

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

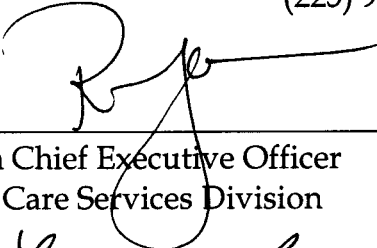
POLICY NUMBER: 5001-11

CATEGORY: Policies, Procedures and Memoranda

CONTENT: Explanation of LSU-Health Care Services Division Policy Issuance System

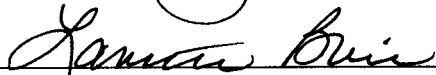
EFFECTIVE DATE: Issued: March 20, 1996  
Revised: February 6, 2002  
Revised: July 13, 2004  
Revised: June 23, 2006  
Revised/Reviewed: September 27, 2007  
Reviewed: July 8, 2009  
Reviewed: June 10, 2010  
Reviewed: June 2, 2011

INQUIRIES TO: Angela Gooden, Executive Projects Section  
LSU-Health Care Services Division  
Kirby Smith Hall, Post Office Box 91308  
Baton Rouge, LA 70821  
(225) 922-2227 Fax (225) 922-2259



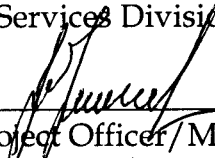
Interim Chief Executive Officer  
Health Care Services Division

6.15.11  
Date



Deputy Chief Executive Officer  
Health Care Services Division

6/7/2011  
Date



Executive Project Officer/Manager  
Health Care Services Division

6/3/11  
Date

## HEALTH CARE SERVICES DIVISION POLICY ISSUANCE SYSTEM

### I. Statement of Purpose, Scope and Applicability

#### A. Purpose:

The LSU Health Care Services Division (HCSD) policy issuance system provides the mechanism through which policies and procedures are established, revised, amended, adopted, disseminated and maintained, via a policy manual, within the Division. The Policy Issuance staff of the Executive Project Section of the HCSD Central Office is responsible for the efficient flow of policy and procedure drafts. All new/revised policies and procedures must be approved and signed by the policy lead, the Deputy Chief Executive Officer and the Chief Executive Officer.

#### B. Scope and Applicability:

All policies in HCSD that: (1) are initiated in the Central Office; (2) affect more than one section of the HCSD system; or (3) affect more than one HCSD facility will be promulgated through the central office policy issuance system. Policies and procedures applicable only internally to an HCSD Facility are exempted from the policy issuance system, but copies should be sent to Policy Issuance for file retention.

#### C. Role of Policy Issuance:

Policy Issuance will develop definitions, standards, and formats for policies, and, in some cases, assist in developing policies, procedures, and memoranda. A policy is a principle or regulation; a procedure is a method for implementing a policy; and a memorandum is for emergencies or for information dispensing. Memoranda will not be formally issued through the policy issuance system, but may be distributed through the Policy Issuance distribution system.

#### D. Questions:

Questions regarding whether a policy should be sent through the policy issuance system should be directed to Policy Issuance.

## II. Steps in Policy Issuance System

Policy Issuance has developed a Subject Classification Coded Index. (See Attachment A). Policies and procedures are identified by their primary subject code for placement in the *HCSO POLICY MANUAL* and for reader identification. Policy Issuance will code a policy or procedure by its appropriate subject code, classification and topic.

The routing of a draft through the Review and Comment Procedure is given via the following steps:

### Step 1

- Initiating Unit
- (a) The initiating unit writes the draft (see Attachments C & D) and attaches the Policy Identification Format (Attachment B).
  - (b) The initiating unit obtains its administrator's signature of approval on the Policy Identification Format (Attachment B).
  - (c) The initiating unit submits the draft to Policy Issuance along with the Policy Identification Format (Attachment B) and Policy Issuance Form I (Attachment E).

### Step 2

Policy Issuance  
Procedures

- (a) Policy Issuance (i.e., The HCSO Executive Project Section) reviews the draft Policy Identification Format and Policy Issuance Form I (Attachments B & E) for conformity to standards (writing standards and style), established definitions and completeness.
- (b) Policy Issuance logs the draft according to its codes, which include date and subject, and completes its section of the Policy Identification Format (Attachment B).
- (c) Policy Issuance sends the draft with Policy Identification Format and Policy Issuance Form I (Attachments B & E) to the Hospital Policy Coordinators with a cc: to Senior Leadership Staff, Hospital Administrators and Hospital Compliance Officers, applicable staff for a 30-day review. Certain policies, based on federal, state, local law or regulatory agency guideline may require immediate implementation or a "fast track comment and review" period (i.e. 7-14 days). If any policies fall into either of these categories, the initiating unit lead, will submit a request to the Policy Issuance lead detailing the reason(s) why the 30 day review and comment period should be waived and provide a synopsis of the federal, state, local

law or regulatory agency guideline that requires immediate implementation or "fast track comment, review" (i.e. 7-14 days). The Policy issuance lead must approve any and all requests for immediate implementation and/or fast track review. If said approval is not granted, the normal 30 day review and comment period shall be implemented.

**Hospital Policy Coordinators shall be responsible for forwarding draft policies and gathering comments or suggested revisions from the Hospital Administrators, Hospital Chief Financial Officers, Hospital Human Resources Directors, Medical Directors, Hospital Compliance Officers, Hospital Patient Financial Services Managers, personnel who are or would be directly affected by this policy, and any other appropriate personnel.** All reviewers must either comment, listing noted revisions, or indicate "no change(s) necessary". If the reviewer has no change(s), the reviewer will check the box noted "no change(s) necessary," sign the bottom of the Policy Issuance I form, and send the signed form to his or her respective Policy Coordinator. In the instance of Central Office staff, if the reviewer has no change(s), he or she will check the box noted "no changes necessary," sign the bottom of the Policy Issuance I form and send the signed form to Policy Issuance. If the reviewer has suggested changes or comments, these changes/comments shall be returned to his or her respective Policy Coordinator. The Policy Coordinator will compile comments, reconcile conflicts and get back one set of comments or recommended revisions via E-mail or FAX to Policy Issuance on or before the expiration of the 30-day review period. In the instance of Central Office staff, if the reviewer has suggested changes or comments, these shall be given to Policy Issuance.

### Step 3

#### Review Period

At the expiration of the time allotted for review and comment (usually 30 days ), unless otherwise specified, the comments are returned to Policy Issuance and then Policy Issuance forwards the draft with comments, if applicable, to the Initiating Unit.

### Step 4

#### Initiating Unit Reconciliation

The Initiating Unit, lead, receives the comments and either incorporates the requested changes in the draft or indicates why changes are not made. Each respondent with substantive comments shall receive notification from the Initiating Unit, related to the comments. A copy of each written response by the Initiating Unit will be submitted to Policy Issuance along with the final drafts. No policy shall be finalized and issued with substantive unresolved issues remaining.

## Step 5

### Policy Issuance Re-review

- (a) If the draft is changed significantly (anything that would change the content, language or meaning of a policy/procedure) as a result of comments received, the policy with changes incorporated, will be disseminated for review again and the 30 day routing and review process will begin again. If the draft stands as written and/or there are no substantive changes to the draft policy, the draft policy will be finalized by policy issuance as written by the initiating unit, lead.

## Step 6

### Finalization

- (a) Policy Issuance will send the finalized policy, and a synopsis of the policy or changes, to the lead for his/her review and signature.
- (b) The Initiating Unit should be prepared to provide a completed Policy Issuance Form II (Attachment F) and Policy Issuance Form III (Attachment G) showing changes requested, by whom, and action taken on any controversial policies.
- (c) The lead will forward the signed copy to the Deputy CEO for his/her review and signature.
- (d) The Deputy CEO will forward the signed copy to the CEO for his/her signature.
- (e) The CEO may make comments and/or sign and return the policy to Policy Issuance.
- (f) The CEO forwards the signed policy to Policy Issuance.

## Step 7

### Policy Distribution

Policy Issuance distributes approved, finalized policy and/or procedures, via email to the Policy Coordinator who in turn will disseminate the finalized policy to the Chief Executive Officer, Senior Leadership Staff, Hospital Administrators, Hospital Compliance Officers, Hospital Policy Coordinators, Chief Financial Officers, Medical Directors, and Human Resource Directors. **The respective Hospital Policy Coordinator is responsible for disseminating the policy to other appropriate managers and staff.** Appropriate managers are required to disseminate the policy to appropriate staff under their management.

III. Accessibility

Finalized policies will be posted in pdf format for view and print at <http://www.lsuhsospitals.org/policies/default.htm>. Upon signature an email alert will be sent to the Hospital Policy Coordinators advising the policy has been finalized and requesting each policy coordinator print the policy and new table of contents for their policy manual. Hospital Policy Coordinators will be required to disseminate the finalized policy to appropriate hospital staff and retain a copy of the finalized policy on file for reference and review purposes.

IV. Review

All LSUHCSD policies will be reviewed annually by the lead of each initiating unit. The Policy Issuance lead will forward an email notice along with the "Memorandum and Acknowledgment of Review of LSU HCSD Policy" form to each initiating unit lead. The initiating unit lead will sign and date the forms acknowledging their review of the policy within the time specified and/or any changes, amendments, revisions to the existing policy. If there are no changes, the initiating lead will sign the acknowledgment form and return it via email or hard copy to Policy Issuance on or before the expiration of the review period, noting "no changes". Policy issuance will keep all annual review forms received from the lead units in the respective policy file for audit and review. Policy issuance will then note the date reviewed by the initiating unit lead in the "Effective" date section of the policy. If the initiating unit, lead, has changes, amendments, revisions to the existing policy, steps/procedures 2-7 as noted above will be followed and implemented.

ATTACHMENT A

**SUBJECT CLASSIFICATION CODE**

MISCELLANEOUS.....	0000
ADMINISTRATIVE SERVICES.....	0500
AUDIT SERVICES.....	1000
REIMBURSEMENTS/PATIENT ACCOUNTING FINANCIAL SERVICES.....	1500
ENGINEERING AND CONSULTING SERVICES.....	2000
FISCAL SERVICES.....	2500
INFORMATION PROCESSING.....	3000
JUDICIAL/LEGAL MANDATES.....	3500
LICENSING AND CERTIFICATION.....	4000
PERSONNEL.....	4500
POLICY ISSUANCE.....	5000
MEDICAL SERVICES.....	5500
ANCILLARY SERVICES.....	6000
OTHER HOSPITAL/PATIENT RELATED SERVICES.....	6500
LEGAL.....	7000
HIPAA.....	7500
INFORMATION SECURITY.....	7700
MANAGED CARE.....	8000
COMPLIANCE.....	8500
MEDICAL.....	9000
COMMUNICATIONS.....	9500
EMERGENCY MANAGEMENT.....	9700
RESEARCH.....	10000

**ATTACHMENT B**

**SAMPLE POLICY IDENTIFICATION FORMAT**

LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA

POLICY NUMBER:

CATEGORY:

CONTENT:

(ATTACHMENT:)  
(AUTHORITY:)  
(REGULATION REFERENCE:)

EFFECTIVE DATE:

(BACKGROUND:)

INQUIRIES TO:

Approved: \_\_\_\_\_  
Initiating Unit Head

\_\_\_\_\_  
Interim Chief Executive Officer  
LSU Health Care Services Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Chief Executive Officer  
LSU Health Care Services Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer  
LSU Health Care Services Division

\_\_\_\_\_  
Date

Issued: March 20, 1996  
Revised: June 23, 2006  
Reviewed/Revised: September 27, 2007  
Reviewed: July 8, 2009  
Reviewed: June 10, 2010  
Reviewed: June 2, 2011

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ATTACHMENT C

SAMPLE POLICY

LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA

POLICY NUMBER: 4531-11

CATEGORY: Human Resources

CONTENT: Administrative On-Call Policy

EFFECTIVE DATE: March 10, 2008

REVIEWED: March 10, 2009

REVIEWED/REVISED: March 10, 2010

REVIEWED: March 10, 2011

INQUIRIES TO: Human Resources  
LSU- Health Care Services Division  
Kirby Smith Hall  
Post Office Box 91308  
Baton Rouge, LA 70803  
Telephone: 225-922-2277

Fax: 225-922-\_\_\_\_\_

\_\_\_\_\_  
Chief Executive Officer  
LSU Health Care Services Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Chief Executive Officer  
LSU Health Care Services Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Administrator  
LSU Health Care Services Division

\_\_\_\_\_  
Date

Issued: March 20, 1996  
Revised: June 23, 2006  
Reviewed/Revised: September 27, 2007  
Reviewed: July 8, 2009  
Reviewed: June 10, 2010  
Reviewed: June 2, 2011

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## ATTACHMENT D

### **LSU HEALTH CARE SERVICES DIVISION ADMINISTRATIVE ON-CALL POLICY**

- I. Policy Statement: It is the policy of the LSU- Health Care Services Division (HCSD) to provide administrative coverage at its facilities after normal operating hours and on weekends. It is, further, the policy of the HCSD to compensate its employees in a fair and equitable manner for services performed on behalf of the Agency.

NOTE: Authority is in accordance with Civil Service Rule 6.28(b)

- II. Applicability: This policy shall apply to classified employees in all facilities within the HCSD.
- III. Responsibilities: It shall be the responsibility of each Acute Care Hospital Administrator to establish written procedures for an internal Administrative On-Call Rotation for their hospital.
- IV. Procedure: Written procedures will include at a minimum the following:
- A. A list of positions that will serve as "administrator on-call". No administrative staff will be on-call more than once in a three-week period.
  - B. An established time frame each "administrator on-call" will be responsible. To include at a minimum the following:
    - 1. Must wear a beeper at all times during the on-call period.
    - 2. Must be able to return to the facility within a 45-minute time frame if needed.
    - 3. Must return phone calls within 15 minutes of being paged.
- V. Compensation: Administrator on-call will be compensated as follows:
- At a rate NTE \$2.25 per hour for each hour the employee is serving on-call, or the equivalent value in compensatory time. NOTE: Refer to Civil Service General Circulars No. 929 and No. 1110
- VI. Exceptions: Requests for exception to this policy shall be submitted in writing to the HCSD Human Resource Department for approval by the Chief Executive Officer.



ATTACHMENT F

SAMPLE POLICY ISSUANCE FORM II

\_\_\_\_\_  
DATE

MEMORANDUM

TO: Chief Executive Officer, Health Care Services Division  
Deputy Chief Executive Officer, Health Care Services Division

FROM: Angela Gooden, Health Care Services Division Policy Issuance

RE: Finalized Policy

The attached finalized policy and/or procedures, \_\_\_\_\_, was reviewed and approved by, Leadership Staff, Hospital Administrators, Hospital Compliance Officers and Policy Coordinators, except as indicated in the attached comments ( pages).

The comments were sent to the Initiating Unit. They have incorporated the comments into the draft or indicated the reasons why the comments were not incorporated (\_\_\_ pages attached). The Initiating Unit is \_\_\_\_\_, if you have questions regarding these decisions.

Major provisions for this new/revised policy are:

\_\_\_\_\_

If you do not approve, please attach comments and return to Policy Issuance. If you approve, please sign the policy and forward the package to Policy Issuance, to distribute the finalized policy and attachments.

Please return all materials to Policy Issuance.

AG/ap  
Attachments

**SAMPLE MEMORANDUM**

**TO:** Kathy Townsend                      Lanette Buie                      Dr. Roxane Townsend  
Director                                      Deputy CEO                      Interim CEO  
Human Resources

**FROM:** Angela Gooden, Executive Project Manager/Officer

**RE:** Policy No. 4531-11- Administrative On-Call Policy

**DATE:** February 1, 2011

Attached for your signature, is reviewed policy 4531-11-“Administrative On-Call”. In compliance with our yearly review of policies, this policy and been reviewed by the lead and per written notice, no subsequent changes have been made to the policy since the last revision date.

Kathy please review, sign and pass to Lanette Buie for her signature. Lanette once you have signed same please forward to Dr. Roxane Townsend for her review and signature. Dr. Townsend upon your signature, please return to me for further dissemination. Thank you.

Attachments

## SAMPLE MEMORANDUM

**TO:** Lanette Buie                      Dr. Roxane Townsend  
Deputy CEO                              Interim CEO

**FROM:** Angela Gooden, Executive Project Manager/Officer

**RE:** Policy No. 8514-11-False Claims Acts (FCA) Policy

**DATE:** January 13, 2011

Attached for your signature, is new policy 8514-11, "False Claims Act (FCA)". The purpose of this policy is to comply with the Deficit Reduction Act of 2005. This policy will assist Louisiana State University Health Care Services Division (LSU HCSD) employees, medical staff, vendors, and Business Associates (personnel) to understand the provisions of the federal and state laws regarding submitting a false claim for reimbursement and all the associated implications, as well as to inform all personnel of their right to report violations of federal and state law.

It is the policy of LSU HCSD to submit only claims that are complete and accurate in all respects, thus avoiding the submission of false claims. Detailed information regarding both state and federal false claims laws is provided in Attachment I to this policy.

LSU HCSD personnel should also be aware that they may notify the government themselves if they believe the hospital does not respond appropriately when given notification of a potential violation. LSU HCSD is prohibited from taking any adverse actions whatsoever against the employee or clinician should said person notify the government directly. [Refer to the Code of Conduct and 8505-11 Whistleblower & Non-Retaliation policy].

All personnel responsible for any part of a claim submission shall be familiar with this policy and the information in Attachment I. Anyone found to be in violation of this policy will be subject to disciplinary action, up to and including termination of employment or services.

Lanette please review, sign and pass to Dr. Townsend for her signature. Dr. Townsend upon your signature, please return to me for further dissemination. Thank you.

## SAMPLE EMAIL REQUEST-ANNUAL POLICY REVIEW

Policy issuance is requesting each HCSD lead, review each of the policies within their policy categories. This review will be considered our annual policy compliance review. Each year, we will conduct a review in compliance with state and federal reporting agencies. If the policy within your section "stands as written", (no changes are to be made to the existing policy), please complete and date the below *Acknowledgement of Review* form as noted and forward to Policy Issuance c/o Angela Gooden.

If based on the review, the policy will need to be updated, amended, revised, etc., please notify me via email so the proper revisions can be made to the existing policy and pursuant to LSU HCSD 5001-11, *Policy Issuance Policy*, routed through the policy issuance process.

We are requesting the below *Acknowledgement of Review* form be completed for **each** policy within your category. All *Acknowledgement of Review* forms will need to be forwarded to me on or before **Monday, May 16, 2011**. You may contact me at 225-922-1221 for further questions. We thank you in advance for your compliance.

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Issued: March 20, 1996  
Revised: June 23, 2006  
Reviewed/Revised: September 27, 2007  
Reviewed: July 8, 2009  
Reviewed: June 10, 2010  
Reviewed: June 2, 2011

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### **Sample Memorandum and Acknowledgement of Review of LSU HCSD Policy**

In compliance with CMS/JCAHO guidelines, we are requesting each policy lead review each policy within their respective departments and provide written acknowledgement the policy has been reviewed in its entirety and there are no changes to the existing LSU HCSD policy (example- 8502-11).

If any changes to the existing policy are required, the policy lead will need to contact Policy Issuance, Angela Gooden, (225) 922-1221 in order to update, amend, and revise the existing policy and begin the policy issuance process.

Policy Issuance is requesting you review your section's policies in their entirety and provide acknowledgement of review on or before Monday, May 16, 2011. If you have any questions or need additional information, you may contact Angela Gooden at 225-922-1221.

#### **Acknowledgement of Review of LSU HCSD Policy**

The following policy has gone through the required review, comment, posting and dissemination periods and by signature has been approved by LSU HCSD policy lead and CEOs. The policy is posted on the LSU HCSD website for review.

I have reviewed LSU HCSD Policy \_\_\_\_\_ and as of \_\_\_\_\_, \_\_\_\_\_, 2011, there are no changes, amendments, revisions at this time.

\_\_\_\_\_  
Signature of Policy Lead

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Policy Lead

\_\_\_\_\_  
Policy Issuance

\_\_\_\_\_  
Date

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Issued: March 20, 1996  
Revised: June 23, 2006  
Reviewed/Revised: September 27, 2007  
Reviewed: July 8, 2009  
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