

Effort Reporting Implementation: FAQs

Clinical FAQs:

- **How do I determine what percentage of effort should be put toward “patient care” versus “patient care with house officers”?**
Departments and divisions should define what portion of faculty clinical effort is spent doing “Patient Care” versus “Teaching in the Clinical Setting”. See departmental / divisional guidelines.
- **How do we record effort for faculty that provide patient care at an offsite facility/hospital where we do not bill for the services and how would we record their teaching activities at this offsite facility/hospital?**
You would record the patient care activity under class code 31108. With regards to the teaching activity, it would depend if they are our residents and medical students. If they are our residents and medical students, the teaching portion of the activity would be recorded under 31102 for residents and 11020 for medical students. If they are not our residents or medical students, it would all be recorded as patient care under 31108.

Research FAQs:

- **How do I record faculty time if they are mentoring related to a research project?**
Typically, faculty have <5% mentoring time spent with individuals as part of ongoing research (whether sponsored or institutionally funded). For levels up to 5%, the effort may be considered concurrent with research activities already reflected on the effort distribution. For effort >5%, mentoring should be considered Instruction Outside Clinical Setting (on the proper class code based on student type)
- **What if the faculty are spending more time on research than proposed on a sponsored research project?**
All effort related to research should be recorded as research (regardless of the funding source). Faculty may spend more effort on research than what they proposed or have funding for. It is up to the department whether it is appropriate to code the additional time on the sponsored project (potentially running it into an overdraft) in order to bring transparency to the full amount of time spent on the project OR record the additional effort as “Department Research” (21000).

Teaching FAQs:

- **How does “teaching effort” relate to the EVU system?**
Certain types of teaching activities may not have dedicated effort. However, those activities will be recognized through the EVU system. For example, faculty may not be allocated effort for teaching during rounds, but will be recognized for the activity by earning EVUs.

- **Most of my teaching in the department or division is in the clinical setting or the lab. How should the faculty record their teaching effort while in the workplace?**

Teaching while doing patient care should be recorded as clinical effort, using the proper code based on student type. Teaching while in the lab or supporting research should be recorded as research effort.

- **How should teaching time be recorded for Non-GME Clinical Lectures?**

Since Non-GME Clinical Lecturers are in a faculty track position, effort for the faculty member doing the advance training would be recorded as patient care (31101) because it is not a certified GME training program. The Non-GME Clinical Lecturer would also record this time as patient care.

Administrative FAQs:

- **How do I indicate effort for faculty and staff who have University-based administrative roles?**

Faculty who have an administrative role to support the broader University should have a secondary University appointment. Contact Faculty Affairs if you believe your faculty should but does not have a secondary appointment.

- **If an individual has more than one administrative roles for the department and together they add to over 5%, would this be Department Administration?**

No, each individual role must be greater than 5% and there must be a formal job description and funding to be Department Administration.

- **Our faculty and staff are spending a significant amount of time supporting committees. How should this effort be recorded?**

Use the "Michigan Medicine Service" code (11130) to account for committee time. Only record administrative effort using the effort codes above for faculty with specific administrative roles.

- **Our faculty and staff are spending a significant time doing patient documentation and patient follow-up. How should this effort be recorded?**

Given that this is clinical work to support patients, use the Clinical / Patient Care codes.

- **What type of activities should be recorded under Hospital Administration?**

Any hospital-related administrative activity should be recorded as Hospital Administration, even with just 1% of effort. See Crosswalk for specific examples.

- **Why are transplant, rehab and psychiatry administration codes singled out?**

Each year we bundle our effort data into specific categories and submit it to Medicare. Medicare uses the effort data to determine part of our reimbursement for subsequent

years. Medicare asks that we separate out transplant, rehabilitation and psychiatry administrative effort.

General FAQs:

- **Is there a minimum percent of effort that can be recorded in specific categories?**

No, except for Department Administration, where the effort must be greater than 5%. The other categories do not require a minimum percent of effort.

- **Where should effort be recorded for retirement furlough, extended sick, duties off campus, and sabbaticals?**

These activities should be recorded under Department Administration (11110), unless the individual has research effort and is continuing to work on these projects. In that case, the research effort would remain unchanged.

- **What type of activities would require the use of the ICRX codes?**

Development, fundraising and facilities would should be recorded under the ICDX code (the indicated by using the appropriate class code with an "X" as the last digit.)

- **When there is a professional development session and there are faculty teaching faculty how should this effort be recorded?**

The attendees of the session should be recording their time as Professional Development/CME (46100) and the faculty member leading the professional development session should be recording their times as Citizenship/Service (11130).

Code-Specific FAQs:

- **Class 11010 (GME Classroom Teaching) – This is for teaching MDs in or out of a residency program, correct?**

Yes. Medical Students are not included in this group, but the instruction of ACGME residents and fellows appears here.

- **Class 11020 (Patient Care with Medical Students) – If a faculty member performs patient care with both medical students and residents accompanying, will we need to split effort?**

Yes, this split will be based on department procedures. For Patient Care with Medical Student, use class 11020. For Patient Care with a GME Resident or Fellow, use 31102.

- **Class 11120 (UMMG and ACU Administration) – Isn't this what 31103 used to be used for? Will we still pick this up for the Cost Report?**

Yes, 31103 included a lot of this effort, but distinguishing based on the type of administration that occurs will assist with planning and managerial purposes. This will still be included on the Hospital Cost Report.

- **Class 11110 (GME Administration) – Is this only for fellowship directors, or do department roles in support of this program also fall here?**

It depends on the size of the effort and the job role. If the individual has clearly defined administrative job descriptions, performance expectations, and agreed upon funding sources (and higher than 5% effort here), it can fall into 11110. If not, it would be Citizenship/Service (11130).

- **Class 46000 (Medical School Administration) – Has this extended beyond dean-level appointments?**

This also includes individuals that spend time as course directors or spend more than 5% effort supporting curriculum design for medical students. Most effort within this class code will still come from MSA units.

- **Should we use class code 11110 for ACGME Residency and Fellowship Coordinators (staff), or it is just for the Faculty Directors?**

Yes, use it for all faculty and staff where applicable

- **Should all non-ACGME, non-administrative spending fall on 11000?**

Yes, unless it's designed to support Medical Students, in which case it would go on 11030.