

**Thursday, March 2, 2017**  
**9:30 a.m.-11:30 a.m.**  
**LIB 302**

**I. Call to Order**

**II. Introduction of Members**

[P = Present    E = Excused    X = Absent]

**2016-2017 UAA Staff Council Membership**

	Term:	H/S		Term:	H/S
* <a href="#">Liz Winfree</a> (Co-President) <i>Center for Human Development – COH</i>	16-18	H	<a href="#">Kim Heidemann</a> <i>Allied Health</i>	16-18	H
* <a href="#">Ryan Hill</a> (Co-President) <i>Residence Life</i>	15-17	S	~ <a href="#">Regg Henson</a> <i>Accounting Services</i>	16-18	H
* <a href="#">Brenda Levesque</a> (Co-Vice President) <i>College of Health</i>	15-17	H	* <a href="#">Betty Hernandez</a> <i>University Advancement</i>	15-17	S
* <a href="#">Sandy Gravley</a> (Mat-Su) <i>Student Services</i>	16-18	S	* <a href="#">Kathy Lardner</a> <i>College of Education</i>	16-18	H
<a href="#">Brian Blevins</a> <i>Parking Services</i>	16-18	H	* <a href="#">Zlata Lokteva</a> <i>College of Engineering</i>	16-18	H
* <a href="#">Ian Bushell</a> (Kodiak) <i>Technology Services</i>	15-17	H	~ <a href="#">Doug Markussen</a> <i>Risk Management</i>	15-17	S
* <a href="#">Kendra Conroy</a> <i>Business Enterprise Institute</i>	16-18	S	* <a href="#">John Moore</a> <i>College of Arts &amp; Sciences</i>	15-17	S
<a href="#">Julie Cotterell</a> (KPC) <i>Admissions &amp; Student Records</i>	16-18	H	~ <a href="#">Dave Robinson</a> <i>Financial Services</i>	16-18	H
<a href="#">Weston Davey</a> (PWSC) <i>Accounts Receivable</i>	16-18	H	* <a href="#">Erin Pikey</a> <i>Student Financial Assistance</i>	16-18	H
* <a href="#">Danielle Dixon</a> <i>Student Advising, College of Health</i>	15-17	H	<a href="#">Teresa Kimmel</a> <i>Human Services</i>	17	S
			<a href="#">Hillary Haslip</a> <i>Bookstore</i>	17	S

\*=Committee Member

~=Alternate Committee Member

**III. Approval of the Agenda** (pg. 1-3)

**IV. Approval of the Summary** (pg. 4-7)

**V. President's Report**

- A. Guest speakers
  - i. UAA 2020 Update
- B. PBAC Update
- C. Committee Discussion
  - i. Marketing & Communication
  - ii. Volunteers (Italicized Below)
  - iii. Recognition & Emeritus
  - iv. Events Committee?
- D. Summer Session
- E. Elections

**VI. New Business**

- A. Confirmation of Appointees
  - i. Replacement for E. Pierce
  - ii. Replacement for C. Triplett

**VII. Topics of Staff Concern**

- A. Staff Morale Survey (annual?)

**VIII. Old Business**

- A. Healthyroads – survey update
- B. Hot Topics / Mail Chimp usage

**IX. UAA Staff Council Committees**

- A. *Wellness Committee* (Reporter: \_\_\_\_\_)  
(Representatives: Sandra Gravley)
- B. *Communication Committee* (Reporter: \_\_\_\_\_)  
(Members: Kendra Conroy, Brenda Levesque, Erin Pikey)  
*No Report*
- C. *Marketing Committee* (Reporter: \_\_\_\_\_) (pg. 8-12)  
(Members: Betty Hernandez, Zlata Lokteva)
  - I. Chat with the Council
  - II. SC Brochure
- D. *Staff Emeritus Status Committee* (Reporter: \_\_\_\_\_)  
(Representatives: Danielle Dixon, Betty Hernandez, Ryan Hill)
  - I. Updated charge
- E. *Staff Recognition Committee* (Reporter: \_\_\_\_\_) (pg. 13-14)  
(Members: Betty Hernandez, Zlata Lokteva)
  - I. Staff Recognition Award
- F. *Ad Hoc: Definition of Full Time Status* (Reporter: \_\_\_\_\_)  
(Members: Erin Pikey, Danielle Dixon, John Moore)

**X. UAA Campus Committees**

- A. *Development Day*  
(Representative: vacant)
- B. [Diversity Action Council](#)  
(Representative: Ryan Hill)
- C. [University Assembly](#)  
(Representatives: Liz Winfree, Ryan J. Hill, Brenda Levesque, Betty Hernandez. Alternate: Danielle Dixon, John Moore)
- D. [Facilities Space and Planning](#)  
(Representative: Zlata Lokteva)  
*No Report*
- E. [Campus Safety Committee](#)  
(Representative: Ian Bushell. Alternate: Doug Markussen)

- F. [Institutional Self Study](#)  
(Representative: Ryan Hill)

**XI. UA Staff Alliance Committees**

- A. [Staff Alliance](#) (pg. 15-17)  
(Representatives: Liz Winfree and Ryan J. Hill)
  - I. Staff Emeritus
  - II. Google Mail
- B. [Staff Health Care Committee](#) (pg. 18-36)  
(Representatives: Liz Winfree, Brenda Levesque and Danielle Dixon. Alternates: Dave Robinson)
  - I. EviCore
- C. [Joint Health Care Committee](#)  
(Representative: Liz Winfree)
- D. Staff Compensation Committee  
(Representatives: John Moore and Kathy Lardner. Alternate: Regg Henson)
- E. *Morale Committee*  
(Representatives: Dave Robinson)

**XII. Open Forum**

**XIII. Adjourn:**

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P	* <a href="#">Ryan Hill</a> (Co-President) <i>Residence Life</i>	15-17	S	P	~ <a href="#">Regg Henson</a> <i>Accounting Services</i>	16-18	H
P	* <a href="#">Brenda Levesque</a> (Co-Vice President) <i>College of Health</i>	15-17	H	P	* <a href="#">Betty Hernandez</a> <i>University Advancement</i>	15-17	S
P	* <a href="#">Sandy Gravley</a> (Mat-Su) <i>Student Services</i>	16-18	S	P	* <a href="#">Kathy Lardner</a> <i>College of Education</i>	16-18	H
P	<a href="#">Brian Blevins</a> <i>Parking Services</i>	16-18	H	P	* <a href="#">Zlata Lokteva</a> <i>College of Engineering</i>	16-18	H
P	* <a href="#">Ian Bushell</a> (Kodiak) <i>Technology Services</i>	15-17	H	E	~ <a href="#">Doug Markussen</a> <i>Risk Management</i>	15-17	S
P	* <a href="#">Kendra Conroy</a> <i>Business Enterprise Institute</i>	16-18	S	P	* <a href="#">John Moore</a> <i>College of Arts &amp; Sciences</i>	15-17	S
?	<a href="#">Julie Cotterell</a> (KPC) <i>Admissions &amp; Student Records</i>	16-18	H	P	~ <a href="#">Dave Robinson</a> <i>Financial Services</i>	16-18	H
P	<a href="#">Weston Davey</a> (PWSC) <i>Accounts Receivable</i>	16-18	H	P	* <a href="#">Erin Pikey</a> <i>Student Financial Assistance</i>	16-18	H
P	* <a href="#">Danielle Dixon</a> <i>Student Advising, College of Health</i>	15-17	H		<a href="#">Erika Pierce</a> <i>Human Resources</i>	16-18	S

\*=Committee Member

~=Alternate Committee Member

**I. Approval of the Agenda (pg. 1-3)**

APPROVED with changes noted on the attached.

**II. Approval of the Summary (pg. 4-7)**

Request from Liz Winfree that the December 1, 2016 Summary state that both Co-Presidents were not able to attend the meeting and the meeting was led by Ryan Hill and assisted by Brenda Levesque, Co Vice-Presidents. Motion to approve with change. APPROVED.

Following came the photoshoot of Staff Council from the UAA Photographer.



### III. President's Report

#### A. Guest speakers

- i. Director, Academic Affairs (John Dede) UAA 2020 Core Value review (Q&A) (pg. 8-9)

Also attending the meeting as a guest speaker was Susan Kalina tagging on to John Dede's presentation on UAA Core Values with UAA Accreditation/Self Study.

Discussion re the importance of these core values for the accreditation requirement and the process as it will relate to UA Strategic Pathways in meeting the UAA 2020 Core Values.

UAA Accreditation/Self Study has 5 core themes, see:

<https://www.uaa.alaska.edu/academics/office-of-academic-affairs/institutional-accreditation/mission-and-core-themes.cshhtml>

John Dede addressed the great response of the UAA 2020 survey with over 1500 respondents from faculty and staff. From the results of the survey they were able to determine 4 values:

Student Success

Excellence

Access

Affordability

Currently deans, directors, department heads lead their units in working through the development of goals.

Meeting for 2020 with Governance leaders on Feb. 17<sup>th</sup> to review smart goals and reduce to 6. Then UAA Cabinet to select 3-4 of the 6 in March 2017.

It was requested that Diversity be more prevalent in the values as well as staff and faculty employment ability.

How does 2020 integrate into Strategic Pathways, self-study with accreditation body, mission to fulfill these values.

The Diversity Action Plan will go to the Chancellor in June to be embedded within the Accreditation Report.

Motion to approve. Approved.

### IV. New Business

#### A. Proposed Resolutions

- i. Staff Recognition Award (update) (pg. 10-14)

UPDATE: Start advertising now. Process will be to receive nominations, committee selects top 3-5, doodle poll with Staff Council committee members 1 week before regular meeting.

### VII. Topics of Staff Concern

#### A. Staff Morale (continues)

- i. Dean/Directors survey – status?
- ii. Faculty Senate interaction

1. Send out a point survey how we view Deans & Directors – update

Motion to drop this survey. Approved.

#### B. Faculty Senate vote – no longer needed.

## VIII. Old Business

- A. Staff Emeritus – Staff Emeritus Resolution to Staff Alliance to vote.
- B. Google Mail – status – Google Mail Resolution & IT Survey results to Staff Alliance.
- C. Healthy Roads – survey update – move forward with a general satisfaction survey. Who utilizes, who doesn't, who utilizes just for refund?
- D. Ad Hoc Committee: Enrollment Management reduction in work hours (Erin Pikey)  
A resolution needs to be drafted to go forward to Board of Regents to change policy to allow full-time status at 37.5 hours per week.
- E. Staff Recognition Award update  
Already covered.
- F. January – no meeting – precedence  
It was decided that a January meeting should be held in the 2<sup>nd</sup> week of the month.
- G. Hot Topics / Mail Chimp usage  
Liz is still working on trying to get training.
- H. Chat with the Council event – status from Marketing
- I. Case Notes – update (~~Betty~~) (Brenda) Requested that Case Notes comes back or a similar format. Was told they are working on that.
- J. Retreat planning – i.e. duration  
Will go back to a full-day and provide more of an orientation on what governance is and where Staff Council fits in the organizational hierarchy.
- K. Member voting on new members – discussion?
- L. Vacancies: (Erika Pierce) procedure
- M. SC brochure update – Completed. Will have printed and posted to SC website.
- N. NWCCU Accreditation (OAA) (pg. 15-16)

## IX. UAA Staff Council Committees

- A. Wellness Committee – No Update  
(Representatives: Sandra Gravley, Erika Pierce)
- B. Communication Committee (pg. 17-18) Report attached.  
(Members: Kendra Conroy, Brenda Levesque, Erin Pikey)
- C. Marketing Committee (pg. 19-22) Report attached.  
(Members: ~~Kendra Conroy, Brenda Levesque, Erin Pikey~~  
Betty Hernandez and Zlata Lokveta)
- D. Vision Statement Development Committee (pg. 23) – Task completed.  
(Representatives: John Moore, Ryan Hill)
- E. Staff Emeritus Status Committee – Resolution to Staff Alliance.  
(Representatives: Danielle Dixon, Betty Hernandez, Ryan Hill)
- F. Staff Recognition Committee  
(Members: Betty Hernandez and Zlata Lokveta)

**X. UAA Campus Committees**

- A. Development Day – on hold until confirmation of budget  
(Representative: vacant)

A report from Betty Hernandez that Development Day will move forward with the same budget as last year. Now in the hands of Human Resources.

Discussion by Staff Council on what might be possible to coordinate in such a short timeframe.

- B. Diversity Action Council (pg. 24-29) **Report Attached.**  
(Representative: Ryan Hill)
- C. University Assembly – **No meetings have been held.**  
(Representatives: Liz Winfree, Chris Triplett, Brenda Levesque, Betty Hernandez. Alternate: Danielle Dixon, John Moore)
- D. Facilities Space and Planning (pg. 30-31) **Report attached.**  
(Representative: Zlata Lokteva)
- E. [Campus Safety Committee](#) (pg. 32) **Report attached.**  
(Representative: Ian Bushell. Alternate: Doug Markussen)
- F. Institutional Self Study  
(Representative: Ryan Hill)

**XI. UA Staff Alliance Committees**

- A. [Staff Alliance](#)  
(Representatives: Liz Winfree and Chris Triplett)
- B. Staff Health Care Committee  
(Representatives: Liz Winfree, ~~Brenda Levesque~~ and Danielle Dixon. Alternates: **Brenda Levesque and Dave Robinson**)
- C. [Joint Health Care Committee](#)  
(Representative: Liz Winfree)
- D. Staff Compensation Committee  
(Representatives: John Moore and Kathy Lardner. Alternate: Regg Henson)
- E. Morale Committee  
(Representatives: Chris Triplett, Dave Robinson)

**XII. Open Forum**

**XIII. Adjourn**



## Marketing Committee March Report

Committee Members - Betty Hernandez and Zlata Lokteva

The committee would like to provide the Council an update on where they are at with the following goals:

- Staff Council Brochure - **COMPLETE**
  - Group photo was added to brochure (see attachment)
  - 250 Printed
  
- Staff Council Meet and Greet Event
  - April Ice Cream Social Event
    - 2 flavors - approximately \$90
    - Date - Discussion
    - Location - Discussion
      - ◆ RH Lobby or other suggestions
    - Time - 1:00-2:30 pm
    - Charges - Discussion
      - ◆ Staff - Free
      - ◆ Students - Free
      - ◆ Faculty/Public - \$1
    - Participation/Sign-Up (see attachment)
      - ◆ Set up - 12:30-1:00 pm - 2 volunteers
      - ◆ Serving/Greeting/Collecting Money
        - ▶ 1:00-1:30 pm - 4 volunteers
        - ▶ 1:30-2:00 pm - 4 volunteers
        - ▶ 2:00-2:30 pm - 4 volunteers
      - ◆ Clean up - 2:30-3:00 pm - 2 volunteers
    - Supplies
      - ◆ 2 tables
      - ◆ Ice chest/cooler
      - ◆ Ice
      - ◆ Bowls
      - ◆ Spoons
      - ◆ Napkins
      - ◆ Ice cream scoopers
      - ◆ Bowls with water for rinsing scoopers
      - ◆ Disposable plastic gloves
      - ◆ Clorox wipes
      - ◆ Toppings
      - ◆ Whip cream
        - ▶ Fudge
        - ▶ Nuts
        - ▶ Other?
    - Promotion Items
      - ◆ Brochure
      - ◆ Stylus pens
      - ◆ Cell phone holders
      - ◆ Staff Recognition Award Nomination Flyer

- July BBQ Social Event
  - ◆ Costs
  - ◆ Date
  - ◆ Location - Quad
  - ◆ Time - 12:00-1:30 pm
  - ◆ Charges
    - ▶ Staff - Free
    - ▶ Students - Free
    - ▶ Faculty/Public - \$7
  
- UAA Development Day Update
  - Spoke with Pat Shier on February 16. He inquired if there was anything else he needed from me regarding UAA Development Day. It appears he had not spoken with Ron Kamahale but indicated he would reach out to him.

I indicated that it is too late to start planning for this event. I recommended that this needs to be a commitment from Cabinet. It needs to be a set event such as Commencement. We need to know we will have it every year with a budget designated for the event. Planning for this event should start in October/November so the committee can coordinate, reach out to organizations for donations, contact potential presenters, etc.

- Staff Council Website
  - Revising layout - we will have an update for the next meeting



## BE INFORMED

### STAFF COUNCIL

[www.uaa.alaska.edu/governance/staff-council](http://www.uaa.alaska.edu/governance/staff-council)

### UA STATEWIDE GOVERNANCE

[www.alaska.edu/governance](http://www.alaska.edu/governance)

### OFFICE OF THE CHANCELLOR

[www.uaa.alaska.edu/chancellor](http://www.uaa.alaska.edu/chancellor)

### FACEBOOK

[www.facebook.com/uaastaff](http://www.facebook.com/uaastaff)

2017 UAA council representatives.

## GET INVOLVED

### JOIN THE COUNCIL

Representatives are elected in April and serve a two-year term. Nominations are solicited every spring and self-nominations are encouraged.

### ATTEND A MEETING

Council meetings are held on the first Thursday of the month during the academic year. Audio call-in is available for all meetings.

### MAKE A DIFFERENCE

If you would like to suggest or present an issue at a council meeting, contact the Governance Office or speak to a council representative.

# UAA STAFF COUNCIL

UAA is your workplace



UNIVERSITY of ALASKA ANCHORAGE™

### UAA Governance Office

3211 Providence Dr ADM 219, Anchorage AK 99508  
P 786-1994, F 786-6123, [uaa\\_governance@uaa.alaska.edu](mailto:uaa_governance@uaa.alaska.edu)

UAA is an affirmative action/equal opportunity employer and educational institution.



AMAZING STORIES  
BEING WRITTEN EVERY DAY.

[www.uaa.alaska.edu/governance](http://www.uaa.alaska.edu/governance)



## WHO ARE WE

The Staff Council is made up of dedicated staff members who care about UAA and want to ensure that it continues to be a great place for both employees and students alike.

The Council is a 21-member comprised of administrative, classified, professional, and technical employees of UAA and its community campuses.

## OUR PURPOSE

The Council serves as an advisory board, making recommendations to the Chancellor, Provost, and Vice Chancellors, as well as UA system administrators and Board of Regents.

We advocate and provide a voice and a means of feedback for staff concerns and important issues, including:

- University policies
- Compensation
- Health care benefits
- Advocacy/ Legislative updates
- Budget
- Campus facilities
- Safety
- Parking
- Sustainability
- UAA administrator searches

## MISSION STATEMENT

Our mission is to support staff by serving as the primary connection between staff and University leadership, providing a venue to participate in the governance process, and the dissemination of timely information.

## CORE VALUES

**EQUITY:** Ensuring the fair treatment of unrepresented staff.

**ADVOCACY:** Giving a voice to staff in decisions that impact the (UAA) community. We value open lines of communication and collaboratively working with leadership to improve the lives of staff at UAA.

**LEADERSHIP:** Facilitating forums to share best and promising practices as well as development opportunities to benefit staff and meet the needs of the UAA community.

**RECOGNITION:** Highlighting the work and contributions of staff, and telling the story of what we are doing to support student success, retention, and the University mission.

## STAFF RECOGNITION AWARD

The UAA Staff Council would like to recognize those staff who go the extra mile. There are many ways staff may contribute to the success of UAA. This may include a suggestion or action approved and implemented by management that improves a process, outstanding customer service, and/or when a staff member has gone above and beyond in their regular work assignment or a special project.

For information regarding the award or nominate an individual visit the Staff Council website at [www.uaa.alaska.edu/about/governance/staff-council](http://www.uaa.alaska.edu/about/governance/staff-council).





**Staff Council**  
UNIVERSITY of ALASKA ANCHORAGE

**April Ice Cream Social  
Sign Up Sheet**

12:30-1:00 pm

Set Up

\_\_\_\_\_

1:00-1:30 pm

Serving/Greeting/Collecting Money

\_\_\_\_\_

\_\_\_\_\_

1:30-2:00 pm

Serving/Greeting/Collecting Money

\_\_\_\_\_

\_\_\_\_\_

2:00-2:30 pm

Serving/Greeting/Collecting Money

\_\_\_\_\_

\_\_\_\_\_

2:30-3:00 pm

Clean Up

\_\_\_\_\_





## **Staff Recognition Committee March Report**

Committee Members - Betty Hernandez and Zlata Lokteva

The committee would like to provide the Council an update with the Staff Recognition Award.

- Test Pilot
  - 8 nominations received as of noon on February 27
  - Deadline for submissions > Friday, March 3
  - Metrics (see attachment)
  - Top three choices will be submitted to Monique > Friday, March 10 (or sooner)
  - Staff Council review top three and submit top choice to Monique > Friday, March 17
  - Committee will prepare letter and certificate to for signatures and present to awardee as well as send out letters to nominees > no later than Friday, March 24
  - Committee will review process and make any necessary changes
  
- Submission of Nominations
  - The committee initially recommended awarding an individual each month. However, we have staff who go off contract in the summer. Our question to the Council, do we want to award during the summer months or September through May?
  
- Next Steps
  - Post awardee on the Staff Council website
  - GSS to print flyers
    - Quantity - 130 copies
    - Cost - \$33.10
    - May request to print more to have flyers available at the April social event
  - Mailroom will distribute flyer to all departments on their route
  - HTML announcement to be sent to all faculty and staff
  - Post announcement in Seawolf Daily

# Staff Recognition Award Nominations Scoring Rubric

## Rating Scale

- 4 = The nominated individual has gone above and beyond the baseline criteria for this award.  
 3 = The nominated individual actions accurately reflect the spirit of the award. The nominee has met the baseline criteria for this award.  
 2 = The criteria selected for the nominee kind of fits. This may be due to lack of information provided by the nominator.  
 1 = The criteria does not fit the individual or lack of information provided by nominator.  
 0 = Shows no evidence and/or not clearly stated..

<b>Nominee's Name</b>					
<b>Criteria Being Nominated</b>					
<b>Campus</b>					
<b>College/Department/Section</b>					
<b>Staff (Yes/No)</b>					
<b>Criteria fits Nomination</b>					
<b>Statement Clearly Describes Reasons for Consideration</b>					
<b>Individual has gone Above and Beyond than what is Normally Expected</b>					
<b>Individual made an Impact</b>					
<b>Degree of Professionalism</b>					
<b>Committed to Success of College/Department/Program/University</b>					
<b>Total Points (24 possible)</b>					



UNIVERSITY  
of ALASKA  
*Many Traditions One Alaska*

## Agenda

### Staff Alliance

Wednesday, February 22, 2017 10 a.m. – 12 p.m.

[Google Hangout](#) Audio call-in: 1-855-280-1855

(Please mute unless speaking.)

#### 1. Call to Order and Roll Call

##### Voting Members

Nate Bauer, President, UAF Staff Council 2016-2017; 2016-2017 Alliance Chair

Kolene James, President, UAS Staff Council 2016-17; 2016-2017 Alliance Vice Chair

Ryan Hill, Co-President, UAA Staff Council 2016-17

Eric Johnson, President, SAA 2016-2017

Gwenna Richardson, Vice President, UAS Staff Council 2016-17

Chrystal Warmoth, Vice President, SAA 2016-2017

Samara Taber, Vice President, UAF Staff Council 2016-2017

Liz Winfree, Co-President, UAA Staff Council 2016-2017

##### Staff

Morgan Dufseth, Executive Officer, System Governance

##### Guests

James R. Johnsen, President, University of Alaska

- President Johnsen is in Juneau meeting with legislators regarding the budget and future of the university system. The senate seems to be moving in the direction of approving the governor's budget, but the house wants to see the university's budget cut. President Johnsen is also speaking with legislators about the issue of land being withheld from the university that they are entitled to under the status of land grant.
- President Johnsen spoke to Strategic Pathways. He said he feels that many

improvements were made during the second round, including slowing the process down and incorporating more feedback and stakeholders. Open forums for public comment are being held on each campus for each of the areas being reviewed in the second round.

- President Johnsen spoke to the findings of the Office of Civil Rights compliance review in regards to our Title IX efforts. President Johnsen is committed to prioritizing Title IX compliance, and will be diverting more funds to these offices.

## 2. Adopt Agenda LSEP

### 2.1. Approve January Retreat Minutes

## 3. Chair's Report

Nate Bauer

LSEP

## 4. Public and Guests Comment LSEP

### 4.1. President Johnsen will join at 10:30 a.m. LSEP

## 5. Staff Alliance Committee Reports

### 5.1. Staff Health Care Committee LSEP

### 5.2. Compensation Committee LSEP

### 5.3. Governance Process Committee LSEP

- A regent has asked for a comprehensive review of the UA governance system. We will be receiving more information at a later date.
- The regents accepted public testimony via conference call on February 21, 2017 from 4:00 pm – 6:00 pm. The next meeting of the Board of Regents will be in Anchorage March 2-3, 2017.
- More information can be found here: <http://www.alaska.edu/bor/public-testimony/>

### 5.4. Morale Committee

LSEP

## 6. External Committees

### 6.1. System Governance Council LSEP

### 6.2. Student Services Council LSEP

### 6.3. Joint Health Care Committee

LSEP

## 7. New Business

### 7.1. Resolution re: Google Email

- Alliance members asked that the authors resubmit the resolution after researching and providing more information in the following areas:
  - The impact of the transition on staff workloads and morale
  - The cost of maintaining both Outlook and Gmail servers
  - The issue of FERPA and HIPPA compliance
  - Data from the morale and ITS surveys
- The Co-Presidents will be meeting with UAA's Interim Chief Technology Officer to discuss these issues.
- This resolution will be resubmitted at the next Alliance meeting.

### 7.2. Resolution re: Emeritus Staff

- Alliance members supported this resolution. Morgan Dufseth wanted to make some wording changes to the document, so it is being slightly revised currently. A vote will be called for this week. It is likely to pass.



### 7.3. UAF Staff Volunteer Days Proposal

## 8. Ongoing Business Topics

### 8.1. Strategic Pathways Phase II Feedback

### 8.2. Compensation Recommendation

## 9. Roundtable discussion

## 10. Adjourn



Brenda Levesque &lt;bllevesque@alaska.edu&gt;

## SHCC meeting note, call for feedback, and poll for next meeting

1 message

Morgan Dufseth &lt;mdufseth@alaska.edu&gt;

Thu, Feb 23, 2017 at 9:58 AM

To: Elizabeth Winfree <liz@alaskachd.org>, Gwenna Richardson <gjr Richardson@alaska.edu>, Chrystal Warmoth <cjwarmoth@alaska.edu>, Danielle Dixon <dmead1@alaska.edu>, Brenda Levesque <bllevesque@alaska.edu>, Dave Robinson <dvrobinson@alaska.edu>, Alesia Kruckenberg <amkruckenberg@alaska.edu>, Alison Hayden <abhayden@alaska.edu>, Danielle Nelson <dnelson15@alaska.edu>, Erika Van Flein <ervanflein@alaska.edu>, IAM David Bantz <db@alaska.edu>, Kayti Coonjohn <kfcoonjohn@alaska.edu>, Stacey Howdeshell <sahowdeshell@alaska.edu>, Susan Mitchell <sue.mitchell@alaska.edu>, Arthur Hussey III <amhusseyiii@alaska.edu>, Lesli Walls <ljjwalls@alaska.edu>, Wendy Miles <wjmiles@uas.alaska.edu>, Kate Govaars <kgovaars@alaska.edu>, Timothy Armbruster Sr <trambuster@alaska.edu>

SHCC members:

Please find attached notes from your Feb. 15 meeting.

As noted in the meeting notes, Erika Van Flein has asked for feedback regarding EviCore by March 8. Please send to me and I will compile for her.

Please use the below poll to provide your availability to meet. All provided dates are after the JHCC meets next on March 22. If you think the SHCC should be before then, please let me know.


<http://doodle.com/poll/gxrqcva7682htesd>


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**Morgan Dufseth, CAP | Executive Officer**  
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 Fairbanks, Alaska 99775-7780

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### 2 attachments

 **2017 02 16 SHCC minutes.pdf**  
88K

 **KM page on eviCore.pdf**  
269K



Minutes  
**Staff Health Care Committee**  
Wednesday, February 16, 2016  
2pm – 3pm  
1-866-832-7806, guest PIN 1266511  
(Please mute unless speaking.)

UAA

Danielle Dixon

UAS

Gwenna Richardson  
Wendy Miles

UAF

David Bantz (alt)  
Lesli Walls

SW

Alesia Kruckenberg  
Danielle Nelson (alt)  
Chrystal Warmoth

Members Absent

Brenda Levesque (alt)  
Dave Robinson (alt)  
Liz Winfree  
Kayti Coonjohn (alt)  
Stacey Howdeshell  
Susan Mitchell (alt)  
Arthur Hussey (alt)

Guests

Erika Van Flein

1. Roll call  
The meeting came to order at 2:06 p.m.
2. Adopt Agenda  
Alesia moved to adopt, seconded by Lesli. The agenda was adopted without amendment.
3. JHCC Update  
JHCC met on Feb. 18. Erika gave a review of the meeting. Lockton gave a report on medical utilization which shows a reduction in each category from last year—this isn't a

function of lower headcount but rather a reduction of actual services utilized. In-patient and large claims are down significantly so far for the year. Comparing this to last year, there were a couple accidents that were very costly and increased the ER costs; have not yet seen those types of claims this year.

Pharmacy – Specialty pharmacy is going to increase. Total drug cost also went up overall. Generic use is still holding steady. Would like to increase generic dispensing slightly.

Overall, good news for the University.

Maternity NICU program – If high risk pregnancy anticipated, the patient can opt for assessment for enrollment into program (totally optional). The program provides additional support and services to patient to help mitigate high risk issues. This is an issue due to increasing costs of premature/NICU births. UA is the last Premera member to join this program.

Best Doctors will not be renewed. Instead, Patient Care is being utilized.

EviCore—a physical therapy assessment program is being considered by the university. JHCC will vote on at their March meeting; if SHCC members have feedback, send to co-chairs by March 8.

JHCC health care review – FY18 rates discussion – Erika reviewed the health review presentation. Looking at FY18 rates, it does not appear rates will increase dramatically, if any at all. She expects to meet with UA executive team in the coming weeks to review the proposed plan

4. New Business

Health Savings Account – New information is expected to come out regarding that service. There have been enhancements to their website and changes to accounts. Holders of HSAs will receive direct communication from UA Benefits.

5. Roundtable

6. Adjourn

The meeting adjourned at 3:12 p.m.



# The Right Care at the Right Time

## Outpatient Rehabilitation Management



Premera Blue Cross Blue Shield of Alaska is dedicated to helping our members get the best care they need. Our Outpatient Rehabilitation Management Program helps members get the right care for their condition, avoiding unnecessary treatments and costs. Premera has partnered with eviCore\* to provide a medical-necessity review and authorization of treatment plans.

### What is it?

Our Managed Outpatient Rehabilitation Program is a review and approval process for treatment plans to ensure they adhere to accepted practice guidelines. The goal is to limit unnecessary treatments and cost. The program includes the review of physical therapy, occupational therapy, massage therapy, and some chiropractic services (except spinal manipulations).

### How does it work?



Members have an initial consultation with a doctor, which is covered based on their plan's benefits. The doctor creates a treatment plan and submits it to eviCore.



eviCore reviews and approves the plan if it meets clinical practice guidelines and requirements. If approved, the member receives care based on the treatment plan.



If denied, the provider can appeal or revise the treatment plan to align it with practice guidelines.

#### \*About eviCore

On behalf of Premera Blue Cross Blue Shield of Alaska, eviCore is an independent company which provides medical benefit management services. eviCore is a national leader with more than 20 years of experience managing medical benefits. eviCore is accredited by the Utilization Review Accreditation Commission and the National Committee for Quality Assurance.

Premera Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association

038425 (09-2016)



UPDATED: JUNE 8, 2016

## Outpatient Rehabilitation Services

### What is the change?

Premera Blue Cross Blue Shield of Alaska is implementing an authorization and medical necessity review process for outpatient rehabilitation services. Our goal is to ensure members receive high-quality, cost-effective care consistent with best practices.

### When is it effective?

Effective July 1, 2016, eviCore healthcare (previously known as CareCore National) will begin managing outpatient rehabilitation services for Premera.

### What is the impact?

Outpatient rehabilitation services (based on CPT, HCPCS or Revenue codes) from physicians, practitioners, and facilities will require a medical necessity review authorization through eviCore healthcare.

### What action do I need to take?

A full list of the outpatient rehabilitation codes for review is on the back of this News Brief and is also posted on our provider website at [premera.com/ak/provider/utilization-review/outpatient-rehabilitation/](http://premera.com/ak/provider/utilization-review/outpatient-rehabilitation/). If a physician, practitioner, or a facility provides outpatient rehabilitation services to a Premera member on or after July 1, 2016, the servicing provider needs to submit a treatment plan to eviCore healthcare for a medical necessity review authorization of services after the initial visit. eviCore healthcare will evaluate the treatment plan and determine medical necessity and respond to the request within two business days. For services found to be medically necessary, eviCore will provide an authorization/notification number and date range that will ensure prompt payment by Premera. Services that are not medically necessary will be denied. Claims submitted without an authorization will be reviewed retrospectively for medical necessity. Services denied as not medically necessary are provider liability for contracted providers.

**Starting June 17, 2016**, you can register with eviCore healthcare at [CareCoreNational.com](http://CareCoreNational.com) to create an account. To initiate an authorization for dates of service on or after July 1, 2016, contact eviCore healthcare:

- Online: Register starting June 17, 2016 at [CareCoreNational.com](http://CareCoreNational.com)
- Phone: Call 800-792-8751 from 7 a.m. to 7 p.m. local time Monday through Friday
- Fax: Send an eviCore healthcare request form (available online) to 800-540-2406

Share this News Brief in your office.

Check out [premera.com/wa/provider](http://premera.com/wa/provider) for Network News, online provider tools, and log in to sign up for email alerts.



BLUE CROSS BLUE SHIELD OF ALASKA

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In June, we'll add helpful links to assist you with eviCore healthcare's process for submitting a medical necessity review authorization, including a quick reference guide, guidelines, tutorial, and frequently asked questions on our provider website at [premera.com/ak/provider/utilization-review/outpatient-rehabilitation/](http://premera.com/ak/provider/utilization-review/outpatient-rehabilitation/).

If you have questions about this notification, call Physician and Provider Relations at 800-722-4714, option 4.

### List of Outpatient Rehabilitation Codes

Codes		
<b>Current Procedural Terminology (CPT)</b>		
97001	97032	97150
97002	97033	97530
97003	97034	97532
97004	97035	97533
97010	97036	97535
97012	97039	97542
97014	97110	97750
97016	97112	97755
97018	97113	97760
97022	97116	97761
97024	97124	97762
97026	97139	97799
97028	97140	
<b>Healthcare Common Procedure Coding System (HCPCS)</b>		
G0281	G0283	
<b>Revenue</b>		
420	429	434
421	430	439
422	431	977
423	432	978
424	433	

**Subject:** Followup Information on eviCore from Premera

**From:** Erika Van Flein <ervanflein@alaska.edu>

**Date:** 2/1/2017 4:26 PM

**To:** Abel Bult-Ito <abultito@alaska.edu>, Cyndee West <cyndeewest@gmail.com>, Dominic Lozano <lozano@alaskapffa.org>, Gwenna <gjrichardson@alaska.edu>, Jennifer Madsen <jmadsen@apea-aft.org>, Jim Styers <jnstyers@alaska.edu>, Timothy R Armbruster Sr <trarmbruster@alaska.edu>, Tim Powers <Tim.Powers@uas.alaska.edu>, Liz Winfree <liz@alaskachd.org>, Stephanie Grant <sgrant13@alaska.edu>, "ramcdonald@alaska.edu" <ramcdonald@alaska.edu>, "crsilva@alaska.edu" <crsilva@alaska.edu>, Heather Corriere <hlcorriere@kodiak.alaska.edu>, Gail I Cheney <gcheney@alaska.edu>, Michael Koskie <Mkoskie@apea-aft.org>, Tanya Hollis <tlhollis@alaska.edu>, Pat J Shier <pjshier@alaska.edu>, Benjamin Fleagle <bdfleagle@alaska.edu>, Soren Orley <seorley@alaska.edu>, Charla A Brown <cabrown12@alaska.edu>, Robert Coker <rcoker@alaska.edu>, Chrystal Warmoth <cjwarmoth@alaska.edu>, Ronald Kamahale <rckamahale@alaska.edu>

**CC:** Keli Hite-Mcgee <khmcgee@alaska.edu>

**BCC:** ervanflein@alaska.edu, dhinckley@lockton.com

As a followup to last week's JHCC meeting, I sent questions to Premera to get more information on eviCore, the outpatient rehab authorization service.

1. Who is making the decisions at eviCore? Specifically, are these clinicians or just clerical staff?

The reviews are conducted by clinicians after moving through a screening process.

2. What are they using to make their determinations? (concern here was just a checklist vs really considering patient's needs)

The initial determinations allow for treatment in nearly all cases that have a treatment plan. When providers present the progress of the patients, the clinicians will review the patients' treatment plans to see if they are improving and need further care.

3. If a member gets referral from doctor for PT, goes to PT and then eviCore denies services, what is recourse?

The PT should obtain authorization from eviCore immediately after the first assessment and treatment. If the PT fails to get authorization and does not provide the clinical information supporting care, the claims will deny. If the PT is an in-network provider, it will be provider liability and there is no balance billing. If it is out-of-network, it is member liability and the provider may balance bill.

4. How long does an appeal take? (members relayed concerns of how medical appeal process can take months...)

Most appeals are responded within 15 days.

5. What are the trends? For example, how many post-surgical PT plans are approved/denied? Post accident? Self-referrals?

We don't have any data related to post-surgical treatment vs. self-referrals vs. post accident denials / approvals.

6. Can the patient call eviCore to check on a treatment plan review? Can a patient submit one themselves?

A patient can call to ask if they have a treatment plan. It is strongly recommended that the patient call the provider. The patient cannot submit their own treatment plan.

7. When we look at our outpatient rehab utilization, is it appropriate to compare us to national averages? (i.e., are Alaskans just "different"?) How are we compared to Premera's BoB?

Alaskans are actually similar in their utilization when compared to Washingtonians. More than 1800 services / 1000 members. Oregon is almost half that rate and the national benchmarks are about 600 / 1000.

Are there incentives that we could use as a "carrot" to get members to not use/demand so much care, rather than this process?

We can say that the incentive for members is to avoid care that does not help them get better. With so many members on HSAs, the member is often paying first dollar costs.

Since the denial rate is low (~3%), we believe that much of the unnecessary care has been reduced due to the sentinel effect. This is when a provider believes that their services may not get approved as medically necessary and they never submit a claim or refrain from performing the service.

Could we do a "trial run" to see how it goes, and if we don't like it, we could drop it for FY19?

If the group is self-funded, they could opt out of the program when they renew.

I also asked about reporting options so we can evaluate the program:

Yes, Evicore will be able to provide reporting by group. We are nailing down the exact details next week but our expectation is that it will include the following: episodes of care (cases); number of members; approvals / denials / withdrawn service requests; either LOB savings or actual group savings depending on group size.

Given this information, I'd like the group to make a recommendation at the February 8 meeting. If you have any other questions, please let me know as soon as possible.

Thanks,

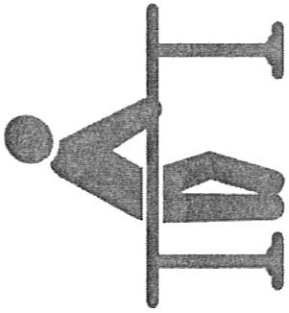
Erika

--

Erika Van Flein  
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Statewide Office of Human Resources  
University of Alaska  
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Fairbanks AK 99775-5140

(907) 450-8226 Phone

(907) 450-8201 Fax



# Outpatient Rehabilitation Opportunity Analysis

Our customers need an advocate to help them get the care they need, avoiding unnecessary treatment and cost. We're committed to ensuring customers receive the right care, at the right place, at the right time.

1,561



# of Impacted Members (utilizers)



\$47K - \$62K  
Member Savings Range



\$2,047,703  
Total plan paid in Outpatient  
Rehabilitation Services



\$85K - \$124K  
Plan Savings Range  
*Net of fees*



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Clinical Guidelines and Forms

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### Premiera and LifeWise Health Plans Implementation

eviCore healthcare is partnering with Premiera Blue Cross, Premiera Blue Cross Blue Shield of Alaska and LifeWise Health Plans to implement an authorization necessity review process for outpatient rehabilitation service. Effective July 1st, 2016, members enrolled in Premiera's or LifeWise's program will require an aui eviCore healthcare. Starting June 17th, 2016, providers can submit clinical information and request authorizations through the eviCore provider portal. eviCor evaluate the clinical information and determine medical necessity.

For services found to be medically necessary, eviCore will provide an authorization/notification number and date range. Services that are not medically necessary Claims submitted without an authorization will be reviewed retrospectively for medical necessity.

Authorizations for outpatient rehabilitation services from physicians, practitioners, and facilities will require a medical necessity review authorization through e (based on CPT, HCPCS or Revenue codes listed below). Any provider of these services must go through the medical necessity review process:

- Physical Therapy
- Massage Therapy
- Occupational Therapy

**Please note:** Services performed in conjunction with an inpatient stay, 23 hour observation, or emergency room visit are not subject to authorization req



#### Treatment Requests Clinical Worksheets

eviCore National accepts authorization requests via web, telephone or fax. Updated treatment request worksheets facilitate case handling for all authorization worksheets below to gather the clinical information required for web or telephone treatment requests, or fax them to eviCore for clinical review

If you fax your Treatment Request, select the form that best fits the patient's condition. Be sure to complete every applicable section. Treatment Requests with ir may result in a request for missing clinical information that is needed to complete the review. For instructions on completing a form, refer to the guide below the condition-specific Treatment Request.



Please note: Initial authorization requests made via web will normally receive a response the same business day. Responses to fax submissions can take up to 2 up to 5 Business Days for retrospective reviews].

### Claims Submission

eviCore Health is a leading provider of the authorization request process, the approved authorization is sent from the Health Plan to the Provider's Plans. The authorization will be used to process the authorization request. On that date, if the health plan receives a claim without a corresponding authorization, the processing of that claim will stop and notified asking them to request an authorization from eviCore. If an approved auth is not received within 45 days of the claim pending, the claim will be Clinical Guidelines and Forms processing.

Please note: In order for your claim to process correctly it is critical that providers receive the approved authorization prior to submitting the actual claim to it

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### RESOURCES

- PT/OT Musculoskeletal Treatment Request Clinical Worksheet
- Massage Therapy Treatment Request Clinical Worksheet
- Quick Reference Guides
- Frequently Asked Questions
- eviCore Clinical Guidelines for Massage Therapy Services
- Provider Training Orientation Presentation

[Back to implementation page](#)

### Let's Connect

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### Stay Updated

ENTER EMAIL

**eviCore healthcare**  
 400 Buckwalter Place BI  
 Bluffton, SC 29910  
 1 800 420 3471



Current location: WA ▾

# Outpatient Rehabilitation

## New massage therapy guidelines

**Effective Feb. 20, 2017, eviCore healthcare updated their clinical guidelines for massage therapy (<https://www.evicore.com/healthplan/Premera>).** Please review these guidelines with your staff and make sure you're using the updated version. Questions? Call eviCore healthcare at **800-792-8751**.

The updates include:

- New fibromyalgia guideline added
- Addition of ICD-10 codes listed under some conditions
- Notation added under each condition: "Pain may be acute or chronic."
- Addition under the Scope of Musculoskeletal Examination section which includes "Inquiry about pain levels and functional abilities."
- Changes to Massage Therapy Management and Referral Guidelines sections: information emphasizes transition to active care and appropriate discharge or referral.
- Changes to Self-Management Techniques section: added techniques and modified the list order to better emphasize active rehabilitation.
- Changes to Alternatives/Adjuncts to Massage Therapy section: added alternatives and alphabetized the list.

## Tips for requesting reviews through eviCore healthcare

- After the patient's initial visit, request a medical necessity review by calling eviCore healthcare at **800-792-8751**, from 7 a.m. to 7 p.m., weekdays, or visit the eviCore healthcare website (<https://www.evicore.com/healthplan/Premera>) created for Premera.
- Member eligibility can change monthly. Check our prospective review tool (</wa/provider/utilization-review/prospective-review/>) to see if a member needs eviCore healthcare review. The tool instructs you to use eviCore healthcare only when a service requires review.
- When submitting a request for services, include the member's alpha prefix and number (such as, "ABC123456789" – no space between the alpha and numeric characters).
- When you're checking a patient's eligibility and the system says "No authorization required," you can take a screenshot for your records. We'll consider this if a retrospective review is required.
- With some services for oncology, neurodevelopmental, or behavioral health, you might not need authorization. We encourage you to submit the authorization request, anyhow. If the specific services for this member are excluded from the program, we'll let you know that you don't have to take any further action.

- You can check your performance compared to your peers. View your Practitioner Performance Summary reports at eviCore healthcare (<https://www.evicore.com/healthplan/Premera>).

## Outpatient rehabilitation codes

The following outpatient rehabilitation codes require a medical necessity review authorization.

### Current Procedural Terminology (CPT)

97010	97039	97166*
97012	97110	97167*
97014	97112	97168*
97016	97113	97530
97018	97116	97532
97022	97124	97533
97024	97139	97535
97026	97140	97542
97028	97150	97750
97032	97161*	97755
97033	97162*	97760
97034	97163*	97761
97035	97164*	97762
97036	97165*	97799

\*New code, effective Jan. 1, 2017

### Healthcare Common Procedure Coding System (HCPCS)

G0283

**Note:** This list used to include code G0281. We discovered that this code doesn't apply, so we removed it from the list.

## Revenue

420	429	434
421	430	439
422	431	977
423	432	978
424	433	

## More information

To create an account and/or initiate an authorization for dates of service on or after July 1, 2016




- Visit eviCore healthcare (<https://www.evicore.com/healthplan/PremeraeviCore>)
- Call **800-792-8751** from 7 a.m. to 7 p.m., weekdays. (Out-of-network providers: submit requests by calling this number.)
- Fax an eviCore healthcare request form (<https://www.evicore.com/resources/pages/providers.aspx#ReferenceGuidelines>) to 855-774-1319  
(Go to Online Forms & Resources to select the specific treatment form.)


Visit eviCore healthcare (<https://www.evicore.com/healthplan/PremeraeviCore>) for:

- Orientation/training sessions
- Quick reference guides
- Clinical guidelines
- Tutorials
- FAQ
- CPT code list
- Medical necessity review authorization request (available through the clinical certification online tool)
- Performance summary reports

eviCore healthcare (formerly known as CareCore National) is an independent company managing outpatient rehabilitation services for Premera providers.

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 [Web Help \(/wa/visitor/web-help/\)](/wa/visitor/web-help/)

## Language support

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 [Deutsche \(/documents/037338.pdf\)](/documents/037338.pdf) | 
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## Quick Reference Guide

We offer three convenient methods to request authorizations:

### Web Portal

The eviCore healthcare Web Portal is available 24/7 at [www.evicore.com](http://www.evicore.com) (Select the CareCore option).

After a one-time registration, you are able to initiate a case, check status, review guidelines, view authorizations/eligibility, and more. The Web Portal remains the quickest, most efficient way to obtain information.

If you have questions or need assistance, please contact the Web Portal Specialist for assistance via phone at 800.646.0418 (Option #5) or via email at [providerrelations@evicore.com](mailto:providerrelations@evicore.com).

### Phone

Contact us toll-free at **800.792.8751** from **7AM to 7PM Local Time**. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day. **The web is available 24/7, 365 days a year.**

### Fax

Fax requests can be submitted to **855.774.1319**. You can obtain specific forms on the eviCore healthcare website at [www.evicore.com](http://www.evicore.com) or by calling the eviCore healthcare Customer Service Department at **800.792.8751**. eviCore's Clinical Worksheets must be used for fax initiated requests. If the worksheet is completed, it is not necessary to fax additional clinical documentation. The clinical

worksheet can be found at <https://www.carecorenational.com/benefits-management/musculoskeletal-management/musculoskeletal-and-therapy-tools-and-criteria.aspx>, eviCore healthcare will respond by fax when the authorization decision is complete.

### Guidelines on the Web

To access the eviCore healthcare Guidelines via the web, visit our Musculoskeletal site at the following link: <http://www.evicore.com/solution/Pages/Musculoskeletal.aspx>

From there you can access important information and resources:

- Education Tools
- Program Overview
- Clinical Guidelines
- Online Forms

### Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from providers. One of eviCore healthcare's providers can assist in a consideration. To request a clinical discussion, call eviCore healthcare at **800.792.8751** and request a peer to peer discussion.

**This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.**

The eviCore Premera implementation website contains videos on registration and web submission, CPT code list, FAQ, QRG, and more: <https://www.carecorenational.com/page/premiera-implementation.aspx>

## Quick Reference Guide .....

### Authorization Required .....

All out-patient, non-emergent services including:

- Physical Therapy
- Occupational Therapy
- Massage Therapy

### Authorization Not Required .....

- Inpatient Services
- Services done in the Emergency Room
- Home Health

### Authorization Requirements .....

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the provider's office submitting requests include:

- Recent clinical information including prior tests, information from Treatment Request Clinical Worksheet, and office notes (as needed)
- Select MSMPT, MSMOT, MSMMT for requested services
- Appropriate diagnosis code for the working of differential diagnosis
- Therapist /Group Name/NPI/TIN
- Member ID/Name/DOB

### Authorizations

An authorization number will be faxed to the performing provider and mailed to the member. eviCore healthcare will approve the specific services being performed. The initial authorization is based on the average number of visits used for the diagnosis and treatment type of service being requested.

It is the responsibility of the performing provider to obtain an authorization. Verification may be obtained via the eviCore healthcare website or by calling 800.792.8751.

**Important!** Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are rendered. **Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless.** Please verify the member's eligibility with the health plan.

### Authorization Denials

eviCore healthcare notifies the performing provider via fax and member in writing of a denial and provides a rationale for the determination within one working day of decision. This communication sets forth the appeal options per current state policy. eviCore healthcare also offers the ordering provider a consultation with an eviCore healthcare provider on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

# Specialty pharmacy: A unique and growing industry

July 01, 2013

*An introduction to specialty pharmacy*

Regardless of your pharmacy practice area, you have likely heard the terms specialty pharmacy and specialty pharmaceuticals. With a rich drug pipeline and innovative programs like specialty-at-retail, specialty pharmacy permeates many areas of the industry. So what exactly do those two terms mean? Although this question is often asked, one accepted, industry-wide definition for either term remains elusive.

In defining a specialty pharmaceutical, there are two main factors: cost and complexity. Using a cost-based approach, CMS categorizes a specialty drug as one with a minimum monthly cost of \$600 with respect to the Part D drug benefit. Other organizations utilize a higher cost threshold for specialty classification that may be as much as double that of CMS. Complexity can encompass a number of factors and affect various groups, including patients, payers, manufacturers, and the pharmacy itself.

A medication considered a specialty pharmaceutical may have some or all of the following key characteristics:

- Treatment of complex, chronic, and/or rare conditions
- High cost, often exceeding \$10,000, with some costing more than \$100,000 annually
- Availability through exclusive, restricted, or limited distribution
- Special storage, handling, and/or administration requirements
- Ongoing monitoring for safety and/or efficacy
- Risk Evaluation Mitigation Strategy

Although this category has historically focused on injectable and infused formulations, a significant number of specialty medications in oral dosage forms have entered the market recently. This trend is only expected to continue, especially among oral oncolytics. Due to the complexities associated with specialty pharmaceuticals, patients receiving these medications require a significant degree of continuous patient education, ongoing monitoring, and medication management by well-qualified and skilled specialty pharmacy staff.

The Academy of Managed Care Pharmacy, in its Format for Formulary Submissions, and the Specialty Pharmacy Association of America both recently published definitions of specialty pharmacy. Commonalities seen within the definitions include the distribution of specialty pharmaceuticals and high-touch, patient-centered management that maximally benefits the patient's medication experience. Ideally, this translates into improved care with measurable, positive clinical outcomes.

As part of this patient-focused model, specialty pharmacies offer services above and beyond those typically offered at the retail level as part of their standard of care. These may include the following:

- 24-hour access to pharmacists
- Adherence management
- Benefits investigation
- Communication and follow-up with the physician
- Dispensing of specialty pharmaceuticals and shipping coordination
- Enrollment in patient assistance programs
- Financial assistance

- Patient education and medication adverse effect counseling
- Patient monitoring for safety and efficacy
- Payer and/or manufacturer reporting
- Proactive patient outreach for prescription refill and renewal
- Prior authorization assistance

Common disease states managed by specialty pharmacies include oncology, multiple sclerosis, rheumatoid arthritis, Crohn disease, HIV/AIDS, hepatitis C, and growth hormone disorders, among others.

Specialty pharmacy, which once occupied only a small niche in the marketplace, has become a burgeoning industry. Pharmacists, regardless of their area of practice, should understand the place of specialty pharmacy within the industry, even though the field may be difficult to define. Collaborations between specialty pharmacies, retail settings, hospitals, and manufacturers are becoming increasingly commonplace. These collaborations can enhance patient access to specialty pharmaceuticals and the high-touch services a specialty pharmacy can provide, thereby improving patient care.

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