Minutes from February meeting were unanimously approved. President Raben then provided an overview of the last Faculty Senate meeting.

Dean’s Update: Construction has begun on the new Anschutz Health Sciences Building. There were reports in the first two weeks of exhaust fumes in RC2. This was mitigated by an exhaust system and other processes. The search for the next chair of BMG has a finalist coming the first week in April, and they may be able to wind up that recruitment fairly soon. The search for Jane Schumaker’s replacement may be wrapping up soon, with the preferred finalist in next week, and we will hopefully conclude that search as well. This past Friday was Match Day, and all but two found out where they will be training next year, and the residency programs found out who their interns will be. All resident positions were filled. All but two medical students matched into programs. The Admissions Office finished the interview process and acceptances for the class of 2023. A second look day for accepted applicants will be in the next month when they have to pick one. We will have a better sense after that day. Last month, the Board of University of ColoradoHealth System approved the inpatient tower, and prep work will begin over the summer, with serious construction in the fall. They must do re-engineering of the Emergency Department. Children’s Hospital in the Springs will open the third week of May, and Highlands Ranch Hospital will open at the end of the first week of May.

QUESTION: Is there an update on the DHHA patient referral patterns? ANSWER: Leadership at DHHA has an agreement with St. Joes for Radiation Oncology referrals. The rationale is apparently that they attempted to refer a patient who our faculty saw for therapy because the patient was an undocumented immigrant without health insurance. They supposedly could not access services at University Hospital. St. Joe’s has agreed to treat that category of patients, no questions asked, so they are moving Radiation Oncology referrals to St. Joes. Also, there is a neurosciences partnership with St. Joes. It may involve some of their neurosurgeons providing clinical services at St. Joe’s.

Michelle Martinez, Director of Strategic Benefits Initiatives, provided an update on employee benefits. Open enrollment this year will be passive. Almost all options default to current options if no action is taken. However, you must re-enroll in spending accounts. Open enrollment will begin April 22 and will end May 10. There will not be a lot of changes, just a few minor changes. Paid parental leave was rolled out July 1, 2018, which allows for 4 weeks of paid leave for new parents. It was driven by faculty council and staff council groups. Each campus has their own way of administering that policy. Look on your campus to find direction on that policy. Information is also available on the Employee Services website. On the AMC/UCDenver campuses, 326 employees have utilized the program so far; it is very popular. You can now use paid parental leave during the 29-day waiting period, but once you receive your disability benefit, it will offset any leave you are receiving. The benefits office will walk employees through this. There is some careful coordination that needs to go on.

Employees who need guidance and assistance when in any crisis can contact the Real HELP HOTline. Examples of assistance provided include divorce, financial crisis, or if a child is being bullied. A lot of employees don’t know the difference between a psychiatrist and a psychologist. They often call the number on the back of the insurance card, and may not get the help they need. The crisis counselor’s that are available on the hotline are aware of our health plans and will direct you to what you need. If
you don’t use our health insurance, they will direct you to whatever resource is appropriate. They will walk you through the appropriate steps and help you to access that care until you get to that care. Michelle has used it, and the guidance was amazing. You do not have to be a member of our health plans to utilize the program.

Biometric screenings are available through April 17. You can go to the website and sign up. If you are a CU health plan member and you see a CU Medicine physician, it will connect you with a primary care physician. Along with parental leave benefits, Employee Services implemented an app called OVIA. It provides info on fertility, pregnancy and parenting. The OVIA app is helpful as folks progress through fertility questions, pregnancy, raising children. There is also a program available called MOVE. We are not using it as much as we should. If you enroll and move 30 minutes a day for 12 days in a month, you receive $25 per month. There are also several weight management classes and courses, including Naturally Slim. There will be a new program rolling out for 10 weeks for CU Health Plan members. It teaches you when and how to eat. We also offer Zipongo, another app that helps you with purchasing food, recipes, which is available at no cost. We also have Armada, which targets the population at risk for diabetes and has proven to be successful for employees.

With respect to retirement plans, including 401A and 403B retirement plans, with the help of the faculty councils, we conducted a survey. We wanted to see what they were using, what they understood. What was key is that there’s not enough education about retirement plans and investing. The goals this year were focusing on educational series for employees. Employees will come to Employee Services, and they will receive one-on-one counseling. Employee Services also rolled out Healthy, Wealthy and Wise. Employee Services will get a group together, any time of day, and provide educational series and talks, which is also for PERA participants. There are talks about what the health plans offer. These opportunities are a direct result of the faculty survey. They will continue to look at the survey and provide more information, as well as provide the survey results. Employees want a ROTH option, so that is a goal this year, with an implementation goal of 1/1/2020.

QUESTION: Does re-enrollment in HSA occur every year? ANSWER: No, you can move around any time. Open enrollment is a good time to do that, but you don’t have to re-enroll. The limits do change every year though.

QUESTION: Is paid parental leave applicable to both mothers and fathers? ANSWER: Yes, and there are a lot of males taking the leave.

QUESTION: Are costs per plans pretty stable? ANSWER: They are running quite well. We haven’t had much of an increase. We do anticipate good news again, but don’t know the rates yet. This week they will be looking at all the data, and they will get that out as soon as possible.

QUESTION: Is all of this info on the employee benefits website? ANSWER: Yes, the employee services website.

Liz Kissick, Vice President for Payor Relations and Network Development, summarized the new contract management operation. It is a combination of a tool, people and process. The new process is for professional services contracts and agreements, not research or education. The end-to-end process includes drafting and executing the contract, bill collection, and distributing the reimbursement for those contracts. The scope of work has grown significantly in the last 3 years, which is due to the
excellence of our faculty and their engagement with industry. Annual revenue from these contracts is $300 million. Clinical practice income is $0.7 billion. The volume of these contracts is 2,400 annually. To manage that size, we invested in a team, which involved integrating staff and implementing a new tool. Contract Logics is the new tool, which is a publically created company. We are requesting design changes. While we are having the technology developed, we are focusing on team and process. We have an automated workflow. All contracts are routed inside the system in an automated fashion. The system won’t manage billing and collecting. Now, we will have a repository of all agreements and we will integrate with Docusign. By having a repository and automated workflow, will be able to track where contracts go. Egynte is the temporary solution while the permanent technology is being developed. It is a file sharing system. All departments have folders, and they do have visibility and tracking on all contracts. We need departments to onboard these agreements inside CU Medicine.

QUESTION: In your experience, over the last 24 months, what percent are rejected by the standard clauses? ANSWER: My guess is that the percentage accepting our template is 25-30%. We are starting to see higher percentage of acceptance. We are trying to get master agreements in place as well.

QUESTION: How can we fix our templates to facilitate less work for them? ANSWER: We did do work around master agreements with entities like DHHAs. Getting that with pharma is harder. Pharma has different divisions that want their own paper. Even with a master agreement, educating pharma that there was a master is difficult. That may not happen this year. We are having problems where contracts are fully finalized and then the third party doesn’t sign and return. Billing will be outside of the new system.

Process expectations – there is improvement, but we are not all the way done. We have been capturing data. There are 30-50 new agreements per week, 10% marked as urgent, some with less than 24 hours’ notice. The current turnaround is a mean of 29 days and a median of 21 days. Other entities’ turnaround has been, at the shortest, 30 days.

Training – there has been extensive training within departments. Over 190 staff attended, and the information was well disseminated. We offered a quick reference guide.

Focus on streamlining – there are lots of opportunities to explore optimizing processes.

Adequate lead time is 4 weeks. We need all materials in advance, and we need everyone to be responsive to questions.

QUESTION: What is the expected date for the new system? ANSWER: There isn’t a date yet, but we are working on some development related to dept and division structures, which is causing the most challenges. We are looking for “August-ish,” but that date is not quotable.

Dean Reilly added – while we are sympathetic to timelines, there is no way that 15% are urgent. People need to realize that the more people abuse the urgent system, the more it gums up the works. We need to be reasonable - 95% faculty are reasonable.

QUESTION: One issue is contracting with research advisory boards with European companies. Sometimes they don’t send invoice checks; they provide direct deposit. Is that an option?
ANSWER: We are more than willing to give CU Medicine banking info for a wire transfer. Do not give them your own banking info. If it is not in the contract and they ask for it, we give it. We will give it automatically if it is in the contract.

Dean Reilly added – we are going to crosswalk contracts with COI and with Propublica data. If you have a contract through a corporate entity, you will appear in public databases.

QUESTION: What about taxes? Why is it important to come through CU Medicine? ANSWER: It’s your MPA that mandates that the contract come through CU Medicine.

Dr. Lowenstein added – when you run the income through CU Medicine, you don’t have to deal with 1099s. The taxes are a wash with the fees. There is then no issue with a 1099, indemnity, retirement contributions. Those are the pluses.

The meeting adjourned at 5:30 p.m.

Respectfully submitted,

Cheryl Welch for Faculty Senate Secretary