external legal counsel.
7. All other powers not specifically delegated to the PO pursuant to these PO Policies and Administrative Procedures.

B. PO Chief Medical Officer, Associate Chief Medical Officer, and PO Chief Administrative Officer

The Chief Medical Officer is selected by the PO Policy Board and shall report to the Dean. The CMO is responsible for the overall operation of the PO. The CMO may recommend to the Policy Board for approval the appointment of an Associate Chief Medical Officer (ACMO) who shall be a physician member of the PO, preferably a clinical department chair. The CMO may delegate certain responsibilities to the Associate CMO.

In addition, the CMO of the PO shall prepare an annual report of PO activities which shall include a summary of Policy Board actions pursuant to Section III, Paragraph C herein and significant Operating Board actions pursuant to Section III, Paragraph D herein. This report shall be submitted to the Dean and shall be shared with the Boards of Trustees and Overseers.

The PO Chief Administrative Officer (CAO) is the administrative director of the PO who reports to the PO Chief Medical Officer and is responsible for managing the fiscal, administrative and support services for the PO. The CAO will be selected by the PO Policy Board and has the responsibility consistent

with the transaction authorities contained in these Policies, to obtain and purchase management services from Cornell, WCMC, and/or its subsidiary corporations as appropriate for PO requirements. The CMO, ACO, and CAO relate to the NYPH CEO, senior WCMC and Hospital management staff, and PO leadership and membership on PO issues as appropriate. The Senior Associate Dean for Clinical Affairs is the Dean's designee for WCMC oversight and coordination of PO clinical programs unless specifically stipulated otherwise.

C. The Policy Board

The Policy Board is comprised of the following voting members who will serve staggered three-year terms:

- 3 clinical department chairmen, selected from the department chairmen of the WCMC by the Executive Faculty Council
- 1 full-time employed faculty physician, selected from the full-time employed faculty physicians by the Executive Faculty Council and the General Faculty Council
- 5 Overseers, selected by and from the WCMC Board of Overseers, two of whom must also be Cornell Trustees
- 2 Trustees selected by and from the NYPH Board of Trustees
- Ex officio members (no term limit):
  - Dean
  - President of Cornell or a designated Cornell Executive Officer
  - Hospital CEO
  - Senior Associate Dean for Clinical Affairs
  - CMO of the PO
  - CAO of the PO
  - Chair, PO Managed Care Committee

The Policy Board is co-chaired by the Dean and an Overseer member designated by the Board of Overseers.

The PO Policy Board will:

1. Approve non-investment transactions and aggregated net present value real estate transactions with dollar amounts between \$1 million and \$1.5 million.
2. Approve the use by the PO for PO initiatives of WCMC and Cornell names, emblem, and logo and other trade or service marks in

accordance with Cornell policies established by the Trustees and Overseers. (See III. A., 2.)

3. Approve clinical practice sites for the PO.
4. Ratify PO budgets and financial objectives including minimum thresholds for reserves and working capital.
5. Approve PO physician clinical compensation distribution policies.
6. Approve physician and hospital risk pool management.
7. Approve other policies recommended by the Operating Board, including any changes to these PO Policies and Administrative Procedures, which are within the delegated authority of the Policy Board.
8. Approve the selection of the Chief Medical Officer, the Associate Chief Medical Officer, and the Chief Administrative Officer of the PO.

#### D. The Operating Board

The Operating Board is comprised of the following voting members:

- All sixteen(16) clinical department chairs: Anesthesiology, Cardiothoracic Surgery, Dermatology, Medicine, Neurological Surgery, Neurology, Obstetrics and Gynecology, Ophthalmology, Otorhinolaryngology, Pathology and Laboratory Medicine, Pediatrics, Psychiatry, Public Health, Radiology, Surgery, Urology.
- Directors of major clinical centers, currently five (5): Center for Reproductive Medicine, Emergency Medicine, Primary Care, Radiation Oncology, and Rehabilitation Medicine.
- Ex officio members:
  - Dean
  - Associate Provost of WCMC
  - Senior Associate Dean for Clinical Affairs
  - CMO of the PO
  - Associate CMO of the PO
  - CAO of the PO
  - Chairs: PO Managed Care Committee, PO Finance Committee, PO Practice Operations Committee, PO Quality and Patient Safety Committee, and PO Professional Liability Committee
- And the following ex officio non-voting members:
  - NYPH President and CEO
  - NYPH Executive Vice President and Hospital Director
  - NYPH Vice President and Chief Medical Officer
  - NYPH Senior Vice President and Chief Operating Officer for Weill Cornell Medical Center

The chairman of the Operating Board is the CMO of the PO.

Subject to Policy Board oversight, the PO Operating Board will:

1. Approve all non-investment transactions with dollar amounts between \$50,000 and less than \$1 million.
2. Approve real estate transactions between an aggregated net present value of \$500,000 and \$1 million.
3. Approve PO patient care contracting criteria and approve patient care/managed care contracts with health maintenance organizations, insurance companies, and other payers.
4. Approve and designate individuals with signature authority:
  - Level II Review: transactions from \$100,000 to \$500,000.
  - Level I Review: transactions from \$20,000 to \$100,000.
  - Authorized account signers: transactions up to \$20,000.
5. Determine participating physician panel membership requirements for managed care contracts.
6. Formulate PO operating procedures within established limits including:
  - Scope of services for management services function.
  - Arrangements with physicians and others (e.g., business relationships with other physicians)
  - Pricing
  - Financial
  - Administrative operations
7. Develop appropriate management support functions as required by the PO, consistent with WCMC policy and these PO Policies and Administrative Procedures.
8. Approve and recommend for ratification to the PO Policy Board all PO budgets and financial objectives.
9. Review and recommend to the PO Policy Board departmental PO physician compensation distribution policies.
10. Establish PO financial and management reporting formats consistent with WCMC format requirements.
11. Monitor compliance with PO policy and report to the PO Policy Board.

12. Develop multi-year physician services strategic plans to meet PO clinical objectives.
13. Except for the CMO, Associate CMO, and CAO, appoint and direct PO management including reviewing appropriate compensation as part of the review of the PO's annual budget.
14. Select PO members to serve as full-time faculty Directors on the IPA Board of Directors as such vacancies occur.
15. Approve clinical pathways, outcomes and quality measurement policies.

E. Committees

The Operating Board annually will select PO members, PO administrative staff, WCMC staff, and others from NYPH and/or affiliated entities as appropriate to be members of several standing committees. Each committee will report regularly to the Operating Board on its work and make recommendations on policies and issues of importance to the PO having obtained legal review from University Counsel when appropriate.

The standing committees may include an Executive Committee; a Professional Liability Committee; a Finance Committee with subcommittees on topics such as primary care funding and supplemental compensation guidelines; a Practice Operations Committee with subcommittees on topics such as practice management, business development and marketing, and information services; a Strategic Planning Committee; a Quality and Patient Safety Committee; a Managed Care Committee, and a Managed Care Credentialing Committee; and such other standing or ad hoc committees as deemed necessary by the Operating Board to fulfill its charge. Policies and procedures that are recommended by the committees, reviewed and recommended by the Operating Board, and approved, as appropriate, by the Policy Board, Board of Overseers, and/or Board of Trustees, will be communicated to PO membership and management for implementation.

F. Management

The PO Management will:

1. Hire/fire PO administration non-academic employees and establish compensation in accordance with WCMC policy.
2. Direct PO employees and utilize PO resources in accordance with PO policy to meet the operating, financial, and strategic objectives of the PO.
3. Exercise signature authority in accordance with the following policies approved by the PO Operating Board:

- Level II Review: transactions from \$100,000 to \$500,000.
  - Level I Review: transactions from \$20,000 to \$100,000.
  - Authorized account signers:
    - Transactions up to \$20,000.
    - Petty cash and other transactions up to \$500.
4. Develop and monitor all budgets for the PO.
  5. Define financial and management reporting needs.

#### G. Clinical Departments

Clinical department chairs are responsible for the management of their departments, including the planning, development and review of clinical programs in concert with the PO. Each chair will ensure department adherence to all Cornell and WCMC policies including, but not limited to, the approved WCMC Professional Services Billing Compliance Plan, HIPAA, Conflicts, and Intellectual Property Policies and these PO Policies and Administrative Procedures.

In applying the PO Policies and Administrative Procedures in the department, each chair: (1) implements PO policies regarding departmental record keeping of professional services including, but not limited to, medical record documentation, charges, payments, and approval of write-offs, allowances, and courtesy services; (2) implements billing and collection procedures in conjunction with PO administration; (3) determines the allocation of PO expenses between department PO funds; (4) allocates income into and distribution from “department development fund”; (5) recommends annual base salaries and supplemental compensation for PO members in his/her department; (6) prepares budgets and financial reports which include items (3), (4) and (5) above; (7) maintains effective quality assurance and risk management processes consistent with PO policies; (8) manages practice operations consistent with recommended PO guidelines; (9) proposes medical service agreements with physicians, hospitals, and other providers for review and approval by Legal Affairs and the Dean, and (10) implements all other policies recommended by the Operating Board and approved by the Policy Board.

Each department will have documented and regularly updated (at least every two years) departmental procedures and guidelines for billing and collection functions, a plan and methodology for calculation of supplemental compensation, training of clinical practice employees, and other related responsibilities. Each edition of these departmental procedures and guidelines will be reviewed and approved by the PO Operating Board to assure its consistency with the overall PO Policies and Administrative Procedures.

All actions of the department chairs pursuant to this section continue to be subject to review and approval by the PO Policy Board, the Dean and when appropriate the Hospital CEO as specified herein.

#### H. Weill Cornell Physician Network

The Weill Cornell Medical College and the PO established the Weill Cornell Physician Network (WCPN) for regional medical groups interested in developing a closer professional relationship with the Medical College. Members of the WCPN are not employees of Weill Cornell Medical College and are not members of the PO, but maintain their independent private practices.

WCPN members may be single specialty or multi-specialty medical groups of any size. At least 50% of the physicians in the member group will have an academic appointment at Weill Cornell Medical College. The physicians in the member group may or may not have admitting privileges to New York Presbyterian Hospital or one of its affiliated hospitals.

The purpose of WCPN is:

1. to enhance the delivery of quality care in the New York metropolitan region by facilitating a continuum of care between community-based physicians and the Weill Cornell Physician Organization.
2. to offer part-time practice locations for PO members in specialties desired by the WCPN member groups.
3. to facilitate and remove barriers to patient referrals between members of the WCPN and the PO.
4. to provide opportunities for medical student and resident education.
5. to offer Continuing Medical Education by Weill Cornell faculty to the physician members of WCPN.
6. to provide a career network for graduates of Weill Cornell residency programs and offer practice succession opportunities for community-based physicians.
7. to offer clinical trials participation to qualified community-based physicians and group practices consistent with Medical College clinical research policies.

Further information about WCPN is contained in the WCPN Bylaws.

#### **IV. PO MEMBERSHIP**

##### **A. PO Membership**

Membership in the PO is required of all employed full-time and part-time faculty and licensed independent professionals of WCMC who engage in clinical practice as defined in Section II of these Policies, unless an individual exception had been approved in writing by the Dean and the PO Policy Board prior to 2008.

All PO members must be assigned to a clinical department or administrative unit approved by the Dean. Each new faculty member will submit all necessary credentials including proof of medical licensure to be presented by the clinical department for a faculty appointment according to established WCMC and Cornell policies with an indication of funding sources for the faculty member's activities. Each new faculty member will also work with the PO Managed Care Credentialing Committee to become credentialed for managed care contracts in a timely manner. Each new faculty member who will engage in clinical practice will have an offer and appointment recommendation letter written by the department chair and approved in advance by WCMC stating the individual's agreed upon responsibilities, compensation, and terms of employment. If the offer includes any variation or exception to PO policies or standard procedures, it must be reviewed and approved by the appropriate level of PO management and governance. The offer letter will require the faculty member to adhere to the PO Policies and Administrative Procedures, Billing Compliance, HIPAA, and Conflicts and Intellectual Property Policies.

All members of the PO must:

- If salaried full-time, have all of his/her practice and medical services agreement revenue flow into WCMC.
- If salaried part-time, have such practice revenue flow into the PO as determined by the department chair and approved by the PO CAO, CMO, and the Dean.
- Adhere to clinical protocols and practice standards established by the clinical department chair and the PO.
- Commit exclusive patient care contracting rights to the PO within the guidelines established by the PO Policy Board.
- Have all sites of practice approved by the department chair, the Dean and the PO Policy Board.

In accordance with PO policies, departmental duties as determined by the department chair and professional obligations as a PO member, each member and department is required to maintain records of (1) all patient services including medical records, appointment books and patient schedules, (2) billing information for all medical services provided including charges, payments, allowances, write-offs and courtesy services, and (3) transmittals of all clinical practice income to WCMC. Each PO member will also utilize the authorized PO clinical and administrative information systems and adhere to Cornell, WCMC, and PO established clinical pathways and outcomes guidelines, billing compliance programs and quality assurance initiatives. All records of clinical practice are the property of WCMC and patients and shall be available at all times for audit and review by Cornell, WCMC, and the PO. Contracts with PO members not employed by WCMC must be recommended by a clinical department chair and approved by the PO and WCMC consistent with these Policies. Contract members of the PO must adhere with the terms of their contracts and provide to the PO and WCMC all related documentation as may be required.

B. Compensation of Members

Total compensation of a PO member from all WCMC sources, including base salary and estimated supplemental compensation, is recommended annually (or on a more frequent basis) by the appropriate department chairman utilizing the clinical compensation distribution policies reviewed by the PO Operating Board and approved by the PO Policy Board and must be approved by the Dean. Total compensation above designated levels is subject to the approval of the Board of Overseers and the Board of Trustees of Cornell. Actual payment of total supplemental compensation is contingent upon the availability of funds as determined by the approved PO funds flow (see V., C., 1.)

C. Government Sponsored Health Plans and Managed Care Participation

Every PO member shall participate in Medicaid and Medicare, unless an exception is granted by the Dean, shall be a member of the New York-Weill Cornell IPA, and, as may be directed by the clinical department chair, shall participate in managed care plans with which the PO contracts. A PO member may not sign any individual managed care agreements unless the PO has not entered into an agreement with such payer and only if the PO member has received authorization of the department chair. The clinical department chairs assure that each department has a broad array of PO members participating in all health plans for the PO to be effective in providing care to the community, engage in managed care contracting, and referral management among specialties. The PO supports managed care contracting, credentialing, provider relations, marketing, communication, and network development for its members. PO members who participate in managed care shall be credentialed by the PO.

## V. PO FUNDS FLOW

Clinical practice receipts are distributed by the PO in the following order of priority:

- A. A budgeted amount of income is designated for the Institutional Development Fund in accordance with an agreement with the Dean. The budgeted amount includes WCMC institutional development support and administrative costs and is determined annually or on a more frequent basis by the Dean in consultation with the PO Policy Board.
- B. After payment of the budgeted amount of income to the Institutional Development Fund, direct expenses are paid. Direct expenses include:
  1. An allocation of the PO Administration's expenses as determined annually by the PO Operating Board and approved by the PO Policy Board.
  2. A percentage for individual "department development funds". The percentage is specific for each department and is determined annually by the department chairman subject to the approval of the PO Policy Board.
  3. Regular and customary direct costs of clinical practice incurred by WCMC, the PO, and NYPH as a consequence of clinical practice by PO members are paid from clinical practice income as approved by the PO Operating Board. These costs may include the use of facilities, salaries and fringe benefits of personnel and other direct costs of clinical practice including the direct costs of special compliance monitoring as required by WCMC's Billing Compliance Plan.
  4. Annual professional liability insurance premium as determined by WCMC and the PO Operating Board.
  5. The earned income component of annual base salary and associated fringe benefits and a percentage of estimated supplemental compensation.
  6. The PO Policy Board will establish an amount that will be accumulated annually from clinical practice income as a department surplus to assure a positive gain from operations for the year.
- C. The remaining surplus is distributed as follows:
  1. Supplemental compensation, in accordance with the supplemental compensation distribution formula determined annually by the

department chair, approved by the PO Policy Board and consistent with the total compensation level approved by the appropriate Cornell authority.

2. In the event that additional monies remain after distribution as described above, such incremental monies will accrue to the “development fund” of the department in which the receipts were generated.

## **VI. PROFESSIONAL LIABILITY INSURANCE**

PO members must have adequate professional liability insurance coverage for the scope of their professional responsibilities. Professional liability insurance coverage will be provided for PO members pursuant to the terms of the policy provided by Cornell for WCMC. PO members are required to obtain the appropriate coverage from this policy and no other unless an exception is granted in writing pursuant to Section X. PO members are required to adhere to all approved risk management, loss prevention, patient safety, and premium allocation policies.

## **VII. FINANCIAL STRUCTURE**

### **A. Financial Responsibility**

The PO Policy Board has been delegated specific levels of financial responsibility and authority for the PO.

### **B. PO Operations**

The PO Operating Board will review and monitor all PO operations on a monthly basis. Each clinical department, at all times, is expected to maintain an excess of cash receipts over direct expenses according to guidelines approved by the PO Policy Board. In addition, each clinical department is expected to achieve the standards for PO practice management performance as approved by the PO Operating Board.

If a clinical department maintains a financial and/or practice management performance level below the standards established by the PO Operating Board, then, the department shall be subject to the applicable PO corrective action plan policy. The department chairman shall submit a corrective plan to the PO Finance Committee or Practice Operations Committee and the PO Operating Board for approval. The corrective plan must provide for elimination of the accumulated deficit and/or improvement of practice management performance within the time frame specified in the corrective action plan policy. If the corrective plan is not submitted or if further corrective action is required, the PO Finance Committee or Practice Operations Committee will recommend and implement, with PO Operating Board approval, appropriate interventions as outlined in the corrective action plan policy.

C. Financial Controls

Based upon recommendations from the PO Finance Committee, the PO Operating Board establishes business and finance administrative policies and procedures for the PO consistent with these PO Policies which appear as Section XI of this document. Each department shall maintain departmental records which permit the identification on an individual member basis of all patient services including date and time of service, all patient billing information, and all payment transmittals made by the department or individual member. These records shall adhere to the PO's Policies and Administrative Procedures, institutional policies, departmental guidelines, and all legal and regulatory requirements.

1. Billing for clinical practice services must be in the name of WCMC (unless billing has been assigned to another institution pursuant to an approved MSA) and departmental guidelines for billing must be consistent with the PO Policies and Administrative Procedures.
2. All clinical practice receipts must be deposited with WCMC cashier or directly into a WCMC bank account using a methodology approved by the PO and WCMC, and distributed by the PO consistent with the PO funds flow described in Section V above.
3. All Medical Service Income must be deposited directly into a WCMC bank account using a methodology approved by the PO and WCMC, and utilized to cover the expenses related to the provision of services under the relevant MSA contract.
4. All clinical departments and PO members are required to use the WCMC accounting system that provides records of transactions involving the collection and distribution of clinical practice income and MSA income attributable to an individual medical provider, MSA contract and/or department.

All PO accounts and records are maintained in accordance with uniform standards and generally accepted accounting principles and are subject to audit. All records maintained by the members and the departments relating to management of clinical practice and medical service agreements within the PO are to be available for inspection by designated Cornell officials, the PO Policy Board or their designees. Accounts and records available for inspection are the same as those available for audit and include billing and receipt of clinical practice and /or medical service agreement income and expenses, appointment schedules, and patient records.

All PO records and those of its members are subject to the internal and external audit processes of Cornell.

## VIII. PROPERTY

All furniture, furnishings, professional equipment and other property (exclusive of books, periodicals and personal medical diagnostic equipment, of value less than \$400, such as stethoscopes, ophthalmoscopes, etc.) purchased with clinical practice income are the property of WCMC.

## IX. TERMINATION OF MEMBERSHIP

Membership in the PO terminates upon the occasion of resignation, retirement or termination for any reason of the member's salaried full-time or part-time faculty or academic staff appointment or employment at WCMC, or, for contract faculty physicians, termination for any reason of the member's contract with the PO. The member's clinical department arranges for timely notification of the active patients who were being treated by that physician, which should, if practicable, give the patient the option of being treated by another WCMC physician. Copies of the patient's medical records are released only with the patient's written consent. Patient records and patient lists are the property of Cornell, in accordance with Section XX of the PO Procedures.

- A. **For all full-time or part-time members who joined the PO on or after July 1, 1996**, both base salary and supplemental compensation terminate upon termination from WCMC. The accounts receivable of members who terminate will remain the property of WCMC and upon receipt will be deposited in the appropriate PO account.
- B. **For all full-time and part-time members who were members of the Faculty Practice Plan prior to July 1, 1996**, the following terms and conditions will apply unless the member's letter of employment states otherwise in which case those terms and conditions shall apply:

For six months after termination of employment, each former employee will receive as supplemental compensation pursuant to the distribution provisions of the PO and the department, the net clinical practice income accrued to date of termination after payment of all appropriate charges up to the limit previously determined by the department chairman.

Clinical practice income that is related to services provided prior to the effective date of termination of employment and received during the six-month period immediately following termination of employment and attributable to the clinical practice of a former PO member will be credited and distributed according to Section V (Funds Flow) of the PO Policies. In such case, reasonable charges for expenses incurred in the management of the account during the six-month post-termination period may be assessed by the PO.

Supplemental compensation attributable to clinical practice receipts generated by a PO member and received during the six-month post-termination period will: (1) be paid monthly at an amount not to exceed one-twelfth of authorized supplemental compensation for the academic year in which employment terminated; and (2) the total of supplemental compensation paid from clinical practice income during the six-month termination period will not exceed one-half of authorized supplemental compensation for the academic year in which employment terminated. (If the member leaves the PO on July 1, the beginning of a new academic year, the level of authorized supplemental compensation for purposes of the above calculation will be based upon that authorization for the preceding academic year). The six-month termination provisions may be extended for a second six months on recommendation of the department chairman and approval of the Dean and the PO Policy Board.

## **X. EXCEPTIONS**

Limited and specific exceptions to Sections IV through IX of these PO Policies except the right to audit (See Section VII, paragraph C) are permitted with the prior approval of the Dean and the PO Policy Board. Exceptions contained in a department's guidelines also must be submitted to and approved by the Dean and the PO Policy Board prior to taking effect.

## ***ADMINISTRATIVE PROCEDURES***

### **I. ADMINISTRATION**

As referenced in the Weill Cornell Physician Organization (PO) Policies, the PO Operating Board will routinely establish business and finance policies and procedures for use by all clinical departments and member practices. The PO Finance Committee will develop and recommend financial policies and procedures and the Practice Operations Committee will develop and recommend practice management policies and procedures to the PO Operating Board for its review and approval. The PO Finance Office and the PO Business Office will create, distribute and update periodically a policies and procedures manual for use by all clinical departments and PO members.

The Chief Administrative Officer (CAO) is responsible for the implementation of the PO Policies and Administrative Procedures and managing the fiscal operations and support services of the PO, including coordination of management services for the New York-Weill Cornell IPA. The Chief Administrative Officer assists and advises department chairs and PO members and prepares periodic comprehensive reports on the PO and clinical department performance for the CMO, the Senior Associate Dean (Clinical Affairs), the PO Operating Board, the Dean, and PO Policy Board. The Chief Administrative Officer is responsible for the oversight of PO management including all PO administrative departments. The CAO is responsible for ensuring that all fiscal and operating procedures and practices of the PO are in compliance with all applicable Cornell and WCMC policies and procedures.

### **II. PO FINANCE OFFICE**

The PO Finance Office is responsible for all budgeting, financial reporting, accounting activities and financial analysis for the PO, utilizing WCMC approved financial systems. It is also responsible for adhering to and assisting in meeting WCMC financial reporting requirements. The PO Finance Office coordinates its activities and the preparation of all reports with the related WCMC financial services, including the Finance Office, Budget Office, Cornell Audit Office, and Risk Management Office. The PO Finance Office supports all the clinical departments in providing financial information for management decisions. The Finance Office is also charged with financial feasibility review for all business plans related to patient clinical care and/or medical service agreements by current or prospective members of the PO.

### **III. PO FINANCE COMMITTEE**

The PO Finance Committee reviews the PO clinical practice income and expense portions of all clinical departmental budgets, financial reports, plans for payment of supplemental compensation, and all financial issues that have a

material financial impact on the PO's operations. The PO Finance Committee's members include department chairs, PO member physicians designated by their chairs, department administrators, and representatives of PO Administration and WCMC. The Committee meets regularly to review both PO and department clinical practice financial performance, including billing and collections, and to submit reports and recommendations to the PO Operating Board.

#### **IV. CLINICAL DEPARTMENT RESPONSIBILITIES**

Departmental chairs are responsible for the PO financial operations of their clinical departments, including preparation and implementation of corrective action plans when necessary. Departments' PO financial operations are required at all times to maintain an excess of cash over expenditures, for both the current fiscal year operations and cumulatively. The excess must equal or exceed the annual PO minimum "days of cash on hand" levels, as approved by the PO Operating Board. Departments that do not maintain a cash surplus or attain financial targets from clinical operations, as outlined in their annual budget submission, are required to develop corrective action plans according to policies and procedures approved by the PO Operating and Policy Boards.

#### **V. PRACTICE OPERATIONS COMMITTEE**

The Practice Operations Committee recommends policies, procedures, and performance measures for approval to the PO Operating Board intended to improve patient, physician, and staff satisfaction throughout the PO through improved practice performance. The Practice Operations Committee oversees implementation of the *Weill Cornell: We Care* initiative that has defined priority objectives to implement a new vision of the ambulatory patient care experience. The Practice Operations Committee is comprised of physician and staff representatives from the clinical departments, PO management, and other representatives from WCMC as appropriate.

The Practice Operations Committee defines practice management benchmarks that all clinical departments and practices are expected to meet. The PO Finance Office and PO Business Office produce quarterly reports on benchmark performance. The Practice Operations Committee oversees and provides reports to the departments and the Operating Board regarding patient satisfaction survey results and has a corrective action policy for monitoring and improving such practice management functions as patient access and scheduling, patient registration, and staff training in office and system procedures that applies to departments and practices that do not meet or trend toward the PO's benchmarks.

The PO Finance Office and PO Business Office produce department performance reports for the Practice Operations Committee, the Dean, the clinical department chairmen, and PO management that compile a profile of

each department's performance in light of the current benchmarks, performance measures, and standards.

## **VI. MANAGED CARE COMMITTEES**

Each clinical department designates a physician member of the PO Managed Care Committee. Committee members are expected to regularly attend meetings, to participate in developing recommendations for group contracts, to provide feedback on the impact of managed care rates, policies and procedures on their departments, and to communicate proposed contracting changes and Committee decisions to their departments. Members of the PO Managed Care Committee are also members of the PO Managed Care Credentialing Committee.

## **VII. BUDGET PREPARATIONS**

The PO operating and capital budgets are maintained on WCMC accounting and budgeting system and will be a component of each clinical department's annual budget. The annual departmental budget is prepared by the department, reviewed and submitted by the department chairman, and approved by the Dean according to a submission and review cycle specified by WCMC.

The PO component of each clinical department's budget is sent first to the PO Finance Office for review and then forwarded to the PO Finance Committee. The Committee reviews the budget submission, and, when determined to be complete and to meet all PO budget requirements, the PO Finance Committee forwards the budget to the PO Operating Board and the PO Policy Board for approval and adoption. After approval and adoption, the PO budget component is integrated into the department's submission to WCMC budget process.

With regard to the PO component of a departmental budget, the departments must provide sufficient information and detail to allow an informed financial review to be made, as outlined in WCMC's annual budget preparation documents. This will include but not be limited to:

1. An executive summary outlining significant items, programmatic and financial concerns, and areas of financial risk in the budget submission
2. Estimated clinical practice billings, payments, and other clinical practice income information requested by PO Finance Office and/or WCMC Finance Office
3. Estimated medical service agreement income, with approved documentation

4. Approved operating subsidies from WCMC, Hospital, PO and/or other sources, with all appropriate documentation
5. Detail to substantiate any other source of funding used to support PO clinical operations
6. Earned income component of annual base salary and departmental supplemental compensation distribution documentation
7. All other assessments, direct and indirect costs of practice as outlined in the PO Funds Flow (see V.C.1) consistent with generally accepted accounting procedures, Cornell, WCMC, and PO policies.

The earned income portion of a PO member's annual base salary should reflect, to the extent possible, the member's effort devoted to clinical practice. Support costs (fringe benefits, supplemental compensation, professional liability insurance, et cetera) should be similarly allocated. A basic principle of budgeting is to consistently align expenses with the revenues that support these expenses. Budget submissions may not employ elaborate structures of circular transfers, reclassifications, or redistribution of income or expense.

In the PO component of the departmental budget, the department must supply detail on "non-operating" costs; that is, expenses not related to the direct provision of patient care that are funded from prior period surpluses or other fund groups. Examples of these types of expenses would include payment of supplemental compensation attributable to a prior year, space renovations (including leasehold improvements), major equipment purchases and departmental support of non-externally funded research and education efforts.

The department is also required to provide periodic updates of the PO budget submission, called "forecasts", to both WCMC and PO Finance Offices that reflect material changes to the original budget submission. These forecasts are due at the end of the second and third quarters (December and March, respectively).

The PO Finance Office provides monthly budget to actual comparative financial reports to each department. Department chairs, along with their administrators should review these reports routinely. The PO will establish annual targets and benchmarks for certain financial and management indices. Departments should plan to meet or exceed these levels and be prepared to explain unfavorable variances.

The PO Business Office and Finance Office also provide monthly reports on the total departmental accounts receivables to each department including all charges, payments, adjustments, and credit balances to patient accounts. These reports break out activity by type of payer and age of receivables and compare activity with prior periods. Departments will be required to explain significant variances in all phases of this activity.

## VIII. FINANCIAL ADMINISTRATIVE PROCEDURES

The PO Finance Office establishes a PO fund for each clinical department on the WCMC accounting system, based upon the department's submission of a completed "New PO Fund Create" form with appropriate detail.

If the fund is to record patient care income, a billing provider number on the centralized billing system must be requested simultaneously with the request for a new fund. The PO Business Office and Finance Office will link the two systems so that patient income flows from the centralized billing system to the accounting system. If the fund is to record MSA income, then a copy of the authorized MSA contract should accompany the fund create request.

After a fund is established on WCMC accounting system, all direct and indirect costs of practice incurred by WCMC on behalf of the department, division or physician must be allocated to the fund in the appropriate proportion, based upon the effort devoted to clinical care.

The following summarizes procedures for significant costs of practice that are allocated to a designated PO member fund:

1. Physician base salary and supplemental compensation payments are allocated to appropriate WCMC funds by completing the appropriate personnel form utilized by the Medical College. The portion of the physician's base salary allocated to the PO fund should reflect, to the extent possible, the physician's effort devoted to clinical practice or provision of services pursuant to an MSA contract.
2. Total annual physician compensation (including total base salary, supplemental compensation and all other payments from WCMC from all sources) in excess of annual levels established by the Board of Trustees must be reviewed and approved by the Board of Overseers and the Board of Trustees. According to procedures established by WCMC Budget Office, compensation information is collected in a timely manner, usually in the third quarter of a fiscal year (January to March), for the subsequent fiscal year.
3. Clinical support staff wages are allocated to appropriate funds similar to physician base salary.
4. Fringe benefit costs incurred by WCMC on behalf of its employees are allocated to all funds as a percentage of salaries and wages charged to that fund.
5. WCMC provides professional liability insurance for all PO members through Cornell's participation in MCIC Vermont, Inc. (MCIC). For non-physician PO members who are not eligible for professional

liability insurance coverage by MCIC, the Department shall provide professional liability insurance coverage for such members in a form acceptable to the PO, WCMC, and Cornell. PO member physicians must obtain professional liability insurance only from MCIC (unless granted an exception in writing pursuant to Section X), which assures that each PO member has insurance coverage commensurate with his/her delineation of privileges authorized by the department chair.

6. The direct costs incurred by WCMC in conjunction with special compliance monitoring to assure that compliance standards are met as required by WCMC's Billing Compliance plan may be charged to a department's or PO member's clinical practice funds.
7. The appropriate landlord determined space rental expense:
  - For space in buildings owned by NYPH, the annual cost per square foot is reviewed and accepted by WCMC. The annual expense is the product of the rate times the number of square feet. The department prepares a WCMC purchase requisition, charging the total annual rent expense to the department, and the department provides detail to the PO Finance Office to allocate the appropriate expenses to the designated PO member's fund.
  - WCMC follows a similar process to determine the annual cost for buildings it owns.
  - For space in buildings not owned by NYPH or WCMC, the basis for the annual expense is the lease with the owner of the building. Leases with landlords other than NYPH must be negotiated through WCMC Office of Capital Planning. Copies of all executed leases must be on file with the Office of Cornell Counsel and the Office of Capital Planning at WCMC and the PO Finance Office.
8. Nursing and other non-physician support services obtained from NYPH are negotiated directly between the department and the appropriate Hospital administrative unit and are approved as part of the PO component of the department's annual budget.
9. PO Administration billing and collection costs are paid monthly from the designated department fund; the amount is based on the methodology recommended by the PO Finance Committee and approved by the PO Operating Board.
10. Other administrative costs incurred by PO Administration on behalf of PO members are paid monthly from the designated department fund. These costs may include general administration, financial, marketing, information systems, primary care practice support, information

technology upgrades and managed care support. The amount is based on the allocation methodology approved by the PO Operating Board.

11. Administrative costs incurred by WCMC in the provision of administrative services for the PO are paid monthly from the designated department fund. The amount is based on the allocation methodology approved by the PO Policy Board in consultation with the Dean.
12. An Institutional Development Fund, to support the academic development of WCMC, is paid monthly from the designated PO department fund. The amount is based upon the allocation methodology approved by the Dean in consultation with the PO Policy Board.
13. Other direct costs of practice of PO members are paid monthly from the designated PO department fund. Such costs are determined in accordance with generally accepted accounting practices and methods, Cornell, WCMC and PO policies.

As a component of WCMC established to manage the practice of medicine, all financial policies and procedures of the PO are implemented in conjunction with the approved financial policies and procedures of WCMC and Cornell. All of the above expense allocations are implemented in accordance with the practices and methods approved for WCMC accounting system, budget development system and payroll, accounts payable and purchasing subsystems.

The PO Finance Office performs a monthly reconciliation of entries transferred from the PO practice management system with the amounts reported in WCMC accounting system and with cash deposited with the bank. All variances are investigated by the PO Finance Office. Clinical departments are required to perform a daily reconciliation of charges, payments, and adjustments entered into the practice management system with confirmed patient appointments and with bank deposits. Bank deposits that do not match the practice management system are returned to the clinical department by the Cashier's Office for resolution and notification is sent to the PO Finance Office.

## **IX. PO BUSINESS OFFICE**

The PO Business Office (POBO) has overall responsibility to maintain the approved automated practice management system for clinical practice billing and collection, including hardware, software, application enhancements, interfaces, network communications, and vendor liaison. The PO Business Office's responsibilities include:

1. Maintenance of master files and dictionaries that require standardization across departments including pay codes and financial classes. New providers are entered into the practice management system and notification is sent to the Office of Billing Compliance (OBC).
2. Installation, testing and training associated with all practice management and scheduling system applications and enhancements.
3. Mandatory training on the basic operation of the practice management system for all system users at the time of employment or promotion at the practice site or in the PO training center as arranged by the department administrators with the training manager. An employee who is not trained by the PO Business Office will not be given access to the practice management system. Training includes insurance concepts and initial training and refresher training on practice management system features for current employees. Trainees must pass a qualifying examination upon completion of system training.

Educational programs for all departmental staff on practice management system features, effective billing procedures, and new billing regulation topics. In addition, the PO Business Office management staff is available to meet with individual departments as requested.

4. System access and restrictions: The PO Business Office authorizes access to the practice management system upon successful completion of training examinations appropriate to the user's functional responsibilities. WCMC and PO policy dictates that management and staff are not permitted to share practice management personal security identifiers and passwords. If a practice management system user allows another person to use his or her personal security identifier and password, that user's access will be deactivated and may be cause for further disciplinary action up to immediate termination of employment.

Access to the practice management system and other integrated software is terminated via electronic notification from the Information Technologies and Services Department (ITS). Quarterly, all users with no activity in the practice management system are automatically deactivated.

6. Production: The PO Business Office produces all patient statements, computer produced credit and collection letters, electronic third party claims, and month-end reports for all clinical departments. Daily, month end, and claim edit reports are available on-line to facilitate financial oversight, correction of claims and claims resubmissions. The PO Business Office contracts with a mailing service vendor to provide statement production and mailing which occurs four times per month.

**X. BILLING FOR PROFESSIONAL SERVICES**

All PO members and departments must utilize the PO approved practice management and collection automated system. Patients are registered and appointments are scheduled into the PO’s practice management system’s automated scheduling application. The WCMC corporate calendar system is not to be used directly for scheduling patients; the PO practice management system may send appointments via interface to the corporate calendar. Every clinical encounter will be properly documented in the medical record and coded, in accordance with the table below. Physicians are responsible for complete documentation for services provided in accordance with these administrative procedures within the time frames indicated for the type of service and the WCMC and departmental compliance plans at the time they are rendered including the determination of the appropriate procedure code and the diagnosis code, and departmental personnel are responsible for the entry into the system of the charges for professional services. :

<b>Location of Service</b>	<b>Documentation Completion Requirements</b>
<b>Ambulatory Visits</b>	<ul style="list-style-type: none"> <li>• At the time of service or within 2 days</li> </ul>
<b>Outpatient Hospital</b>	<ul style="list-style-type: none"> <li>• At the time of service or within 2 business days</li> </ul>
<b>Inpatient Hospital</b>	<ul style="list-style-type: none"> <li>• Admission note within 24 hours</li> <li>• Hospital visits on the date of service</li> </ul>
<b>Ancillary Services</b>	<ul style="list-style-type: none"> <li>• Final report within 24 hours of the availability of source data</li> </ul>

Charges may be held for prospective compliance reviews in accordance with the WCMC Compliance Plan; these reviews will be coordinated with billing personnel so they may be performed in a timely manner. An ancillary audit system integrated with the practice management system is utilized to assure that services selected for audit are reviewed prior to billing. Charge entry and accounts receivable management is the responsibility of departmental staff unless arranged to be provided centrally by agreement with the PO Business Office. Each department will develop departmental billing and collection procedures consistent with the PO Policies and Administrative Procedures, which must be reviewed and approved by the PO Operating Board. Departments will develop a billing and collection manual for their staff, will train and supervise their staff, and will evaluate employee performance on a routine basis. Cornell Audit uses approved departmental billing and collection procedures as one of the billing and collection audit criteria.

Employment/PO Membership of Individuals Providing Services at Both WCMC and Columbia University

In the case of clinical faculty who provide services at both WCMC and Columbia University, the individual will be employed by (and become a member of the Physician Organization at) the institution at which the individual will perform the majority of clinical services. Such employing institution shall perform billing for all clinical services performed by such individual at both institutions. A Medical Services Agreement will be entered into between the two institutions in which appropriate compensation will be exchanged between the two institutions for such services. Exceptions to this provision may only be made upon agreement by the Dean, the PO Executive Committee and the Clinical Department Chair.

Departmental billing and collection responsibilities for clinical department chairs, department administrators and their designees:

1. Assure compliance with all federal, state, local laws and regulations, third party contracts and the WCMC and departmental compliance plans.
2. Implement and adhere to PO billing and collection policies including appropriate assignment and segregation of billing and collection duties to department staff.
3. Establish and manage a central departmental billing office or contractual agreement with the PO Business Office to act as the central departmental office. Large departments with more than one division will develop a plan and timetable to consolidate their billing and collection, accounts receivable, and customer service functions.
4. If a department contracts with the PO Business Office for billing services and accounts receivable management, document a formal agreement that delineates responsibilities as well as goals and performance standards of each of the parties in accordance with the PO Policies and Administrative Procedures.
5. Manage an adequate number of trained staff with defined roles in registration, check in, check out, scheduling, and customer service at the practice “front desks” to receive, register, and collect payments as appropriate from patients.
6. Assure compliance with all common standards and goals established for registration, billing and collection as part of the PO’s ambulatory patient experience initiative.
7. Establish departmental performance standards that meet or exceed PO benchmarks for practice management activities, including procedures

to ensure that all patient encounters are billed and that all collections are timely and properly posted, develop a departmental billing and collection manual and guidelines, and evaluate employee performance. The standards and departmental manual will be reviewed and approved by the PO Finance and Practice Operations Committees.

8. Maximize the use of available automated data sources, for example, patient registration, charge and payment capture which may be available through electronic interfaces with the PO's clinical information system, Hospital inpatient, diagnostic and laboratory systems.
9. Commit to use all available and future automated processes, including use of all applications such as automated appointment reminders, eligibility verification, pre-billing edits, claims denial posting tools, automated accounts receivable work lists, and the clinical research billing module available through the PO practice management system.
10. Establish a uniform departmental professional fee schedule and review and update the fee schedule annually as appropriate
11. Annually review and appropriately modify all procedure codes, diagnosis codes, and billing documents prior to January 1 of each year.
12. Utilize uniform, PO-approved patient registration forms, charge tickets, collection letters, patient statements and all other billing-related correspondence that conforms to PO standards for logo, format and minimum content.
13. Consistently use all PO billing guidelines and procedures for entering charges, adjustments, discounts, write-offs and courtesies.
14. Monitor practice management activities on a routine basis, such as reviewing the daily system reports and cash deposits records and reconciling the appointment schedules, charge tickets, medical documentation, charges and payments entered into the system.

## **XI. REGISTRATION, SCHEDULING, AND BILLING PROCEDURES**

The PO uses an authorized electronic appointment scheduling application and registration system to facilitate ambulatory patient visits. The appointment scheduling application is the basis for assuring that all registrations and charges are captured in the practice management system. Departments establish procedures to ensure all patient encounters are billed and all collections are timely and properly posted. Departments are responsible for reviewing appointment status on a daily basis to ensure all appointments have an appropriate disposition. Departments are responsible for verifying the accuracy of patient registration information. Departments are responsible for

reviewing the missing charge report on a minimum of a weekly basis to reconcile appointments noted as “arrived” in the practice management system with billings and to resolve variances with the approved charge entry time frames.

There will be uniform insurance assignment policies by all physicians involved in an episode of care for a patient according to the definition and policies approved by the PO Operating Board. A physician’s particular approved contractual agreement with a third-party payer may supersede this arrangement. The PO Business Office is responsible for the creation of financial classes in the practice management system that reflect the various payers for the patient population. Selection of financial classes will be according to guidelines maintained by the PO Business Office and adopted by the departments in their billing procedures. The departments will designate the management personnel authorized to approve adjustments, contractual allowances, and courtesies for patient accounts.

### ***Charges***

Charges for all financial classes will be the provider’s usual and customary charges for all payers as approved by the clinical department unless prohibited by law, regulation, or contract. Full charges are collectable unless allowances or courtesies are applied. Medicare charges are entered at the usual and customary levels. Medicaid charges are adjusted by 80% at the time of charge posting as an overall estimate of the expected allowance, or the charges may be adjusted after it is determined the patient is Medicaid eligible.

### ***Adjustments***

Adjustments are either courtesies or contractual allowances that reduce the stated collectable revenue for the service. Adjustments are made because of the status of an individual patient at the time of provision of a specific service and cannot be extended to broad categories of services, groups of patients, or referring physicians on a consistent basis.

### ***Courtesies and Charity Care***

Courtesy is a percentage discount of the PO member’s fee recognized by the department at the PO member’s request at the time of service because of the department’s recognition of the patient’s inability to pay in advance of receiving care. Courtesy is determined on an individual patient basis and may not be extended to a category of patients. No attempt is made to collect on the courtesy amount. Courtesy is not used for any services covered under Medicaid, Medicare, Workers Compensation, or managed care plans where the charges and the expected payments for the insurer and the patient are established by regulation or contract. Courtesy is not used if collection attempts have been made.

Charity care is extended to patients who are not covered by medical insurance and are unable to pay the physician’s full fee. Patients qualify for charity care based on their income as a percentage of the federal guidelines for income

levels and family size. Patients will be extended a reduced fee that is a percentage of the current year Medicare fee schedule.

### ***Student Courtesy***

WCMC medical students, graduate students, and students enrolled in the PA program are seen first in the Student Health Primary Care Practice and may be referred for specialty care. PO members may consider requesting 100% courtesy for uninsured dependents of the students and for students for referred out-of-network or uncovered services that are medically necessary. Departments may establish a discount policy for services to students. For covered services for insured students and their dependents, the terms of the insurance coverage should be observed.

### ***Contractual Allowance***

Allowances are the difference between the full charge amount and the actual amount due because of a contractual agreement, typically with a third party payer, that obligates the provider to collect only the allowed amount, regardless of the charge. Allowances are made after the full charge is entered when they are known. No attempts to collect the allowed amount are made, and contractual allowances are not used if collection attempts have been made, unless required by contract.

### ***Clinical Research***

Clinical services for patients that are paid for by the research sponsor are not to be billed to the patients and/or their insurance company. Sponsor covered services are to be billed to the clinical trial program using a clinical research financial class in the research related modules of the practice management system. A contractual allowance may be entered to adjust the full charges to the agreed upon amount to be paid by the clinical trial. Two fee schedules are available for research patients. If investigator initiated, the fee is 80% of the PO average managed care reimbursement rate for the service provided. If industry initiated, full charges may be negotiated for each trial but will be no less than 90% of the average PO managed care rate. Payment is made via a transfer from the clinical trial fund using the appropriate PO Finance forms. Medically necessary services not included in the scope of the clinical trial or provided for an unrelated diagnosis may be billed to the patients or their insurance plan. The department must obtain all required patient consent forms in connection with clinical trials.

### ***Write-offs***

Write-offs are the amount entered to remove all or a portion of a patient's total amount due when the invoice is closed. Write-offs indicate the failure to collect an amount due to the provider and are usually used to indicate a settlement of an account or bad debt after the care was provided. Write-offs appear as an expense of clinical practice on financial reports.

## **XII. PO INFORMATION SERVICES**

PO Information Services (POIS) has overall responsibility to maintain the shared clinical and administrative information systems and their interfaces to other Medical College, Hospital, and external systems. POIS provides coordinated, non-redundant information technology services in collaboration with the POBO and WCMC Information Technology and Services (ITS) including overall responsibility for hardware, software, application enhancements, interfaces, network communications, and vendor liaison, except in instances where the primary business user of the system already provides these services. The PO Business Office (POBO) is the business owner of the practice management system and responsible for the application configuration. Similarly the Managed Care office is the business owner of the managed care enrollment application although POIS is responsible for system level management, configuration, and vendor relations. ITS is responsible for core network, desktop management, basic office productivity applications, and server management services. POIS coordinates these functions for the PO clinical practices as well as maintains ownership of the electronic medical record (EMR), data warehouse, data dictionary, interface engine, patient and referring provider portal, and [www.weillcornell.org](http://www.weillcornell.org), the PO's website.

PO Information Services' responsibilities include:

1. Maintenance of EMR master files and dictionaries that require standardization across departments including synchronization of these dictionaries with related systems managed by NYP, POBO, and other WCMC departments.
2. Installation, configuration, testing and training associated with EMR applications and enhancements.
3. Mandatory training on the basic operation of the EMR for all system users at the practice site or in the PO training center as arranged by the department administrators with the training manager. An employee who is not trained by POIS will not be given access to the EMR. Trainees must pass a qualifying examination upon completion of system training. Physicians seeking CME credit for this training need to complete the relevant surveys as well.
4. System access and restrictions: POIS authorizes access to the EMR upon successful completion of training examinations appropriate to the user's functional responsibilities. WCMC and PO policy dictates that users are not permitted to share personal security identifiers and passwords. If a system user allows another person to use his or her personal security identifier and password, that user's access will be deactivated and may be cause for further disciplinary action up to immediate termination of employment.

Access to the EMR and other integrated software is terminated via electronic notification from the Information Technologies and Services Department (ITS). Department Administrators are also responsible for notifying POIS of any terminations and transfers so that additional steps to secure appropriate access levels can be made. All users with no activity in the EMR are automatically deactivated according to WCMC policy.

### **XIII. PAYMENTS FOR SERVICES TO PATIENTS**

If not collected at the time of service, patient and insurance payments are sent directly to lock box locations for direct bank deposit into the approved WCMC bank account. Patients are instructed to make payments to WCMC. Deposit documents from the bank that detail the payments and include copies of checks and original explanation of benefits and correspondence are made daily to each lock box and are accessed via a secured web browser. The department posts payments to the PO practice management system within forty eight (48) hours of receipt. Payments and batches are reconciled within twenty four (24) hours of entry into the practice management system. Payments that cannot be posted by the department are identified within forty eight (48) hours of receipt and notification sent to the PO Business Office for posting with an unapplied cash transmittal form.

Patient non-cash payments received directly at the practice are forwarded by bank courier to the lock box for deposit into the WCMC approved account. All checks are restrictively endorsed with the name “Weill Cornell Medical College”. Cash payments are deposited daily into a drop box provided by WCMC Finance for bank deposit.

Off site locations may make arrangements jointly with PO Finance and WCMC Finance to deposit directly with a local branch of WCMC’s approved bank. No unauthorized bank accounts can be established.

In its billing and collection policies and procedures, each department will create cash management procedures that meet the guidelines of the Physician Organization and WCMC’s Finance Divisions.

Medicare, Medicaid, several large managed care plans with which the PO has group contracts, and non-time-of-service self-pay payments are posted electronically through electronic data interchange (EDI). Batches are reconciled with bank deposits within twenty four (24) hours of posting. Departments are expected to implement other electronic remittances as they become available.

#### ***Prepayments***

Clinical departments may require prepayment before medical care is rendered for certain services. The payment collected is posted in the financial class “*Prepayment*” creating a credit. When the service is provided, a charge is created, and the credit from the prepayment financial class is transferred to the

charge invoice. All prepayments are reconciled to bank deposits and practice management system entries.

All credits in the “*Prepayment*” financial class should be transferred and posted to the related patient service charge invoice within sixty (60) calendar days of the initial posting of the prepayment.

Prepayments that are not transferred to a related charge invoice within sixty (60) days of initial posting will be considered a routine credit balance and be resolved by refunding the amount to the patient, according to the relevant Physician Organization policies and procedures.

Departments that routinely accept prepayments from patients will need to develop departmental procedures, specific to prepayments, for review and approval by the PO Finance Committee. These departmental procedures will need to address: recognition of a prepayment, posting and reconciliation to the central system and resolution of credit transfers.

***Payments for Non-Patient Services***

Payments received for duplication of medical records, court appearances, lectures, or publications should not be recorded in the practice management system. Payments for these services should be recorded on a receipt transmittal form and sent to the PO Finance Office. The form should indicate the PO member’s clinical practice fund, the total amount to be credited, and a description of the income source. These funds will be credited directly to the designated clinical practice fund and are not subject to the standard PO assessments. These payments will appear as reimbursement of expenses on the monthly statement.

***Medicare, Medicaid, and Commercial Payer Offsets***

Medicare, Medicaid, and commercial payer requests for refunds must be reported to the Office of Billing Compliance, investigated and all disputes resolved in the time frame identified by the carrier, usually thirty (30) days. If payment is not received by the deadline, the payer reduces future payments to the physician and an interest charge is incurred. These reductions in future payments are called “offsets”. Offsets as indicated on explanation of benefits must also be entered into the practice management system using the offset pay code.

**XIV. REFUNDS**

Each department designates appropriate staff with segregated responsibilities who identify and approve duplicate payments or overpayments and submit the system generated refund request form to the PO Business Office within thirty (30) days of overpayment. The Business Office distributes the practice management system’s daily credit balance report to departments electronically. This report identifies credits created the previous day. In addition, the PO

Business Office prepares and distributes monthly summary reports identifying overpayments to department administrators.

The PO Business Office processes patient and insurance refunds through the automated system. WCMC's accounts payable division issues and mails the reimbursement check directly to the patient or gives it to the PO Business Office for attachment of appropriate documentation and transmittal to a third party.

The PO Business Office is responsible for resolving credit balances that are outstanding for more than the allowed time period approved by the PO Operating Board. The Billing Compliance Oversight Committee's policy for self-disclosure and refunds requires compliance refunds to be made within sixty (60) days. The clinical department will provide the Business Office with any documentation required to resolve outstanding credit balances. Department Administrators will review and identify problems preventing disposition of specific credit balances within departmental and PO guidelines.

If all efforts to resolve credit balances are exhausted after a reasonable time period, the account will be transferred by the PO Business Office or the department to financial class "*CB Pending*" for final disposition.

## **XV. ACCOUNTS RECEIVABLES MANAGEMENT**

Department chairmen, administrators and their designees are responsible for maintaining procedures for the collection of the accounts receivables consistent with Physician Organization guidelines approved by the PO Operating Board. The guidelines include assignment of accounts receivable management responsibilities including segregation of duties, monitoring of procedures, and delegation of transaction authority for account adjustments and write-offs.

Departments are expected to develop accounts receivable management strategies to expedite cash payments and resolve outstanding balances. At a minimum, clinical departments must meet the following timetables for collection of unpaid accounts:

- Internal collection efforts begin no later than forty-five (45) days from the service date.
- Outstanding balances are referred to outside collection agencies no later than one hundred fifty (150) days from the service date.
- Account balances for professional services must be closed (written off/collected) no later than one year from the service date.

Departments are expected to utilize management tools from the practice management system that track and monitor accounts receivable.

When patients have difficulty paying promptly, they may arrange a payment plan with an authorized representative of the clinical department. The plan schedule is recorded in the billing system and should not exceed one year to complete payment. The clinical department has the responsibility for resolving long-term outstanding balances.

## **XVI. OUTSIDE COLLECTION VENDORS**

Departments are required to use the PO Business Office approved collection vendors for outside collection proceedings. The PO Business Office will maintain a list of at least three (3) approved agencies for use by the departments, and is responsible for monitoring collection agency performance to ensure that agents are meeting the needs of the departmental accounts. All accounts payments made to outside collection agencies are transmitted to WCMC at full value, not net of any agency fee. Vendor fees are distributed to the vendor after payments are posted to the central practice management system.

Monthly, the PO Business Office identifies patient responsibility and insurance accounts aged more than one hundred fifty (150) days where further collection activity is necessary. Departments are expected to refer the accounts to the collection vendors or write off the accounts within seven (7) days of notification.

The PO Business Office identifies for write off accounts with outside vendors where collection efforts have not resulted in payments with specific time parameters. The PO Business Office automatically writes off these accounts monthly.

## **XVII. AUDITS**

Departmental records and accounts and patient records and accounts for all inpatient, ambulatory, or medical office services maintained by PO members are the property of WCMC and are subject to internal and external audit and inspection consistent with the provisions the WCMC PO Policies and the WCMC Billing Compliance Plan. PO operations are monitored to ensure consistency with generally accepted accounting standards and the provisions of these PO Policies and Administrative Procedures, institutional policies and departmental guidelines.

1. Members are expected to adhere to these PO Policies and Administrative Procedures, to generally accepted standards of accounting controls, and to the requirements of third party payers.
2. Members are required to cooperate in audits of clinical practice records and to permit auditors specifically authorized by Cornell or PO Policy Board to review all records, including:

- Appointment books and schedules of patients
- Relevant financial records of their practice, and
- Procedure statements regarding write-offs, allowances and courtesy services
- Patient charts and documentation of medical services provided including the date and signature of the provider in the medical record as necessary

Internal and external auditors may confirm selected patient visits, charges, collections, and write-offs usually by mail. Under normal circumstances, no confirmations are sought without the knowledge and approval of the patient's physicians.

Communications from auditors to patients will state that the confirmation constitutes a routine examination of the PO's records. If a physician is no longer a member of the PO, and if auditors are unable to secure the physician's approval within a reasonable period of time, the department chairman may be requested to approve selected patient confirmations.

3. A copy of all audit reports and recommendations are made available to the department chairman for review and correction of deficiencies. A copy is also forwarded to the Dean, the CMO and the CAO of the PO along with a report of the actions taken by the member or chairman to correct deficiencies..

## **XVIII. COMPLIANCE**

Documentation of professional services and charges will be reviewed for compliance with applicable federal and state laws and regulations in accordance with WCMC's Professional Billing Compliance Plan. Each clinical department is responsible for implementing departmental compliance policies and is responsible for assuring that all PO members and all employees involved in billing and collection activities receive compliance training annually as required under WCMC's Professional Billing Compliance Plan. Each department must make quarterly and annual reports to the Billing Compliance Oversight Committee regarding the department's compliance activities. Employees of NYPH or other institutions involved in billing and collection activities for PO members are also obliged to participate in compliance training and to meet WCMC's standards.

The clinical departments are required to review a minimum number of medical records and charges per physician per year as set forth in WCMC's Professional Billing Compliance Plan. Errors in procedure coding or other types of errors as defined by the Billing Compliance Plan will be referred to the departmental Compliance Leader, Compliance Liaison, and/or the Compliance Officer for corrective action. When errors reach a specified level, additional corrective actions shall be imposed by the department in accordance with

WCMC's Professional Billing Compliance Plan, including increased frequency of audits (in some cases at the expense of the PO member) or disciplinary action. If an identified error requires a retrospective review of medical records and charges, this must be coordinated with the Compliance Officer who has the authority to review relevant physician, patient, and financial records.

Compliance reviews will be made available to the department chairs, department administrators, and departmental Compliance Leader and Liaison. Any corrective actions, for example, refunds to payers, taken to resolve non-compliance will involve University Counsel and University Audit staff as necessary.

## **XIX. CUSTOMER SERVICE**

The PO's commitment to quality care includes a shared responsibility by physicians, administrators and support staff to achieve high levels of patient satisfaction with all aspects of the care experience at WCMC. The PO has developed standards for patient access to PO physicians including referral management, selection of a physician, appointment making, and customer service training for staff. The PO will collect data and evaluate how these standards are achieved and make recommendations for improvement to the clinical departments, PO administrative staff, the Hospital and others involved in the patient's experience. The PO has developed and approved the *Weill Cornell: We Care* Standards for Service Excellence for use by all clinical practices for all clinical faculty and staff. The PO Practice Operations Committee and Operating Board will review compliance with customer service standards on a periodic basis and arrange for corrective action as necessary.

## **XX. CONFIDENTIALITY**

Medical records are the property of WCMC and patients. They are protected by both federal and state law and are confidential. Only authorized persons are to access medical records. Medical records must remain secure at all times, and it is the responsibility of each practice to ensure the security of the records. Medical records cannot be released without the patient's (or, if applicable, guardian's or legal representative's) permission except when permitted (for example, for treatment, payment, or healthcare operations) or as required by law. In addition, fee schedules and other financial information relating to the practices are proprietary and may only be discussed with persons within WCMC authorized to have access to such information.

To prevent unauthorized access or disclosure of medical records and other information, each individual is responsible for maintaining system security. All PO practices shall implement WCMC policies and procedures protecting the security of all practice related information in any form (paper or electronic) and all PO members and staff shall adhere to such policies and procedures. Passwords or other means of system access are to be kept secure and not shared. All PO members and staff shall take the required HIPAA Privacy and

Security training, and, to affirm acceptance of their responsibilities, each PO member and all relevant staff shall sign a confidentiality agreement.

The PO members and each department shall work with the WCMC Privacy Office to implement a patient's legal rights as set forth in the WCMC Notice of Privacy Practices, including requirements regarding the use and disclosure of patient information, the right of a patient (or personal representative) to access his or her records, to an accounting of certain disclosures, to receive communications of medical information at a designated location or means, and to request restrictions on the use of his or her medical records. Departments are responsible for ensuring that any persons or entities utilized by the department which are "Business Associates" (as defined in the WCMC HIPAA Business Associate Policy) have entered into a HIPAA Business Associate Addendum or Agreement with WCMC before individually identifiable health information may be disclosed to such person or entity. The Privacy Office shall be responsible for obtaining all Business Associate Agreements and for maintaining a database of such Business Associates Agreements or Addenda. Any fundraising solicitations involving patients must be approved by the Development Office to ensure compliance with the HIPAA Fundraising Policy. Patient information generally may not be used, disclosed or sold to anyone to sell or promote a non-WCMC product, as set forth more fully in the HIPAA Marketing Policy. Any research use of individually identifiable health information shall comply with the HIPAA's Privacy Rule as it relates to research.

PO members and staff are required to report any breach of a patient's confidentiality to the WCMC Privacy Office. WCMC employees including faculty are subject to immediate termination of employment for failure to maintain confidentiality of medical records or other confidential information or for failure to observe WCMC's privacy policies.

## **XXI. QUALITY AND PATIENT SAFETY**

The Medical College and its Physician Organization have established a Quality and Patient Safety Plan to support and promote the mission, vision, and values of the organization by enhancing patient safety, reducing the potential of healthcare errors, mitigating risk for patients, and establishing a reliable, safe healthcare environment. Patient Safety is defined as freedom from accidental or preventable injury when delivering patient care. Patient Safety encompasses commitment to excellence in performance and translating best practices into quality patient care. Quality, as defined by the Institute of Medicine, is "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."<sup>1</sup>

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<sup>1</sup> Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century. Institutes of Medicine of the National Academies, March 2001.

Working collaboratively and collegially with New York-Presbyterian Hospital (NYPH), the goals of this patient safety plan include:

- Consistent delivery of high quality patient care
- Prevention of patient injury and healthcare errors
- Redesign of processes to support patient safety and mitigate risk
- Management of patient-related incidents, complaints, and lawsuits
- Assessment of various quality metrics to improve performance and patient safety
- Education of faculty, staff, patients and families in patient safety and risk management
- Adoption and integration of NYPH Quality and Patient Safety Policies where appropriate

The Plan sets forth a comprehensive patient safety program to ensure consistent and sustainable improvements in patient safety and risk management by utilizing a systematic, coordinated approach to performance improvement. The key features of the patient safety program establish mechanisms to minimize or eliminate healthcare errors and risk to patients, create effective reviews of actual adverse events or hazardous conditions, and proactively integrate patient safety priorities in the design of organizational processes, functions, and services.

The provisions of this plan apply to all Medical College faculty and staff. Additionally, the principles of this plan should guide the actions of any employee of an affiliated institution, including post-graduate trainees, who are involved in any aspect of patient care at the Medical College.

The essential components of the Quality and Patient Safety Plan include:

1. Oversight by Medical College officials to direct the patient safety and risk management programs
2. Establishment of standardized policies, procedures, and processes to promote patient safety and mitigate risk
3. Development of patient safety plans at the clinical departmental level
4. Review of all patient-related incidents, complaints, and lawsuits in a coordinated, interdisciplinary manner with timely intervention
5. Implementation of corrective actions to reduce medical errors and the possibility of patient injury
6. Assessment and monitoring of compliance with patient safety initiatives and quality metrics and communication to clinical and administrative departments
7. Reporting of monitoring activity on a periodic, regular basis at the Quality and Patient Safety (QPS) Committee
8. Education of faculty, staff, patients and families to promote awareness of patient safety matters
9. Establishment of a just culture for faculty and staff that promotes patient safety and encourages reporting of safety concerns in a non-threatening, non-retaliatory manner

10. Collaboration between WCMC and NYPH on all patient safety matters to achieve the goals of this plan

The Medical College is committed to establishing policies, procedures, and processes that are consistent with patient safety and risk mitigation, while integrating them with the NYPH quality and patient safety standards. Faculty and staff are required to conduct clinical practice and business activities consistent with these policies, procedures, and processes. Clinical department and faculty responsibilities for observing quality and patient policies can be found in the approved Quality and Patient Safety Plan.

## **XXII. QUALITY AND PATIENT SAFETY COMMITTEES**

The Chief Medical Officer of the Weill Cornell Physician Organization and the Senior Associate Dean for Clinical Affairs, having authority delegated by the Dean, will chair the Quality, Patient Safety and Risk Management Executive Committee. This committee is responsible for overseeing and directing the patient safety and risk management programs, and recommending improvements to clinical and administrative departments and physician leadership. The Patient Safety and Risk Management Executive Committee for the New York Presbyterian Weill Cornell Medical Center will coordinate patient safety standards and initiatives between the WCMC and NYPH and will meet at least 2 times annually. Membership is comprised of the following key personnel:

Chief Medical Officer of the Weill Cornell Physician Organization  
 Senior Associate Dean for Clinical Affairs  
 NYPH Executive Vice President  
 NYPH Chief Medical Officer  
 Chief Patient Safety Medical Officer  
 Clinical Department Chair elected by the WCMC PO Executive Committee  
 Chair, Billing Compliance and Professional Liability Committees  
 Others as designated by the Dean

The Chief Patient Safety Officer is responsible for organizing and chairing the Quality and Patient Safety Committee and serving as liaison with NYPH in all quality and patient safety matters. The QPS Committee is an interdisciplinary group that meets at least 10 times annually and is comprised of representatives from the Medical staff, Nursing staff, Quality and Performance Improvement, Risk Management, Pharmacy, Infection Control, Information Technology, Graduate Staff, Clinical Departments and NYPH Administration. The committee responsibilities include:

1. Oversight of the development of policies, procedures, and processes that support safe, efficient, effective, timely, quality patient care that is consistent with regulatory standards

2. Liaison with clinical departments to ensure patient safety representation and implementation of patient safety policies, procedures, and processes
3. Identification of error-prone, high risk processes/procedures to ensure patient safety and risk mitigation are addressed in a comprehensive manner
4. Review of adverse patient events, deaths, complaints, and lawsuits from all clinical departments on a periodic, regular basis for analysis and presentation to the Executive Patient Safety and Risk Management Committee
5. Review of various quality metrics, collected by NYPH, to assess trends and compliance with quality of care policies, procedures, and processes, including compliance with The Joint Commission's National Patient Safety Goals (NPSGs)
6. Recommendations for corrective action to address identified risks, with follow-up monitoring of compliance
7. Referral of patient safety concerns to Medical Staff committees and clinical departments
8. Education of faculty and staff in patient safety and risk management through the department patient safety representatives.