University of Massachusetts Medical School Fellows are eligible to accept extended employment as physicians at UMass facilities outside of their normal graduate medical education duties and, in doing so, are provided coverage under the UMass Memorial Health Care, Inc., self insurance program ONLY IF:

1. The Fellowship Program Director approves each extended employment arrangement,

2. The Fellow is compensated through UMass Medical School and otherwise follows all other applicable requirements, and

3. The specific unit or service agrees to comply with the UMass Memorial Medical Center Policy on Billing for Moonlighting Services (copy attached).

In order for a unit or service to be approved, this application must be submitted to the UMMS OGME.

Name of Unit/Service Supervisor AND SERVICE: ____________________________________________________________

*e.g. CCU, Urgent Care, Hospitalist, SICU, etc. A separate form is required for EACH SERVICE*

Address: ____________________________________________________________

Telephone extension: _______________________________________________

Name and Title of Admin Contact: ____________________________________________

Admin Contact Telephone & Address: ____________________________________________

1. Specific inpatient or ambulatory site or service unit where the Fellow will be assigned:

________________________________________________________________________

2. Predominant types of clinical services and procedures to be provided by the Fellow: Please provide a detailed description of procedures to be performed.

________________________________________________________________________

3. Expected status (inpatient, ambulatory, emergency) and number of patients to be served:

________________________________________________________________________

4. Description of level and availability of on-call attending physician supervision.

________________________________________________________________________

5. Description of procedures for calling in back-up coverage:

________________________________________________________________________
6. All sites must provide a list of names and titles of all attending physicians who may be providing immediate backup to the Fellow if needed. OGME must be notified of any changes in status of these or additional attendings within three months of the change.

7. Is it your intention to submit a bill for services under the Fellow’s name and UPIN number?
   ____YES   ____NO

8. If yes, please describe how these moonlighting activities differ from routine fellowship responsibilities:

9. PLEASE NOTE THAT BILLS MAY NOT BE GENERATED IN A FELLOW’S NAME FOR INPATIENT SERVICES OR FOR ANY FELLOW ON A J-1 VISA.

10. Agreements

   (Signature of Unit/Service Supervisor)

   A. To promptly notify the UMass Memorial Medical Center (UMMMC) Chief Medical Officer (CMO) of any potential liability incident or actual claim involving a UMMS Fellow; to cooperate fully in the investigation and defense of any claim; to provide UMMMC with the name and contact information of any agency to which an incident is reported; and to provide UMMMC with a summary of the results of any internal or external investigation.

   B. The Department will reimburse the Medical School for compensation due to the Fellows on a current basis, at least bi-weekly. All payments to the Fellows will be made through UMMS, via the Office of Graduate Medical Education.

   C. To comply with the UMass Memorial Medical Center Policy on Billing for Moonlighting Services.

11. Signatures

   Site Supervisor                  Date

   Dept. Administrator or Person Responsible for Billing Date

12. Approval

   Associate Dean for Graduate Medical Education Date

   Chief Medical Officer, UMass Memorial Medical Center Date

   Medical Director of Self-Insurance Program Date

Rev 3-16-2015