

INDENT:	
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Type of Policy:	Corp
Applicability:	Physicians
Owner's Dept:	Medical Group
Title of Owner	VP, UVM Medical Group Operations and VP, Finance Medical Group
Title of Approving Official:	President, UVM Medical Group
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SUBJECT: Continuing Medical Education (CME) and Allotment

PURPOSE: To establish guidelines for appropriate and timely approval, use, payment, and reimbursement of continuing medical education related expenses.

POLICY STATEMENT: The UVM Medical Group Board has established a standard Professional Expense Allotment (CME) for each full time UVM Medical Group physician. The intention of this allotment is to support the continuous development and education for practicing physicians by covering the professional expenses associated with travel, dues, licenses, cell phones, computers, and any professional related expense that meets the current accounts payable guidelines.

PROCEDURE:

- I. Eligibility
 - a. Full time physicians will be eligible for an allotment of \$8,000 per fiscal year.
 - b. Part time physicians with a minimum of 20% or more effort will be eligible for a proration of the full time allocation (\$8,000) with a floor of \$3,000 annually.
 - c. The annual CME allocation per FTE is an individual allocation and cannot be shared with other faculty members. It may, however, be shared with learners (medical students, residents, and fellows) at the discretion of the individual faculty member.

- II. Budget Provisions
 - a. The CME program is budgeted centrally as part of overhead expenditures. Individual departments who exceed the fiscal year allotment need to identify a non-operating budget funding source for the additional dollars.
 - b. Separate accounts (outside of the annual allotment) are designated to pay for Vermont State Medical Society Dues and any licenses, DEAs, or other professional expenses associated with supporting the requested provision of clinical service outside of a physician's home state.
 - c. All expenditures must be in compliance with UVM Medical Center disbursement policies and follow IRS regulatory guidelines.

- III. CME Fund Allocation
 - a. CME eligible expenses are defined as the following:

Type	Acceptable Payment Method
Medical education – including travel, meals, & course materials	Reimbursable to physician
Medical education - lodging/hotel & registration/conference fees	Reimbursable to physician or purchasing card (PCard)
Books	Reimbursable to physician, purchasing office or purchasing card (PCard)
Professional journal subscriptions, membership fees, and dues	Reimbursable to physician, check request or purchasing card (PCard)
Software, hardware (excluding electronic devices), and peripheral purchases related to educational needs	Purchasing Office or Purchasing Card (PCard)
Electronic Devices	Purchasing Office only
Other CME / Professional Development not described above	Purchasing Office or Purchasing Card (PCard)

- b. CME ineligible expenses are defined as follows:
- Gifts to department staff (including flowers)
 - Incidental items such as movie rentals, health club charges, golf or tennis fees, beauty or barber shop costs, or other incidentals of a personal nature incurred while traveling
 - Bonuses to department staff
 - Upgrades on flights, rental cars and lodging
 - Charitable contributions/donations
 - Home Internet access. (Hotel access is allowed under medical education above)
 - Travel/meal expenses for a spouse accompanying a physician on a business trip
 - Reimbursement for UVM Parking fees
 - Reimbursement for fines or penalties related to failure to attend Medical Staff events
 - Expenses associated with volunteer efforts and/or miscellaneous special interest activities beyond the scope of practice – including travel, lodging, hotel internet, meals, registration and course materials

IV. CME Expense Management:

- a. Physicians are not to pay expenses out of pocket and then seek for reimbursement for anything other than items identified as eligible for physician reimbursement in the table under Section III(a). Payment requests are to be submitted to the Health Care Service Financial Associate for timely processing. Refer to acceptable payment method on previous page.
- b. All computer related devices, if a device will be used for UVMMC work (i.e., a bonafide business purpose that requires direct UVMMC computer network access and/or requires IS support), must be an IS-approved device connected to the UVMMC network, purchased by UVMMC through established purchasing workflows (retail purchase by physician is strictly prohibited), meet IS standards including but not limited to encryption and configuration standards, and must be supported by IS.

If a device will be used for educational purposes only and not for UVMMC work (i.e., will not have direct UVMMC computer network access nor will it require IS support), it must be purchased through established purchasing workflows (retail purchase by physician is strictly prohibited). The device will not be supported by IS and will not be connected to the UVMMC network (except the guest network). IS will have no involvement in the review or approval of device purchased.

The Advance Authorization and Purchase Request Form included within this policy must be completed by the physician and approvals must be obtained prior to purchase in all cases.

- c. Travel expenses paid out of pocket require adherence of the following process:
- Requests for travel reimbursement should be submitted on an Employee Business Expense Reimbursement with the receipts attached **as soon as the physician has returned, and no later than 45 days from the dates of travel.** Specific travel allowances are governed by the EBER Policy. Please refer to this policy for adherence to allowable types and amounts for travel related expenses (see Related Policies section of this policy below for link).
 - Travel needs to be expensed on the financial statements in the month and fiscal year that the travel occurs. This is a GAAP (Generally Accepted Accounting Principles) accounting rule.

V. CME Reconciliation:

- a. Quarterly CME reports are distributed to physicians participating in the CME program. The reports generated by the Financial Specialists provide expenses to date and remaining available balance.

MONITORING PLAN: N/A

DEFINITIONS: N/A

RELATED POLICIES:

Employee Business Expense Reimbursement: <http://policy.fahc.org/Policies/Finance/FINCE1.docx>

REFERENCES: N/A

REVIEWERS:

Roberta Gilmour, Manager, Finance
Ricky Padgett, Director, Corporate Accounting
Bill Plough, Manager, Accounts Payable

OWNER'S NAME:

Lisa Goodrich, VP, Medical Group Operations
Rick Vincent, VP, Finance

APPROVING OFFICIAL'S NAME:

Claude Deschamps, MD, President, UVM Medical Group

Advance Authorization and Purchase Request for Computers and Other Electronic Devices

This form must be executed **prior** to the purchase of a computer or electronic device. This includes but is not limited to:

- Laptop/desktop computers
- Tablets
- Cell phones
- Smartphones
- Smartwatches

I wish to request the purchase of _____ [Describe computer or electronic device make/model and any related accessories).

Check one of the below

UVMCMC Device - This device will be used to conduct bona fide business for The University of Vermont Medical Center (UVM Medical Center). I intend to use the computer/device for business purposes, and any personal use I may make will be incidental. I alone will use the computer/device. I also understand that installation of software on UVM Medical Center computers/devices for purposes other than UVM Medical Center business is not permitted.

I agree that each item indicated above is the property of UVM Medical Center and must be returned to UVM Medical Center when my employment ends or at any other such time as UVM Medical Center at its discretion, may direct. (Please note that computers/devices purchased with CME funds are not required to be returned to UVM Medical Center at the end of your employment)

All computers and electronic devices must be ordered through Information Services (IS) to ensure they meet current standards, including but not limited to encryption, configuration and model choices. **IS with support of the Purchasing Department must make the purchase – no employee will be reimbursed for items not purchased using the proper procurement protocols described above.**

Physician CME Device - I acknowledge that this device will be used for educational purposes only, and not be used to conduct bona fide business for UVM Medical Center. I will not store any PHI (Protected Health Information) or corporate data on this device. I acknowledge that UVM Medical Center Information Services staff will not provide any support for this device other than to connect it to the remote access solutions in place. I will be responsible for acquiring, configuring and supporting the device. I will not connect this device to any UVM Medical Center network except for the guest network. **I understand that this type of device may only be purchased through the Purchasing Office.**

GL Number to Charge: _____

APPROVALS – ALL approvals below are required.

Requestor

Signature

Print Name

Date

HCS Director Approval

Signature

Print Name

Date

For UVMCMC Devices – please forward to the Purchasing Office – Information Services Purchasing

For Physician CME Devices – please include a copy of the form when sending to the Purchasing Office.

DEVICE DECISION TREE

