



Clinical Anesthetist Transition Group FREQUENTLY ASKED QUESTIONS

GENERAL

1. What is the reason for the transition of these positions to UW Health?

The core principles driving this transition have been to improve Retention & Recruitment. We will be able to do this by having a market competitive pay model, benefit packages and scheduling practices as well as eliminating current gaps in programs/policies and procedures where Clinical Anesthetists may not be recognized due to the dual employment structure.

2. Who is impacted by the transition? (updated 2/22/2022)

Individuals who are employed as Clinical Anesthetists (CA), all future Clinical Anesthetist new hires will be employed by University of Wisconsin Hospitals and Clinicals (UWHC).

3. Who will be my employer? (updated 2/22/2022)

University of Wisconsin Hospitals and Clinicals (UWHC)

4. Will I have a contract? (updated 2/22/2022)

No, you will not have an employment contract. You will be an 'at will' employee and subject to UW Health policies and procedures and employment requirements.

5. What is the effective date of the transition? (updated 2/22/2022)

The effective date of the transition will be June 19, 2022. Your last date of employment with UW-SMPH and UWMF will be June 18, 2022.

6. Why are we being informed now given the transition date of June 19, 2022?

The workgroup heard your feedback in regard to the timeline with the 2012 transition, and is committed to delivering information in a transparent manner and on a timeline that allows for discussion, clarification, questions and time for you to think through the changes. As noted below, multiple sessions will be offered for you to ask questions, in addition to the monthly CA meetings between now and June 19, 2022.

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7. What will be happening in the coming months?

On October 1 you will be emailed the following: a compensation letter that will have your current base salary and your new UW Health salary, effective June 19, 2022, a Benefits Comparison Summary document, and the FAQ. The month of October there will be listening sessions that will be available for you to ask questions. These listening sessions will take place on:

- Oct 5, 5 – 6pm
- Oct 6, 5 – 6pm
- Oct 18, 5 – 6pm
- Oct 20, 5 – 6pm
- Oct 25, 5 – 6pm

There will also be benefit drop-in sessions where you can ask more specific questions. These will be:

- Oct 7, 8 – 9:30a; 12 – 1:30pm; 5- 6:30pm
- Oct 12, 8 -9:30am; 12 – 1:30pm; 5 – 6:30pm

During October, Will Katz and Dr. McQueen will be working with the University to submit the layoff notice justification.

8. Will I have to complete an application with UW Health? (updated 2/9/2022; updated 2/22/2022)

Yes. In late February 2022 (updated from January to February), you will be asked to complete the application process with UW Health. Though you will have already been offered a position, you will need to formally apply for a position at UW Health following the standard application process so that we have consistent record-keeping and maintain accreditation and regulatory compliance. This will also allow us to prepare for your onboarding, which includes a pre-employment employee health records review and caregiver background check. You will also need to complete a Form I-9 for UWHC, and present appropriate identification at Employee Health. You will also need to complete a UW Health New Employee Orientation program.

9. What is the impact to the sign-on bonus? (new 1/7/2022; new 1/31/2022)

As part of your new hire paperwork through the onboarding process, you will receive a Notice of Assignment. UWMF is assigning to UWHC its rights and obligations related to the sign-on bonus and repayment provisions in the agreement you signed. The terms will remain the same. This means that the amount of time you have remaining will continue uninterrupted following transition and the terms regarding repayment obligations will remain the same.

10. Will we have to sign a non-compete agreement? (new 1/7/2022; updated 1/31/2022; updated 2/22/2022)

No.

11. What is the resignation policy? (new 5/11/2022)

UW Health [Resignation Policy 9.36](#) will apply to Clinical Anesthetists as of the transition date. The policy is currently being reviewed for updates. While the current wording does note that it does not apply to clinical anesthetists, this applied when dual employment was in effect. While the policy language is getting updated, Clinical Anesthetists will be included as they will be included under the “non-physician provider” listing.

12. What documents do we need to bring to the I-9 appointment? (new 5/11/2022)

See [list of acceptable documents](#)

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

DEPARTMENT

13. Will the structure of the department change?

There will be a change in the reporting structure as the Clinical Anesthetists will report up through the UW Health Director of Advanced Practice Providers (APP). CA Leadership positions will have new PDs/titles [e.g. Manager, Supervisors, Team Leads (Coordinators)] with associated compensation & time based on the market. The goal is to ensure CA leadership functions maintain current responsibilities while partnering with the UW Health Office of Advanced Practice (OAP) structure. The CA Manager will report to the Director, APP with a dotted line reporting to Dr. Joel Johnson and Will Katz.

14. Will positions be reduced or added?

There will be no reduction in positions as part of this transition. Positions will be added based on volume and growth and will be added through the same process that is used currently.

15. How will we hire new staff, if needed?

Requests for new staff will follow the Workforce Planning Committee process consistent with current state. Positions will be posted and filled via the UW Health requisition and hiring process.

16. Will parking be impacted? Will seniority continue to be recognized for parking permit priorities on campus?

No. Campus parking options, rates and awarding of parking applications will continue to be processed consistent with current state. Please contact Angela Johnson in the Safety Department at UW Health at (608) 890- 5465 or ajohnson4@uwhealth.org with questions.

STUDENTS/TEACHING

17. Will we continue to host student anesthetist rotators?

Yes, there are no changes to the student rotators due to this transition.

POSITION

18. Will my position responsibilities change?

No. Your position responsibilities will not change as a result of this transition.

19. Will I receive a copy of my new position description?

You will be receiving a copy of your position description closer to the transition date. Duties and qualifications will not change due to this transition.

20. Will I have a probationary period? (updated 2/17/2022)

No. Only employees that are within 3 months of their hire date, as of the transition date, will transition over as probationary employees.

<https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/human-resources/952.policy>

21. Who will I report to?

The CA group will have a CA Manager that will report directly to the Director, APP and dotted line to Will Katz and Dr. Joel Johnson.

22. Will the current parameters regarding external locum/moonlighting opportunities still be in place? (updated 1/31/2022)

The UW Health Non-Physician Provider Moonlighting Guideline (linked below) will apply to clinical anesthetists effective 6/19/22. Requests for external moonlighting will require review and approval by the Director of Advanced Practice Providers and by Department leadership. As UW Health clinical coverage needs are priority over external moonlighting work, requests by CAs to moonlight will not be considered or approved at the current time or immediately upon transition. It is our expectation that CAs who desire to work additional shifts do so internally, until staffing may reach a point where additional shifts are no longer available - at which point external moonlighting requests by CAs may be considered.

<https://uconnect.wisc.edu/depts/uwhealth/business-integrity/corporate-compliance/conflict-of-interest/resources/name-155390-en.file>

WORK LOCATION

23. Will my work location change as a result of this transition?

No. Your work location will not change as a result of this transition.

WORK SCHEDULE

24. What will my work schedule look like? What days/hours do I need to work? Will flexible work options be available?

Consistent with current state, work schedules will need to accommodate the needs of our patients to ensure we are providing the best patient-centered care possible. The co-leads have been working with the operational leaders to incorporate recommendations from Optum Consultant Group and other academic medical centers to enhance current scheduling practices to the extent possible. We anticipate having additional, specific scheduling details available in December 2021.

25. What will my lunch/break periods look like?

Lunches and breaks will continue to be scheduled based on operational needs.

26. Will part-time positions be offered?

Yes, part-time positions will be offered. Current part-time appointments will not change

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as a result of this transition.

PATIENT CARE

27. How will this change affect our patients? For example, will this change affect how patients will be billed?

Patient care and billing are not expected to change.

FACULTY

28. Will we maintain an appointment with SMPH after the transition? (updated 2/22/2022)

No. You will not have an appointment with SMPH after this transition.

BUDGET

29. What will our fiscal year be?

The fiscal year is July 1 through June 30, no change to current state

30. How will budgetary decisions be made?

Budgetary processes will continue to be completed by Anesthesiology leadership.

31. What entity will be providing financial support for patient care needs (i.e., equipment and supplies necessary for evaluation and treatment)?

UW Health, no change to current state.

32. If there is a need for new equipment, how will that be purchased?

New equipment will be purchased following the UW Health procurement process, no change to current state.

33. Will there be budgeted continuing education dollars? (updated x/xx/2022)

Yes, no change to current state.

Policy 9.92 – “Non-Physician Provider Professional Expense Allowance and Continuing Professional” outlines recommendation for CME benefit dollars and paid leave dates per fiscal year.

Newly hired APP dollars and days are pro-rated based on hire date for the first year.

Professional days benefit:

Full time employees (1.0FTE) - max of 5 continuing professional education days per fiscal year (7/1 – 6/30)

Employees working less than 1.0FTE - pro-rated portion of 5 days based on FTE, rounded to the nearest full day

Professional expenses benefit:

Regardless of FTE - \$2,000 per fiscal year (7/1 – 6/30)

You may rollover up to 50% of previous year unused funds

Update (5/11/2022): While this policy is being submitted for updates, Clinical Anesthetists will become eligible for the CME benefit as of the transition date.

<https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/human-resources/992.policy>

34. Will I be eligible for tuition reimbursement?

Yes. You will be eligible for tuition reimbursement according to the policy below.

<https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/human-resources/939.policy>

PERFORMANCE ASSESSMENT

35. How will my yearly performance be evaluated? (updated 2/22/2022)

UW Health has an annual performance review process. For more information, please visit the Annual Performance Review page on U-Connect:

<https://uconnect.wisc.edu/inside-uw-health/news/2021/july/name-172548-en.news>

36. Who will evaluate my yearly performance?

Your direct supervisor (enter role – e.g. CA Manager or CA Supervisor) will ultimately be responsible for completing your performance evaluation. He or she may solicit feedback from others you work with and incorporate the information obtained into the evaluation as well.

BENEFITS

37. Will there be a lapse in health insurance coverage? How will my health insurance coverage during the transition be affected?

You will not have a lapse in coverage for benefits that transfer over. Your premiums through UWSMPH will be for your coverage through the end of the month in which you have your last day worked. Benefits that transition over will be effective the 1st of the month on/following your UWHC hire date.

If enrolled in state group health insurance, it will be important to complete your health (and other) application as quickly as possible. Your health coverage through UWSMPH will end as of the last day of the month in which you have your last day worked. Coverage under UWHC will be effective the 1st of the month on/following your start date. There is a timing consideration to understand. While it may create a 'gap' due to administrative impacts, coverage will be made retroactive so there is no gap in coverage.

- Your enrollment cannot be processed until your enrollment is terminated by UWSMPH, you have submitted your enrollment to UWHC and that enrollment has been processed. Due to processing times, it will take time for these steps to happen and your new health cards to be mailed to you. This does not mean you are not covered. It may result in you having to ask the clinic/hospital to reprocess. You may still seek services during this time.
- Be mindful of prescriptions. Knowing that there will be some processing time, you will want to ensure you have sufficient refills on hand. If you have an immediate prescription need during this processing time, you may need to pay out of pocket and can then submit for reimbursement. If enrolled through the State Group Health Insurance, there [are mail order pharmacy benefits](#) offered through Serve You. They offer a 90-day supply for two months copayments (Level 1 and Level 2 medications).

Benefits that you are newly eligible for through UWHC will follow the established waiting periods.

If enrolled in a TSA or WDC, you will need to establish new accounts through UWHC. You may see a break in deductions while you are getting these accounts set up.

38. Will any payment I've made toward my deductible on my SMPH health plan in 2022 be credited toward my UWHC health plan?

Yes. Given that SMPH and UWHC have the State Health Plan, payment toward the deductible under the SMPH health plan will be credited toward the UWHC health plan.

39. What is my vacation accrual as a UWHC employee? Can I carry over my vacation from year to year as a UWHC employee? If so, is there a limit on how much can be carried over and for how long?

UWHC has an accrual-based program. Vacation hours are earned each pay period based on hours worked and the UWH Leave Accrual Date. Hours must be accrued (earned) before it can be used.

[UWHC Legacy Vacation Accrual and Maximum Schedule \(Leave Accrual Date prior to 12/20/2020\)](#)

[UWHC Integrated Vacation Accrual and Maximum Schedule \(Leave Accrual Date on/after 12/20/2020\)](#)

Employees may carry up to the maximum accrual amount as outlined on the Vacation Accrual and Maximum Schedule.

40. What will my starting vacation balance be? (updated 1/7/2022; revised 5/24/2022)

UW Health uses an accrual-based program. With an accrual-based vacation practice, the starting balance is zero. Each pay period vacation hours will be earned based on FTE/hours paid. Hours cannot be used until they are accrued (earned).

As previously shared, 40 hours of vacation (prorated to FTE) will be provided to each transition employee. These hours will be considered earned and be added to the accrued balance as of the transition date. These hours will be posted and available in the first pay period.

The UWHC portion of UWSMPH vacation hours will be 'converted' based on new salary and added to the starting balance (see example in the benefit comparison). These hours will be considered earned and be added to the accrued balance. However, as these hours will not be provided to UWHC until following the close of the 6B SMPH pay period, they will not be immediately available in the accrued balance. They are anticipated to be added to the UWHC vacation balance no later than mid-July.

Each employee is responsible for entering Vacation time into their timecard on a per pay period basis. Each pay period employees will then sign off and attest to the accuracy of their timecard when signing off and submitting at the end of each pay period. The timecard will then go to the manager for review and final approval, prior to the deadline each pay period.

For a brief period of time immediately following the transition date, if a Clinical Anesthetist does not have the vacation hours to cover the full shift, the payroll code ANP should be entered (ANP = absent no pay). The Clinical Anesthetist will enter this ANP

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payroll code (note: if vacation hours are not available to cover the full shift, then ANP would be used). The manager will then review the timecard as part of the regular end of pay period steps and approve the timecard, as appropriate. The use of ANP is not to be used on a regular, on-going basis; it is in place for situations such as the few months immediately following a transition when circumstances may require a shift to be entered as ANP. If you have a concern about vacation time being unpaid due to the converted balances not being available (for the first one to two pay periods following transition), please contact Hilary Tierney to discuss.

Update 5/25/2022:

As was shared at the May 24, 2022 CA meeting, there will be an additional 20 hours of vacation provided to transitioning clinical anesthesiologists actively employed as of January 1, 2023 (prorated to FTE as of this date). These hours will be added to the accrued vacation balance during the pay period of January 1, 2023 to January 14, 2023.

These additional hours will only be added up to the maximum accrual. It is the responsibility of each clinical anesthesiologist to monitor their accrued balance. You will want to also take into account any per pay period accruals, as well as the January 1, 2023 holiday which will be banked to the accrued balance (provided someone is not over the maximum).

41. How will we request time off? How much notice do we need to provide? Who do we submit our requests to?

Please reference [Time Off Policy 9.40](#) for full information about Time Off.

The current defined process will remain in place to support clinical operations/OR staffing.

Time off also needs to be entered in the MyTime time and attendance system, which you will receive training on as part of new employee onboarding

42. What happens with time off we already have pre-planned and approved as a SMPH employee? Will the time be paid? (updated 2/22/2022)

Previously approved time off will be honored. As UWHC vacation time is an accrual-based system, and time must be available to be used, if you do not have enough hours to cover the absence, full day absences will be unpaid (if absence is for personal reasons).

43. Are we required to use vacation time if we're presenting at a conference?

The use of vacation time is not required for a department-supported conference. You would need to use the CME/meeting time (5 days per 1.0 FTE) noted in policy 9.92.

However, vacation time should be used for any additional time in the location that is primarily spent on leisure or for personal reasons.

44. Will I still be able to participate in the Physician Retirement Plan (PRP)?

Your participation will continue up until the transition date. As of the transition date and employment with UWHC you will no longer participate in the PRP. You will need to submit your election request for the new 5-year period beginning January 1, 2022 as part of your Open Enrollment submission, which will apply for the period beginning January 1, 2022, up to the transition date. Following the end of your UWMF employment, Fidelity will provide information regarding your UWMF Physicians Retirement Plan after your last payroll check is issued.

45. Retirement: Can I contribute up to the IRS maximum for each the 403(b) and 457(b)? (new 10/22/2021)

Yes. Employees can enroll in both the 403(b) and 457(b), and contribute up to the IRS maximum for each, if desired.

If enrolled through UWSMPH (or another source), and making election amounts through UWHC, employees will need to self-monitor that they are not exceeding the 2022 annual contribution limit as UWHC does not have visibility to deductions/contributions made outside of UWHC.

Note: through UWHC, the 403(b) offers a pre-tax option (no Roth); the 457(b) option offers both a pre-tax and Roth option.

46. Retirement: I've never contributed to the 403(b) or 457(b). Should I be enrolling now or wait until the transition? (new 10/22/2021; updated 5/11/2022)

That is a personal decision based on your retirement strategy; you are encouraged to talk with your financial advisor.

If you do enroll through UWSMPH, you must follow the UWSMPH process. Know that the enrollments and accounts are separate and independent from those offered through UWHC. Upon starting employment with UWHC you will then need to contact the vendors about new accounts and making elections through UWHC. Please reference the above question which notes you will be responsible for monitoring your full calendar year contributions to ensure you do not go over the annual IRS maximum (UWHC does not see your YTD contributions combined with other payroll centers).

UWSMPH: If an employee wishes to enroll in a 403(b) now through UWSMPH, they may do so via the following steps:

Enrollment

To enroll in the UW 403(b) SRP:

1. Research and select a 403(b) SRP recordkeeper(s) that can help you meet your future retirement needs with the flexibility you need to manage your account. The recordkeeper websites have great information on investment basics.
2. Choose a way to sign up. Click on the tabs below for instructions on how to set up an account using one of the following methods:
 1. EZ Enrollment
 2. Salary Reduction Agreement

Note: Effective January 1, 2022, T. Rowe Price, Ameriprise, and Lincoln will no longer be active recordkeepers in the program. There will be no new enrollments for these recordkeepers effective September 20, 2021. See the [403\(b\) Program Enhancements page](#) for more details on these upcoming changes.

Paper forms can be found here under the section titled

“Enrollment”: <https://www.wisconsin.edu/ohrwd/benefits/ret/tsa/>

Updated direction: Completed forms can be submitted at any time during the year and should be emailed to [both](#) Deb at dbrimmer@wisc.edu and Carrie H at chill@wisc.edu.

47. UWHC Holiday: What happens to my holiday if I work a holiday? (new 10/22/2021)

Salaried (exempt) employees, if required to work a holiday, will receive banked time equal to one-and-a-half times holiday hours observed, based on FTE by entering the LHR pay code. The total hours used to calculate the time off cannot exceed the number of hours available for that holiday regardless of the actual hours worked on the holiday. Example: A 0.5 FTE salaried employee is allocated 4 hours for each holiday. If that employee is required to work on a holiday, they would be eligible for a maximum of 6 banked holiday hours.

If a salaried (exempt) employee has shifts that meet FTE outside of the scheduled holiday, the holiday time can be canceled and the number of hours would be banked to the accrued vacation balance.

Please see the payroll training aid for more specifics:

<https://uconnect.wisc.edu/pay/time-off/holidays-uw-health/>

Important to remember, when hours are banked using either the appropriate LHR or LHC payroll code, those hours are then added to the accrued vacation balance and they apply to the maximum accrual. Once the maximum accrual is reached the accrual stops. Employees will want to monitor their balance and use vacation to ensure they have sufficient room for accruals to continue to happen.

48. ICI: How do I qualify for a permanent plateau level? (new 10/22/2021)

UW Health will be provided a report by UWSMPH of sick leave balances as of the last pay period in 2021. Categories 4, 5 and 6 are permanent plateau levels. As outlined in ETF ET2106 publication on Income Continuation Insurance

<https://etf.wi.gov/publications/et2106/download?inline=>), page 6, the threshold to qualify for category 4 is 520 hours, which is the minimum level for the permanent plateau levels. If your balance is at least 520 hours, but less than 728, it would place you in Category 4; category 5 threshold is 728 hours, and category 6 is 1,040 hours.

Any sick leave hours that are being held by UWHC will not be available for use and will not be used in future ICI category placements. You will need to earn sick leave hours through UWHC and obtain the needed balance to be placed into a higher category (starting with a zero balance through UWHC).

For example, if a transition employee is placed in category 4, which is a permanent plateau category, the employee will not go lower in the future (this is per the ICI plan administration that notes; page 5 of ET2106). While you will begin accruing sick leave hours through UWHC, you will remain in Category 4. Once your UWHC balance is at/above 728 by the end of any calendar year, you would then move to Category 5 (during the following annual review process).

49. ICI: What is the income limit for Supplemental ICI? (new 10/22/2021)

Supplemental ICI is available to employees whose annual earnings are between \$64,000 and \$120,000. The maximum combined benefit is \$7,500 per month. You must have standard coverage to apply for supplemental coverage and you must insure your entire salary above \$64,000, up to \$120,000. There is no partial coverage. The premiums are paid entirely by the employee. Please see ETF publication [ET-2106 Income Continuation Insurance](#) for full information.

50. ICI: Through my UWSMPH employment, I would like to 'swap' sick leave hours I've used for vacation. Is this possible. (new 10/22/2021; updated 1/7/2022)

Yes. You are able to switch out sick time for vacation for past pay periods. You are able to go back to 07/01/2020 to make updates.

To make changes, please email Janelle Rees at jirees@wisc.edu. Changes must be completed by 11/30/2021.

Update: UWHC does not allow the practice of swapping sick and vacation hours. Once time is submitted and the pay period is processed, the absence type will remain as is. When requesting time off, please be sure the type of time off being taken is what is desired (and aligns with the type of absence, for example, personal illness someone may choose to use sick time or vacation time).

51. ICI: If an individual does not have ICI now and would like it upon transition, what do they need to do and by when (if possible)? (new 10/22/2021; updated 5/11/2022)

UWSMPH:

- o An employee may apply through Evidence of Insurability anytime. Enrollment is not guaranteed: <https://etf.wi.gov/publications/et2308/direct>
- o Send completed form directly to ETF at (see page 1 of instructions):
Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931.

UWHC:

If an individual does not have ICI upon the transition and would like to apply for it once they are a UWHC employee, they may contact the HR Service Center to go through the medical underwriting process (EOI – evidence of insurability).

Another option is to wait until you become eligible for ICI for the first time in Category 3, 4, 5, or 6 during an annual update process. You will be invited to enroll with no evidence of insurability at that time. As outlined in [ETF ET2106 publication on Income Continuation Insurance](#) (page 6), the threshold to qualify for category 4 is 520 hours, which is the minimum level for the permanent plateau levels. If your balance is at least 520 hours, but less than 728, it would place you in Category 4; category 5 threshold is 728 hours, and category 6 is 1,040 hours. Category 3 has specific eligibility criteria; "Category 3 is a special rate category which permits employees to qualify for employer contribution by increasing their accumulated sick leave balance by at least 80 hours in the previous calendar year. Premium category 3 is also available to parttime employees on a prorated basis. For example, those employed on a half-time basis only have to add 40 hours (5 days) of sick leave in the prior year instead of the 80 hours (10 days) required for full-time employees. This proration applies only to Category 3" (page 6). This evaluation will be based on hours earned through UWHC employment.

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52. ICI: If an individual would like to adjust their UWSMPH elimination period, what do they need to do and by when? (new 10/22/2021; updated 5/11/2022)

The elimination period only impacts the SMPH enrollment, as the ICI structure is different for UWHC. They may increase the elimination period anytime by completing the following form: <https://etf.wi.gov/publications/et2307pdf/download?inline>. This form should be emailed to both Deb at dbrimmer@wisc.edu and Carrie at chill4@wisc.edu and they will send to OHR for processing.

Be aware that UWHC does not use the elimination period option for ICI. If you choose to change your elimination period it has no impact on your future enrollment through UWHC. Your decision to change your elimination period only impacts the time during your UWSMPH employment.

53. WRS Credible Service: I understand that as a UWHC employee the full time equivalent of one year of WRS credible service is 1,904 hours. I'm a part-time employee. How do on-call and additional shift pay count towards WRS eligible earnings and WRS credible years of service. (new 10/22/2021)

For WRS purposes, UWHC employees are classified as Category 30 (General employee). Category 30 employees will be granted a full year of WRS service if at least 1,904 hours are reported. For salaried employees, hours are submitted based on their FTE of record in the personnel management system. Additional compensation paid such as tier payments, extra shift payments, and leadership stipends will be reported as eligible WRS earnings but do not have any associated hours reported. If an employee is going to consistently work hours above their FTE, the employee should talk with their manager about whether an FTE change is appropriate.

54. Sick Leave Certification: I've been reading about the SHICC benefit related to the [Sick Leave Credit Conversion Program](#). The 15 years of adjusted continuous service that is referenced, does the 15 years start over with UWHC? (new 10/22/2021)

No. Please reference the Sick Leave Credit Conversion Program (ET-4132), it notes "...at least 15 full years of adjusted continuous service with the state when you terminate state employment, you may also be eligible for SHICC". Please reference the sub note at the bottom of page 4, it's about your state service. Upon your retirement/termination from UWHC, UWHC will review all state service to determine if you meet the 15 years of adjusted continuous service.

55. WRS Service: I had prior state service, even prior to becoming a clinical anesthetist. Will those years of prior state service still count towards my WRS years of credible service? (new 10/22/2021)

WRS years of credible service continue to count, regardless of which state payroll center

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you were employed under. Please reference a recent annual WRS statement to review your totals. An exception to this would be if you took a separation benefit as you would have forfeited your employer designated contributions from your benefit and WRS years of service earned for that employment.

For more information on separation benefits, please see ETF page on [Leaving WRS Employment](#).

56. UWHC Vacation: When do I move from one tenure band (accrual band) to the next and see my vacation go up? (new 10/22/2021)

The pay period in which you reach your anniversary (based on UW Health Leave Accrual date) is when your vacation accrual will change. The new maximum will take place the same pay period you reach your anniversary.

HC Legacy example: a 1.0 FTE employee reaches their 5-year anniversary date on 8/26/2021. In this example, the pay period in which the anniversary happens is 8/15/2021-8/28/2021, so the accrual would change from 4.92 to 6.00 that pay period. The maximum accrual balance would also change from 192.0 to 234.0 effective the pay period of the anniversary.

57. I am a new hire in 2021 and had a bonus with a repayment agreement. A Physician Retirement Plan (PRP) deduction came out of the bonus payment. I am not seeing that PRP amount in my Fidelity account. (new 10/22/2021)

The PRP contribution associated with the bonus is deposited later. Language is included in the Summary Plan Description - Physician Retirement Plan, outlining the impact of the PRP withheld from a bonus check.

"As an exception to the general policy, however, if you were paid a signing bonus and are obligated to repay all or part of it if you are not employed for a certain period of time, the Employer will deposit retirement contributions with respect to your signing-bonus Compensation only after the end of each Plan Year (on approximately January 31) and then only with respect to that portion of your signing-bonus Compensation which will be reported on form W-2 for the Plan Year and which appears to have been earned by you (i.e., does not appear to be subject to repayment)."

PRP Summary Plan Description: <https://uconnect.wisc.edu/pay/retirement/retirement-benefits-for-physicians/resources/name-110916-en.file>

58. Earned Vacation: I understand that the benefit comparison notes the vacation special consideration that 40 hours will be 'fronted'. What does this mean? (new 1/7/2022)

While 'fronting' is more commonly interpreted as an allocation or loan of time, in this situation, the 40 hours (at FTE) are being given to transition clinical anesthesiologists on a one-time basis at the beginning of this transition and would be considered as earned at the time it is added to the starting balance. The 40 hours (at FTE) will be added to the

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starting accrued (earned) balance at the beginning of the transition, in addition to hours that are then accrued (earned) each pay period.

59. ICI: Will the Clinical Anesthetist group be offered the opportunity to enroll in Supplemental ICI with the State Agency Transfer from UWSMPH to UWHC? (new 1/7/2022)

Yes. If an employee is enrolled in standard ICI, that coverage will carryover as part of the transfer. For anyone enrolled in standard ICI and has an annual projected salary of more than \$64,000, the employee will be offered the opportunity to enroll in Supplemental ICI regardless of whether they were in Supplemental ICI at the state agency they transferred from. What this means for the Clinical Anesthetist transition group, you will be given an opportunity to enroll in Supplemental ICI through UWHC regardless of whether you have enrolled in Supplemental ICI through UWSMPH (provided new annual salary is above \$64,000).

60. ICI: Clinical Anesthetist is enrolled in Supplemental ICI through UWSMPH and does not want to enroll in Supplemental ICI when completing enrollments with UWHC as part of the transition (State Agency Transfer), what needs to be done? (new 1/7/2022)

For this benefit, you are able to drop it at any time. You can drop it through UWSMPH if desired prior to the transition date. Or, when completing enrollments with UWHC, select 'waive' for the Supplemental ICI.

61. ICI: Clarification on ICI Category placement. (new 1/7/2022)

In the benefit comparison it was stated "If an employee does not qualify for Category 3, 4, 5 or 6, they will be placed in Category 1". In confirming with ETF, it has been confirmed that if an employee does not qualify for Category 3, 4, 5 or 6, they will be placed in Category 1 or 2 based on the sick leave balance as of the final pay period in December 2021 (prior calendar year, yearend balance) for that current plan year (2022).

62. ICI: What happens to ICI category placement during the annual review process in future years? (ex. in February 2023 based on 2022 calendar year) (new 1/7/2022; updated 2/9/2022)

When the ICI annual update is done in February 2023 based on the 2022 calendar year, it takes into account the sick leave balance as of the final pay period in December 2022. As the hours balance will only be based on UWHC sick leave accrual, a category placement will be made based on that balance. The exception is if someone was placed into a permanent plateau level (categories 4, 5, or 6) upon transition, that category will remain in place. However, to move up in a category in the future, it will be based on the active UWHC sick leave balance (does not take into account hours being held).

In addition, when evaluating eligibility for Category 3, it's based on an employee accumulating at least 80 hours (prorated to FTE). For 2022, due to the time period under UWHC employment, when the annual update is done in February of 2023, it would not be possible for someone to qualify for Category 3 effective February 2023.

Example:

If upon transfer from UWSMPH to UWHC, based on sick leave balance as of the end of calendar year 2021 an employee was eligible for Cat2 premiums. As the sick leave balance will not be available for use, when doing the annual update in/for 2023 based on the 2022 calendar year, as the employee's UWHC sick leave balance is now only around 45 hours (6 months accrual at UWHC), they would go back to Category 1 eff 2/1/2023. As Cat2 is not a permanent plateau level, while they qualified for it based on their prior UWSMPH sick leave balance, moving forward their ICI category is based on only the UWHC sick leave balance, and they will start over.

63. ICI: If an employee moves to a new payroll center (ex. UWSMPH to UWHC) while on a leave of absence and is receiving ICI benefits, which salary is used for benefit payment? How does the benefit payment continue to work/get paid? When can the employee enroll in the ICI benefit under the new payroll center? (new 1/7/2022; updated 2/9/2022)

Update: ETF has confirmed that ICI claim benefits will be continuing at the values at time of approved ICI claim (ICI benefit payments would continue being used at the UWSMPH rate).

Update: Per ETF's confirmation, ICI plan language states that benefits will be based the average monthly earnings in effect on the **first date of disability**. In contrast, if an employee's first date of disability is *after* they transfer to UWHC, their ICI benefit would be based on their new estimated monthly salary since it will be higher than their average monthly WRS earnings from the prior calendar year.

Update: If an employee is on 'waiver' of ICI premiums due to actively receiving ICI premiums, the waiver of premiums will continue with UWHC employment.

Per ICI Administration:

"Leaves of Absence (LOA) LOA for employee currently covered under ICI: ICI-covered employees who take a LOA may continue ICI coverage during the approved LOA. The first three months of authorized leave qualify for the employer contribution. Beyond three months the employee is responsible for the full premium. Premium payments must be received by the employer prior to the end of coverage so there is no lapse in coverage. The maximum time ICI coverage may be continued is 36 months, except for insured employees on union service leave, as defined under Wis. Stat. § 40.02 (56), or on military leave, who may continue to be insured for the duration of the leave.

ICI-covered employees on LOA who allow coverage to lapse may reinstate their previous coverage by filing an ICI enrollment application with the employer no later than 30 days after their return to work. The employee is not required to file for coverage under evidence of insurability as long as their application is

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filed timely.

Coverage will be effective the first day of the month that first occurs during the 30-day enrollment period. Premiums resume in the same amount as before the LOA, unless an annual premium or salary adjustment has occurred in the interim. The premium category should remain the same as prior to the LOA."

"Note: Per Wis. Stat. § 40.02 (40), a LOA is not considered to have ended unless the employee resumes active performance of duty for 30 consecutive calendar days for at least 50% of what is considered that employee's normal work schedule.

If an employee returns to work and completes an application for ICI benefits, but then does not work enough for his or her LOA to be considered ended, they would not be eligible to re-enroll for ICI until such time that their LOA is considered ended."

64. ICI/Benefits: What happens with my benefits if I am on a leave of absence at the time of the transition? (new 1/7/2022; updated 2/9/2022)

Leave circumstances can vary and the resulting benefit impacts. Specific benefit implications are best determined based on actual circumstances, we will need to work with those individuals directly who are on a leave at the time of the transition at that time.

When an employee is on leave for more than 12 weeks (3 months) and not receiving pay, they are required to pay the COBRA rates for their benefits starting their 4th month on leave. This will not apply to employees on approved Workers Compensation claims.

If an employee begins an unpaid leave prior to the transition, the three months would be combined between UWSMPH and UWHC (employment under a state agency employer).

Further information about benefits while on a leave of absence can be reviewed on U-connect > [Benefits While On Leave – UW Hospitals and Clinics](#)

Link: <https://uconnect.wisc.edu/pay/time-off/leave-of-absence/resources/name-123773-en.file>

The exception would be the ICI Benefit:

Unpaid Leave: Per ETF, If the employee is on an unpaid LOA at the time of the transfer and they are paying full premiums for ICI coverage (i.e. they have not let their coverage lapse and they are not on an ICI premium waiver), their premiums should remain the same until they return to work. At that point, because they were on LOA during the normal 30-day period in which an employee would have to complete an ICI application upon transfer, they should be provided an application and allowed 30 days from the date they return to work to complete an ICI application. If someone is on an unpaid leave of absence prior to the transition, the employee cannot be enrolled in the ICI benefit (including updating to the new annual benefit rate), until they return from their unpaid leave of absence.

Paid Leave: Per ETF's confirmation, if the employee is on a paid LOA at the time of the transfer, the premiums would change based on salary and category at UWHC at the time of transfer.

65. What happens if I need to take a leave of absence in July 2022, my dept said I would need to take unpaid leave time. (new 1/7/2022)

In the event that you need to start a leave after the date of transition, there are several options available depending upon the type of leave you request. You are able to use any accrued (earned) balances from vacation and/or sick, depending upon the type of leave. If enrolled in ICI, you can apply for ICI benefits, if applicable. For approved leaves, you may also take time as unpaid.

<https://uconnect.wisc.edu/pay/time-off/leave-of-absence/>

If you have a need for a leave of absence, please start by applying for the leave of absence as outlined in the leave of absence information.

66. Why do we not qualify for FMLA? (new 1/7/2022; updated 2/22/2022)

As previously shared in the benefit comparison, “FMLA allows for employees to take up to 12 weeks of unpaid, job protected leave each year for specified family and medical reasons. Outside of FMLA eligibility, consideration given for personal medical leave. Employees must meet the FMLA eligibility requirements, including hours worked. When employees move from MF to HC or HC to MF, and then apply for FMLA, the length of service is taken into consideration for FMLA. The hours would be reviewed based on their current employer.”

It will depend upon the point in UWHC employment that the leave is applied for. While the length of service may be met based on the length of service from UWMF employment, the hours would be based on UWHC employment. An employee would need to have 1,000 hours through UWHC employment to meet that parameter.

While you may not be initially eligible for FMLA, there are other leave options such as a personal medical leave, maternity/paternity leave or a personal leave. For this transition, we will recognize leaves that had been approved as of the transition date.

67. What types of leaves are available through UW Health and under what circumstances are each applied for? (new 1/7/2022; updated 2/22/2022; updated 3/9/2022)

- a. Family Medical Leave (FMLA): If you have worked 12 months of employment in the last seven years and have worked a total of 1250 hours within a 12-month period prior to your initial leave date, you are eligible to receive Federal FMLA benefits.

[Employee Rights and Responsibilities Under FMLA](#)
[FMLA Rights and Responsibilities](#)

- b. Wisconsin Family Medical Leave (WMFLA): provides 2-6 weeks of unpaid time, based on the reason for your leave.

- c. **Personal Medical Leave:** A Personal Medical Leave (PML) is leave granted for an employee's continuous serious health condition (other than for Maternity/Paternity Leave) as defined under the FMLA when the employee does not meet the length of service or hours worked/paid requirement. The leave may be approved for up to 30 calendar days with proper medical certification.

When possible, employees are asked to notify UW Health at least 30 days before the date of the anticipated leave. Employees should first notify their supervisor and then request the leave from The Hartford. In an emergency, notice must be given as soon as possible, but no later than two business days after the occurrence of the reason for leave. Failure to make timely notification of the need for leave may result in the delay or denial of leave until proper notification is received.

An employee does not have job protection rights while on a personal medical leave. Based upon the staffing needs of the organization, UW Health may, at its discretion post, fill or eliminate the employee's position. Upon the employee's return to work UW Health will make every attempt to return the employee back to their original job, or one of similar responsibilities and pay, or as required by law. If a position is not available when the employee is able to return to work, the employee may be placed in the Displaced Worker Program or their employment may be terminated.

- d. **Maternity/Paternity Leave:** The Hartford will review your eligibility for FMLA at the time you initiate your leave of absence and on your first absence related to your leave. If you are not eligible for W/FMLA, you may be eligible for UW Health's Maternity/Paternity Leave plan, which allows up to six weeks of leave. The eligibility letter sent from The Hartford will show the whole period requested (up to 12 weeks); however, you will only be initially approved for six weeks of leave until you contact The Hartford after the baby is born to confirm date of delivery.
- e. **Personal Leave of Absence:** A Personal Leave of Absence is a leave granted for individual personal needs, such as educational opportunities, time off to care for an eligible dependent, volunteer service, or other personal reasons that either do not qualify under the Family Medical Leave Act (FMLA) or Wisconsin Family Medical Leave Act (WFMLA) or the employee does not meet the eligibility requirements for FMLA or WFMLA (this option is considered after all other leave options have been exhausted) Personal Leave of Absence requires all accrued paid time must be exhausted prior to leave without pay.

68. I will have a leave of absence approved through UWSMPH at the time of the transition. What do I need to do to apply for a leave through UWHC as of the date of the transition? (new 1/7/2022; updated 2/22/2022)

If you are currently on an approved leave of absence by UWSMPH prior to the transition

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date:

- UWSMPH will only be able to approve leaves through the last day of UWSMPH employment (June 18, 2022). The letter you receive will state this.
- As UW Health is already provided with a copy of the approval letter, that letter provides the dates, frequency and leave duration information. It does not contain any specific medical information.
- UWHC will honor time periods approved by UWSMPH prior or leading up to the transition date.
- UW Health will request information on the leave from UWSMPH. The request will not include any specific medical information. It will include start and end dates, continuous or intermittent, and frequency and duration of absences.
- UW Health will send this information to The Hartford
- Beginning June 19, 2022, The Hartford will become your main point of contact throughout your leave of absences for all reasons, including but not limited to:
 - i. Reporting leave hours (for all intermittent leave of absences, you should first report the absence to your supervisor and then contact The Hartford with this information)
 - ii. Notifying you of your return-to-work date based on the information your medical provider included in the medical certification form, when applicable
 - iii. Requesting a leave extension, if applicable
 - iv. Submission of all leave-related paperwork
- Once The Hartford has fully transitioned your leave into their system, they will be sending you a letter indicating that the transition is complete.
- You will need to complete the UW Health Compensation Election While on Leave form.

69. What if I need to apply for a leave of absence after the transition date, what do I do? (new 1/7/2022; updated 2/9/2022; updated 2/22/2022)

If you have a need for a leave of absence, you must first notify your supervisor and then call The Hartford at 877-674-8963 (reference policy #036143); go online to <https://account.thehartford.com/customer/#/login?appid=EE> or by using MyBenefits at The Hartford mobile claims app to start a claim. Failure to notify your supervisor and then contact The Hartford at least 30 days in advance for a foreseeable leave or within two (2) business days after the leave event has occurred in emergency situations may result in denial of the leave. This denial may also subject you to corrective action under the UW Health attendance policy 9.13.

Update: Attendance Policy 9.13: <https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/human-resources/913.policy>

Information on how to apply for a leave of absence is on [U-Connect](#).

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We recognize that due to FMLA eligibility rules, you are not anticipated to be eligible for FMLA as of the transition date until you meet eligibility (see Question 65). However, The Hartford will be able to guide you through what leave options may be available during this transition period.

[File a Leave with Confidence - UW Hospitals and Clinics](#)
[How to Apply for a Leave](#)

70. How do I apply for a Maternity/Paternity (Parental) Leave after the transition date? (new 1/7/2022, updated 2/22/2022)

Please see Question 67 above. The Hartford will review your eligibility for FMLA at the time you initiate your leave of absence and on your first absence related to your leave. If you are not eligible for W/FMLA, you may be eligible for UW Health's Maternity/Paternity Leave plan, which allows up to six weeks of leave. The eligibility letter sent from The Hartford will show the whole period requested (up to 12 weeks); however, you will only be initially approved for six weeks of leave until you contact The Hartford after the baby is born to confirm date of delivery.

If you would like to take time off in addition to that for which you are eligible and have been approved by The Hartford, it will be at your department's discretion (discretionary leave). You must work directly with your manager for approval of this time off. Your manager must respond to an existing service request or submit a new service request through the HR Help Desk in Oracle Cloud indicating their approval and duration of the additional time off with specific dates. Please note, additional time off approved by your manager is not considered FMLA.

71. Am I eligible for the UWHC paid parental leave benefit as of the transition date to UWHC? (new 1/7/2022)

The eligibility for the UWHC paid parental leave benefit is based on the UW Health Service Date, as well as being a regular status employee with an FTE of .5 or greater.

If you reach the one-year eligibility as of the date of birth/adoption, and it's still within the 6-month period following birth/adoption, you may use the time in conjunction with an approved leave. You must use the parental leave within the 6-month window following birth/adoption.

72. Will there be documentation provided that shows how many hours of sick leave are being held by UWHC for a future sick leave certification? (new 1/7/2022)

UW Health will provide documentation that states how many sick leave hours UWSMPH reported that you had and are being held by UWHC for future sick leave certification (provided eligibility is met in the future for sick leave certification). This will not be

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available until late July, after UWSMPH processes the final UWSMPH pay period and has sent the report to UW Health which is anticipated to be around the week of July 25, 2022.

73. When will I be able to see my converted vacation hours from UWSMPH in my UWHC Accrued Vacation hours balance? (new 1/7/2022)

This is not anticipated to be available until late July after UWSMPH processes the final UWSMPH pay period, report has been generated and sent to UW Health, and UW Health calculates the value of the converted hours, and payroll uploads the balances.

You will be notified when the balance has been added. When the balance is added, it will be as an adjustment (“Vacation Adjust”) that will be visible in your MyTime record. You will see the hours on the timecard as an adjustment and you will see an increase in your accrued (earned) balance. To continue to earn future accruals each pay period your accrued balance need to be below the maximum; once the maximum is reached accruals will stop. If you have a high number of hours, consider requesting/scheduling vacation hours.

Example:

The screenshot shows the API Healthcare Time and Attendance interface. The 'Transactions (List)' table includes the following data:

Transactions	Source	Date	Time	Hours	Code	Quick Code	Facility	Department	Job Class
	[]	Sun 12/05/2021		-50.00	Vacation Adjust		1075-211	1004324	800006L
	[]	Mon 12/06/2021	08:00	7.50	REG		1075-211	1004324	800006L
	[]	Tue 12/07/2021	08:00	8.00	REG		1075-211	1004324	800006L
	[]	Wed 12/08/2021	08:00	8.00	REG		1075-211	1004324	800006L
	[]	Thu 12/09/2021	08:00	8.00	REG		1075-211	1004324	800006L
	[]	Fri 12/10/2021	08:00	8.00	REG		1075-211	1004324	800006L
	[]	Mon 12/13/2021	08:00	8.00	REG		1075-211	1004324	800006L
	[]	Tue 12/14/2021	08:00	8.00	REG		1075-211	1004324	800006L
	[]	Wed 12/15/2021	08:00	8.00	REG		1075-211	1004324	800006L
	[]	Thu 12/16/2021	08:00	8.00	REG		1075-211	1004324	800006L

Below the table, the 'Exceptions' section shows:

- Benefit Balances
 - Category: CT Beginning Balance: 3.00000 Ending Balance: 12.00000
 - Category: Mat Pat Week Beginning Balance: 0.00000 Ending Balance: 0.00000
 - Category: Vacation Accrued Beginning Balance: 2.00000 Ending Balance: 57.51000

A callout box points to the 'Vacation Accrued' line item, stating: "Balance went up by both the accrual amount + the adjustment".

On the right, the 'Distributions (Daily Hours)' table shows:

12/12 - 12/18		5 Su	6 Mo	7 Tu	8 We	9 Th	10 Fr	11 Sa	Totals
Vacation Adjust		-50.00	7.50	8.00	8.00	8.00	8.00		39.50

74. Will both vacation and vacation carryover hours be considered as of the UWSMPH termination date of June 18, 2022? (new 1/7/2022)

SMPH will payout any remaining earned vacation and vacation carryover (and holiday) time with your last SMPH paycheck.

UWHC will receive the balance of both your vacation and vacation carryover hours to 'convert' to UWHC vacation hours. These converted hours plus the 40 hours (prorated to FTE) being provided to CA transition employees will apply towards the maximum accrual balance. The key to earning future accruals each pay period is to keep your accrued balance below the maximum; once the maximum is reached accruals will stop. If you have a high number of hours, consider requesting/scheduling vacation hours.

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75. Is there a tool available to help me estimate how many hours my UWSMPH vacation hours will convert to at UWHC? (new 1/7/2022)

A spreadsheet has been mocked up with a formula. You will need to enter the information into the yellow cells. This tool is intended to provide you with an estimate. Final hours will be calculated once the final balances have been provided to UWHC.

Link: [Clinical Anesthetist Transition Vacation Conversion Estimation Spreadsheet](#)

In the coming weeks, the Department is planning to distribute an email to each CA with current leave balances, UWMF annual salary as of June 18, 2022, and UWHC annual salary as of June 19, 2022 such that you have the necessary information readily available to enter into the yellow cells.

Reminder: The hours that convert, in addition to the 40 hours (at FTE) that are being given as a starting balance, all count towards the maximum accrual. You will need to self-monitor this to ensure you are using vacation to remain below the maximum. Once the maximum is reached, no further accruals will happen until you are below the maximum accrual.

Navigation Tip: It is an excel spreadsheet. You must use a computer that has Excel loaded onto it in order to use the spreadsheet.

Vacation/PTO Estimation Tool:

- If you are looking for a tool to project future accrued (earned balance) as of a given point in time, there is a tool on U-Connect that can assist.
- Link: <https://uconnect.wisc.edu/pay/time-off/vacation/> (listed under 'Resources'; Vacation/PTO Estimation Tool)

76. Sick Leave Usage: An update has been made to allow for sick time accruals prior to the hours being earned, for the period of June 19, 2022 to December 17, 2022. (new 1/7/2022)

In consideration of concerns, we will be making temporary system modifications to allow for Clinical Anesthetist transition employees to use sick hour accruals prior to them being earned, up to the remaining pay periods in 2022. This will apply for the period of June 19, 2022 to December 17, 2022 (13 remaining 2022 pay periods under UWHC employment).

Please keep in mind the following:

- You will enter sick time normally into MyTime as a calendar entry; the system will be programmed to allow a negative balance
- You may only go negative up to the amount that you would be reasonably expected to earn, at FTE, up through December 17, 2022.
- Employees and managers are responsible for monitoring sick time usage to ensure

- that excessive sick time is not used beyond what can reasonably be accrued (earned). They system cannot be programmed with this logic.
- Payroll will also be monitoring and will make adjustments during this period of time if it's determined someone has used more hours than are projected to be earned up through December 17, 2022.
 - For anyone who has a remaining negative balance as of December 17, 2022, an adjustment will be made on the 2023 1A paycheck.
 - Sick time is earned on hours paid (salary at FTE). If you have any unpaid time within a pay period, sick time will not accrue, which may change your projected and actual accrual amounts.
 - If an employee is anticipated to be on an unpaid leave of absence, that reduced accrual needs to be taken into account when using sick time for this period.
 - Beginning December 18, 2022, the sick time accrual usage will return to standard existing practice and that the hours must be accrued (earned) before they can be used.

77. When will I get paid for June OT and on-call? (new 5/25/2022)

The June OT and on-call, for dates of service prior to June 19, 2022, will be paid on Friday, July 15, 2022 (with the regular UWMF July monthly payroll process).

PROFESSIONAL DEVELOPMENT/ADVANCEMENT

78. Will I have the opportunity for professional development?

UW Health encourages employees to participate in professional development activities. There are many internal educational opportunities offered by UW Health's Learning and Development Department. For more information, including a course catalog, please visit the following link on U-Connect:

<https://uconnect.wisc.edu/growth/training--education/learning--development/>

79. What are the opportunities for advancement?

Opportunities for advancement within the department, and within UW Health, are dependent upon evolving department and organizational needs and structure.

PAYROLL

80. How often will we be paid?

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UWHC employees are paid biweekly on Fridays. The UWHC payroll calendar is located on U-Connect at:

[2022 UW Health Payroll Schedule \(wisc.edu\)](#)

81. Will we be required to punch in and out for the workday and for lunch?

Exempt (salaried) employees are not required to punch in and out. As an exempt employee, you will not need to clock in and out but you will need to input any vacation/sick time and sign off on your timecard each pay period. This will be included as part of your new employee onboarding/training.

82. How is the pay period defined?

The pay period starts on Sunday and goes through the following Saturday at midnight. You can find all current pay periods at the link below.

[2022 Health Payroll Schedule \(wisc.edu\)](#)

83. Will I need to redo my UW Health direct deposit and tax withholdings?

The direct deposit and tax withholdings you have setup through UWMF should carryover to UWHC. We highly encourage you to doublecheck the entry prior to the end of the first pay period to verify they are setup as desired.

84. How will my W2s work in 2022?

As you have employment through UWSMPH, UWHC and UWMF, you will receive a W2 from each of these employers for calendar year 2022. These will be mailed out through the normal process in January 2023.

COMPENSATION

85. Am I exempt (salaried) or non-exempt (hourly)?

Clinical Anesthetist positions are exempt (salaried).

86. How will my compensation be determined?

Your compensation will be determined based on years of professional relevant experience.

87. What does the compensation structure look like for Clinical Anesthetists? How is market pay determined?

UW Health is committed to providing all employees with a competitive level of compensation. This is done through a comparison of UW Health salary ranges to

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compensation benchmarks in the external labor market.

Each job is assigned to a salary grade and range. These are stated as minimum and maximum salaries paid by the organization for a particular job. Salary range midpoints (i.e., the middle of the range, “median”, or 50th percentile) will represent each job’s estimated labor market values as paid in the competitive market place. In some cases, a job may be assigned to a market value up to the 75th percentile if necessary to attract or retain people. Jobs are assigned to a salary grade and range based on the external labor market and/or established relationships among jobs in a job “family.” Using external labor market data provides flexibility to attract and retain highly and appropriately skilled employees.

External market data will come from national, regional, and local sources, reflecting the appropriate talent market depending on job type or level. Data used to determine salary grades and pay levels will come only from reputable published salary surveys. Salary ranges may be adjusted annually consistent with changes in market data.

Employees will be paid within the salary range. Generally, employees with less experience will receive pay targeted over time to be at or below the midpoint of the range. Likewise, employees with more experience will receive pay targeted over time to be at or above the midpoint of the range.

Compensation rates for new hires will also be established in a similar manner to be competitive with the external labor market based on the job and an individual’s experience and other qualifications.

More information on can be found at the following links:

UW Health’s Compensation U-Connect page, including a video on the Compensation Philosophy: <https://uconnect.wisc.edu/depts/uwhealth/compensation/>

UW Health’s Employee Compensation Philosophy and Strategy: <https://uconnect.wisc.edu/depts/uwhealth/compensation/resources/name-82188-en.file>

88. Will I be eligible for annual raises and/or cost of living increases?

Employees may be eligible for annual base salary increases based on market data, and UW Health’s financial performance. The salary increase budget is developed based on external market research of planned pay increase and financial projects.

Please note that, for the transition year FY23, Clinical Anesthetists that transition will be eligible for pay increases.

89. What are the tier amounts? (new 2/9/2022)

UH Clinical Anesthetist– Quarterly Tier Payment Model (PMs, Nights & Weekends)				
Tier	Minimum Requirement	Descriptions / Definitions	Compensation	Shift Example
NA	=<50% late evening, night Minimal weekends (2-4* shifts/quarter Sat or Sun) *assumes no CAs in tiers	Typical daytime hours with occasional late evening and night hours	No additional compensation above base. (\$0.00)	8, 10, 12, and/or 14-hour shifts with occasional PM shifts - Occasional weekend shifts
1	Part A 12 weekend shifts per quarter Part B >50% late evening/night shifts; consideration given for continuous night rotation (50/50) And: 6 weekend shifts per quarter	Late Evening includes any shift worked up to and past 9pm Responsibilities determined by supervisor and clinical service needs and require an ongoing commitment (vs as needed).	\$4,250 paid as a lump sum following the quarter (\$17,000 annually)	Part A 8, 10, 12 and/or 14-hour weekend shifts Part B 8, 10, 12 and/or 14-hour weekend shifts and regular PM shifts <u>Examples:</u> 7am-9pm 11am-9pm 11am-11pm 3pm-11pm 7pm-7am Vacation related impact to tier qualification: Part A Must still meet minimum requirements without taking into consideration vacation time. Part B Must still meet minimum requirements without taking into consideration vacation time.
2	Part A Permanent nights with a minimum of 2 weekend night shifts per quarter Part B Permanent weekends	Part A Permanent nights Or Part B Permanent weekends = Mandatory Friday, Saturday, Sunday Responsibilities determined by supervisor and clinical service needs	\$6,375 paid as a lump sum following the quarter (\$25,500 annually)	Part A 7:00pm-7:00am, 11:00pm-7:00am Minimum of 2 weekend night shifts per quarter Part B 7:00am-7:00pm - Friday, Saturday, Sunday Vacation related impact to tier qualification: Part A
		and require an ongoing commitment (vs as needed).		Must still meet minimum requirements without taking into consideration vacation time (ie all of the shifts worked need to be night shifts and work 2 weekend shifts). Part B Use of vacation time cannot result in less than 10 weekends (Fri-Sun) worked per quarter

Tier payment will not be prorated based on FTE unless specifically requested by Manager and approved by Human Resources.

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90. Will I still receive my tier payment if I call in sick and it results in me not working the shifts required to meet the tier? (new 2/9/2022)

Yes. However, as part of Attendance Policy 9.13 all UW Health leaders are expected to monitor the attendance of all their employees and determine whether attendance issues either absenteeism or tardiness exists. If there is a pattern of unplanned absences for shifts that are associated with the tier payment it could result in disciplinary action and/or the inability to participate in tier payments for future quarters.

<https://uconnect.wisc.edu/policies/administrative/uw-health-administrative/human-resources/913.policy>

91. If there are extra shifts, are those paid differently? (new 2/9/2022; revised 5/24/2022)

Extra Shift Rates

- Extra shift rate based on midpoint of pay range

Coverage Length	8	10	12	14
Extra Shift	\$824	\$1,030	\$1,236	\$1,442

- Temporary incentivized rates based on vacancy and turnover

Coverage Length	8	10	12	14
Weekdays	\$948	\$1,185	\$1,421	\$1,658
Weekday Nights	\$1,042	-	\$1,564	-
Weekends	-	\$1,421	\$1,706	-

- The incentivized rates are temporary and will be reviewed again in December 2022.
- Target vacancy and turnover rates will be determined (timeline TBD) to aid in the review of sunsetting or extending the temporary rates.
- Once the incentivized rates expire, extra shift rates above will apply regardless of when scheduled.
- Extra shift payments received approximately 4 weeks after submission to Payroll/HR.

Revised Temporary Incentivized Rates:

Coverage Length	4	6	8	10	12	14
Weekdays	\$474.00	\$711.00	\$948.00	\$1,185.00	\$1,422.00	\$1,659.00
Weekday Nights	\$522.00	\$783.00	\$1,044.00	\$1,305.00	\$1,566.00	\$1,827.00
Weekends	\$568.00	\$852.00	\$1,136.00	\$1,420.00	\$1,704.00	\$1,988.00

The rates were originally calculated rounded to the nearest whole dollar it was planned to have CAs submit a paper form that would then get sent to payroll to be paid. The process will be automated and extra shifts will be entered into MyTime which will then flow

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through to the Payroll system making the process less manual for CAs, supervisors and the manger and allows for more timely payments for the shifts. However, the payroll system can not round to the nearest whole dollar. To address this the rates have been recalculated using a consistent “per hour rate.” This resulted in some small changes to the rates.

92. If I work at AFCH or EMH, am I eligible for tier payments? (new 2/9/2022; revised 3/28/2022)

No. Due to the staffing model at AFCH and EMH you are not eligible for tier payments but are eligible for on-call payments at the rates below.

\$120 lump sum on-call payment/12 hour call shift

\$500 lump sum payment if called in to work (amount is regardless of time worked)

- Rates developed based on discussion with two external consulting firms, future scheduling model and review of historical call utilization (frequency of being called in and hours worked when called in).
- Will be paid approximately 4 weeks after submission to Payroll/HR.

NEW 3/28/22: Based on UH adding an 8 hour on-call shift for weeknights the on-call and call back payments have been modified to:

On-call payments:

- \$80 lump sum on-call payment/8-hour call shift
- \$120 lump sum on-call payment/12-hour call shift

Call back payments:

- Weeknight call shifts: \$500 lump sum payment if called into work or work 1 hour or more past regular scheduled shift into the on-call shift.
- Weekend call shifts: \$600 lump sum payment if called into work

93. If I am on-call and get called in do I receive both payments? (revised 3/28/22)

Yes. If you are on-call and get called in you would receive both the on-call and call back payment applicable to the shift.

94. If I am not interested in a tier payment for working additional weekends how many weekends will I be scheduled for per quarter? (new 3/28/22)

The scheduling model indicates that 40 people are required to fill all shifts. if no one picks up a tier, this would be calculated to be approximately 4 weekend shifts a quarter equally distributed among staff. It would be up to the schedulers to address flexibility that staff are

desiring/requesting. This could mean someone may meet the 4 shifts by working Sat & Sun two of the 13 weekends or by working 1 shift 4 of the 13 weekends, etc.

If there are vacancies or medical leaves resulting in not enough staff to fill the operational need for weekend shifts, there will be extra shifts offered for staff to pick up and receive the extra shift payments. This would be true for any weekday shift that is open as a result of the vacancy or medical leave as well.

In a “worst case” scenario, where we cannot fill open shifts by offering them as an extra shift and critical staffing requires base FTE schedules to be adjusted to require nights/weekends outside of Tier 0 to meet patient care needs – if an employee would be scheduled in a way that meets tier criteria in an ongoing manner, they will be compensated accordingly.

95. Will there be different extra shift rates for staff whose FTE is less than 1.0? (new 3/28/22)

All CAs regardless of FTE will be compensated at the same extra shift rate based on the length and time of the shift. The new scheduling model provides for inhouse staffing of nights and weekends at UH as part of regular base schedules and not extra shifts in addition to base FTE. Ideally, extra shifts will only be needed to cover vacancies and medical leaves and no CA will be guaranteed the availability of extra shifts.

96. Will there be extra shift payments for less than 8 hours? (new 3/28/22)

Yes, there will be 4 and 6 hour extra shifts in addition to 8, 10, 12 and 14. The intent is to provide flexibility when filling an entire shift is not possible but recognize that salaried employees may need to work above FTE to meet patient care needs.

97. If I am called in and make it to the hospital but the case is canceled, will I still receive the lump sum for being called in? (new 3/28/22)

Yes, as long as you arrived at the hospital and confirmed there is no need for you to stay for any other patient needs. If you are called off in transit, then you would not receive the lump sum for being called in. Call-in activity (frequency, duration, patterns, etc) will be monitored to determine if adjustments to scheduling and/or payments are needed.

98. If I am called in, but the case takes less than an hour will I still receive the lump sum for being called in? (new 3/28/22)

Yes, as long as you were not already on-site for a regularly scheduled shift. Call in activity

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(frequency, duration, patterns, etc) will be monitored to determine if adjustments to scheduling and/or payments are needed.

99. My on-call shift is contiguous to my regular shift (example. Regular shift is 9a-7p and then on-call 7p-7a), if I'm working on a case and it goes into my on-call time and I leave at 7:45p will I receive the lump sum for being called in? (new 3/28/22)

No. If the time you work past your regular shift into your on-call shift is less than an hour no call back payment will be paid. If the period of time worked into the on-call shift is one hour or longer then call back payment will be paid. Salaried employees may need to work above FTE to meet patient care needs.

100. If I get called in multiple times during my on-call shift will I receive multiple lump sums for being called in? (new 3/28/22)

No, in reviewing historical on-call and call-in utilization this situation was very rare. Call-in activity (frequency, duration, patterns, etc) will be monitored to determine if adjustments to scheduling and/or payments are needed.

101. If I am on-call for 24 hours because I have 2 - 12 hour on-call shifts that are contiguous, would I receive two call back payments if the time I work when called in crosses the two shifts? (Example - Call shift 1 is 7a-7p and call shift 2 is 7p-7a. Called in and work from 5p to 7:30) (new 5/11/2022)

Two call back payments will be paid if at least one hour is worked during each shift. In the example above the worked time would need to be 5p to 8p to receive the second call back payment

102. If I am on-call for 24 hours because I have 2 12 hour on-call shifts that are contiguous, would I get two call back payments if I got called in during each of the shifts? (Example - Call shift 1 is 7a-7p and call shift 2 is 7p-7a. Called in and work from 5p-6p, goes home, and is called back in at 7pm) (new 5/11/2022)

Yes, two call back payments would be paid.

103. If two different CAs have the call shifts, one 7a-7p and the other 7p-7a and a case begins at 5p and goes past 7p so the second CA is called in to finish the case would both CAs receive the call back payment? (new 5/11/2022)

Yes, if the CAs who's call shift started at 7:00 p.m. was called in to finish the case.

IS/EQUIPMENT/SECURITY

104. How will my IS systems access be affected?

You will continue to maintain access to those systems that you currently use to do your job. As your employment is changing from SMPH to UW Health (UWHC), the department and HR will ensure that you are properly set up with the access you need to do your job when you begin your employment with UW Health.

Please also note that systems used for HR and Payroll administration, including self-service applications (i.e., to view your pay statement, etc.), will be changing due to your UW Health employment. You will be receiving additional information on this during new employee onboarding/training.

105. Will I keep a “.wisc” e-mail address or just have a UW Health e-mail address?

You will have access to your “.wisc” email from time of transition and for 90 days afterward. As you will be a UW Health employee, you will be granted a UWHC (“uwhealth.org”) email when you onboard which will become your primary email.

106. Can I still use the same badge I have been using?

Yes, and your current badge access will not change.

107. Who do we contact for issues with computers and our equipment?

A UW Health ServiceNow Help Desk ticket should be opened for relatively non-urgent issues (i.e., something is broken that does not impact patient care) and work requests (i.e., you need something new or are requesting a change to something that already exists and it does not impact patient care). A ServiceNow Help Desk ticket can be entered by visiting: <https://uwhealth.service-now.com/ess/>. For urgent issues, UW Health Help Desk staff are available 24x7 at (608) 265-7777 or 1-888-443-5511.

Department of Anesthesiology IT should be contacted for Department of Anesthesiology computers and equipment support@anesthesia.wisc.edu

108. Who do I contact with questions that are not addressed in this FAQ?

With questions regarding ending your SMPH employment, please contact Anne Mekschun, UW HR Manager for SMPH, at (608) 265-5597 or ammekschun@wisc.edu.

With questions regarding beginning your UW Health employment (UWHC) please contact [Hilary Tierney, Human Resources Business Partner for UW Health at 608-890-](#)

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5675 or htierney@uwhealth.org.

For other general questions, please attend the listening sessions as Will Katz and Dr. McQueen will be available to help answer questions during these times as well.

MALPRACTICE – (new 1/7/2022)**Anesthetist Employment Transition to UWHCA Medical Malpractice Insurance****FAQ**

(provided by UW Health Risk Management)

Professional Liability Coverage Schedule

Employer	Coverage for Claims Arising from Acts/Omissions within Scope of Employment, including Outreach Services	Coverage Basis	Defense
UWHCA	Mandatory participant in the WI Injured Patients Compensation Fund (WI-IPFCF). Participants required to have \$1M per occurrence/\$3M annual aggregate limits with primary licensed insurance carrier. UWHCA employees covered under entity policy.	Claims-Made	Commercial Carrier-assigned counsel
	Residents/Fellows/CRNAs are individual mandatory participants with individual primary limits of \$1M per occurrence/\$3M annual aggregate.		
	WI-IPFCF provides unlimited coverage excess of primary \$1M per occurrence /\$3M annual aggregate.	Occurrence	WI-IPFCF-assigned counsel
	TAIL – WI-IPFCF requires a tail policy or extended reporting endorsement to cover incurred claims reported after the claims-made policy has been terminated. UWHCA has an extended reporting endorsement.		

Professional liability coverage for UWHCA employees

The commercial professional liability coverage provides a first layer of coverage. This insurance coverage provides legal defense and coverage for negligent acts or omissions that may occur while employees or trainees are acting within the scope of their duties. The limits of this coverage are \$1,000,000 per event, or \$3,000,000 in aggregate for the coverage period of one year. Under Chapter 655 of Wisconsin Statutes, the State of Wisconsin Injured Patients and Families Compensation Fund (WI-IPFCF) provides professional liability coverage in excess of the primary coverage for UWHCA employees and paid trainees.

1. What should I do if I receive a subpoena or legal papers concerning a claim under medical malpractice?

If you become aware of a potential claim or you receive legal papers concerning a claim as an employee of UWHCA, please contact UW Health Risk Management at riskmgmt@uwhealth.org or the UW Health Office of Corporate Counsel at dlegal@uwhealth.org. Do not delay in notifying risk or legal as it could compromise our defense of any claim.

2. What is the difference between the State of Wisconsin Self-Funded Liability Plan and the Wisconsin Injured Patients and Families Compensation Plan?

UW-Madison, as a state entity, is protected for liability arising out of the negligent actions of its employees, agents and officers through the State Self-funded Liability Program. This program is administered by the Department of Administration under State Statutes 893.82 and 895.46.

The Wisconsin Injured Patients and Families Compensation Fund's (WI-IPFCF) provides excess medical malpractice coverage to Wisconsin health care providers, excluding state employees, to ensure that funds are available to compensate injured patients. The WI-IPFCF was created by legislative enactment in 1975. Health

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care providers obtain primary medical malpractice insurance from private insurance companies in an amount required by statute. A physician or CRNA employed by the state, county, municipal, or federal government, or contractor covered under the federal tort claims act, who is acting within the scope of his or her employment or contractual duties is exempt from participation in the WI-IPFCF.

3. What is the difference between Occurrence and Claims-Made Coverage?

An occurrence policy has lifetime coverage for incidents that occur during a policy period, regardless of when the claim is reported.

A claims-made policy only covers incidents that are reported within the policy's time frame and arise from incidents that occurred after a date specified in the policy, which is called the 'retroactive date', unless a 'tail' is purchased. A retroactive date is the specific date a policy's coverage begins. This is generally the policy's effective date or a past date agreed on by the insured. If an incident occurs before the retroactive date, it won't be covered.

UW Health employees are currently covered by a "claims-made" liability policy. The WI-IPFCF requires a tail policy or extended reporting endorsement to cover incurred claims reported after the claims-made policy has been terminated. UWHCA has an extended reporting endorsement.

4. What is Tail Coverage?

Tail coverage (extended reporting period) provides protection for claims that are reported after a claims-made policy expires or is cancelled, for services that were performed while the policy was in effect. Tail Coverage is an option that becomes available only after a policy has been terminated. It extends the limits of claims-made coverage for the period provided in the tail coverage policy which is generally 1 to 7 years after policy termination. Tail coverage does not apply to incidents that arise during the period of tail coverage.

5. What are per occurrence and aggregate limits?

Per Occurrence Limit is the maximum amount payable for all claims resulting from a single occurrence.

Annual Aggregate Limit is the maximum limit of insurance payable during any given annual policy period for all losses covered in a policy period.

For example, if a policy has a \$1,000,000 per occurrence limit and a \$3,000,000 annual policy aggregate, the maximum amount payable for a single claim will be \$1,000,000. Therefore, a single policy could have three \$1,000,000 individual claim payments or six \$500,000 individual claim payments.

6. Please explain the differences between CRNA and CAA coverage.

Coverage explained above. Both CRNAs and CAAs are fully covered for the cost of defense and any damages in professional liability claims within the course and scope of their employment. All UWHCA employees are covered by a primary insurance policy with limits of \$1 million per occurrence / \$3 million annual aggregate. Any liability above these limits would be covered by the WI Injured Patients and Families Compensation Fund (WI-IPFCF), which would cover both CRNAs and CAAs (provided the CAAs are employed by UWHCA). By statute, CRNAs are individual mandatory participants in the WI-IPFCF. UWHCA is also a mandatory participant in the WI-

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IPFCF, which means that any CAAs employed by UWHCA are also covered by virtue of their employment. The difference between being an individual participant (CRNAs) and an employed participant (CAAs) in the WI-IPFCF does not impact coverage. Both are fully covered for all professional liability claims within the course and scope of their employment.

7. Please explain the private malpractice and the state fund.

The State of Wisconsin Self-Funded Liability program (the “state fund”) provides coverage for UW-Madison School of Medicine & Public Health employees while acting within the scope of respective employment or agency for University of Wisconsin-Madison. The State of Wisconsin is self-funded for medical malpractice claims as afforded by Wisconsin statutes Sec. 895.46 (1), 893.82 & 20.505 (2)(k) via the State of Wisconsin Self-Funded Liability program. Coverage is occurrence-based and effective continuously during the health care professional’s term of employment with the University of Wisconsin-Madison. Coverage applies for negligent acts occurring within the State of Wisconsin, outside of the State of Wisconsin or outside of the United States. Coverage limits are no less than \$1M per claim / \$3M aggregate.

Both the UW Health and the State’s programs provide protections for professional medical services provided in the course and scope of employment. Medical professional liability insurance, also known as medical malpractice insurance, protects health care professionals from liability associated with medical negligent acts or omissions resulting in:

- Personal Injury such as mental anguish or pain and suffering
- Bodily injury and/or death
- Medical expenses
- Property damage

Wisconsin law limits the total damages that can be recovered from state employees for acts within the course and scope of their state employment to \$250,000. The WI-IPFCF also exempts state employees in fund participation, meaning that state-employed physicians and CRNAs who otherwise would be mandatory fund participants do not participate in the WI-IPFCF. The excess coverage provided by the WI-IPFCF is not necessary given the total damage cap for state employees is below the threshold for WI-IPFCF coverage.

8. Does malpractice cover legal fees?

Yes, it does. Our policy provides coverage for the cost of defending claims and/or lawsuits. The UW Health Legal and risk management teams have a panel of approved defense counsel who are very experienced in medical malpractice defense and the structure of UW Health.

9. Does UWHC provide any kind of legal assistance? (i.e., access to UW Health lawyers)

The UW Health Office of Corporate Counsel (OCC) provides legal guidance, advice and representation to UW Health employees on a broad range of legal issues confronting UW Health and its subsidiaries and affiliates. Please see the OCC department page on U-Connect: <https://uconnect.wisc.edu/depts/uwhealth/office-of-corporate-counsel/>

10. Does UWHC pay the full premium? What are the premiums? Is it the same for both CRNAs and CAAs?

Yes, it does. Premiums are not specific to individual employees. UWHCA also pays the WI-IPFCF assessments for all employees including CRNAs and CAAs.

11. How does the coverage of both the CRNAs and the CAAs compare to that of the faculty anesthesiologists?

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Faculty anesthesiologists are covered under the State of WI Self-Funded Liability program as described in question 3 above. The difference between an anesthesiologist covered under the state fund and UWHCA employed CRNAs and CAAs is not one of coverage, as all are fully covered both any damages and/or defense costs related to professional liability claims within the course and scope of employment. Instead, the difference is in the amount that can be recovered. But this difference only impacts claims with damages above the state employee cap of \$250,000. For claims involving damages below this amount, which is most malpractice claims, there is no difference in the amount that can be recovered. Another difference between faculty coverage and coverage for UWHCA employees is in who provides the legal defense. For state employees, malpractice defense is handled by attorneys from the Department of Justice. For UWHCA employees, legal defense is handled by private attorneys hired and paid for under our insurance policies.

12. How can we be protected equally from litigation when the anesthesiologists within our care teams have a different policy and a cap of 250,000/plaintiff?

Under current state, we already have different insurance policies and damage caps for various members of our care teams, as faculty physicians are covered under the state fund, but other clinical providers (including nurses, technicians, and most residents, fellows and APPs) are employed by UWHCA or UWMF. It has not been our experience that this difference in policy and caps has any meaningful impact on litigation risk. There are two main reasons for this. First, the damage cap only impacts claims involving damages exceeding \$250,000, and we rarely have any claims exceeding this threshold. Second, plaintiffs in malpractice actions cannot choose which party is most favorable based on caps. To constitute a cause of action for negligence in Wisconsin, a plaintiff must prove:

1. Duty—the healthcare professional owed the injured patient a legal duty of care;
2. Breach—the healthcare professional's actions deviated from or fell below the required standard of care thereby breaching the legal duty of care owed;
3. Causation—the healthcare professional's breach of the required standard of care caused or contributed to causing injury to the patient; and
4. Damages—the injured patient suffered actual loss or damages because of the injury.

Because our UWHCA/UWMF employed providers typically provide care under the supervision, direction or collaboration of a faculty physician, claims against our providers almost always include the faculty physician as a defendant, with each party being responsible only for the extent to which their own actions or omissions contributed to the damages. The UW Health legal and risk management team works closely with the UW-Madison SMPH office of legal affairs and risk management to evaluate and determine the most appropriate resolution for all involved parties. We have a joint defense objective of achieving the most favorable outcome for all parties.

13. What protections exist for civil suits? Current state with SMPH and future state with UWHC?

Under both current state and future state, all state employees and UW Health employees are fully covered for any civil suit brought against them based on acts or omissions that are within the course and scope of their employment.

14. What additional insurance policies should we (or can we) explore to protect our individual assets and personal liability?

The UWHCA insurance programs are designed to provide adequate protection for the entities and its employees. As a UWHCA employee you will have unlimited professional liability insurance for any covered medical negligence claim that arises through your employment with UWHCA as a participant in the WI-IPFCF. Claims covered by these policies will involve no out-of-pocket expenses from individual employees, nor will

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individual assets be at risk. There are exclusions for criminal acts. There can be disadvantages to having duplicate insurance for the professional services provided as an employee of UW Health. A dispute could arise between the two insurance companies regarding which coverage will be primary. Dual coverage could also complicate the legal defense of a claim.

If you are involved in activities outside of your employment, you will need to assess the scope of these activities to determine whether you feel additional insurance is needed. Contact UW Health Risk Management Office at riskmgmt@uwhealth.org or (608) 261-1327 if you have questions. Coverage may be available through the entity to which you are providing the activity.

15. What are our privileges at UWHC? What are we allowed to do without the anesthesiologist present (e.g., emergent intubations, end of case extubations, line placement, medication changes) without putting ourselves at risk for legal action?

Your privileges are not affected by your transition to employment under UWHCA.

16. Is the pager system adequate communication (limited availability for circular communication, frequent delays in the system)?

Questions about the most effective method for clinical communication should be directed to departmental leadership.

17. Does using private cell phones for communication create a legal problem for our anesthesia care teams?

If you are using the secure applications provided by UW Health to communicate it should not create a legal concern. Non-secure communication applications on private cell phones, such as iMessage or SMS messaging, should not be used to transmit Protected Health Information (PHI). Additionally, documents, text or images containing PHI should not be stored locally on personal devices. For additional questions about privacy implications of using personal devices, contact the UW Health privacy office.

18. How are various types of students (SRNA, SAA, medical students, residents, fellows) covered for malpractice and are we liable for their actions during times that we are the only licensed anesthesia provider in the room?

There are multiple ways students may be covered for professional liability including through their school, on their own, or through UWHCA's insurance program. It varies by agreement. If you have supervising responsibility for these students, that supervision task is considered within the course and scope of your employment and covered under the insurance program. Your liability for the acts or omissions of students will be based on whether your actions were within the standard of care. The actions of a student will not automatically be imputed to you because you are the only licensed anesthesia provider in the room, but if you fail to adequately monitor the clinical situation or otherwise act outside of the standard of care for a provider of your license type, you may have liability.

19. Do these policies differentiate and define us based on credentials or are the malpractice policies covering us as "clinical anesthetists"? Are coverage parameters different due to different credentials?

Our insurance policies provide coverage for all employees, and do not differentiate based on credentials. The WI-IPFCF, which provides excess coverage beyond our primary policy limits, does differentiate in the sense that CRNAs are specifically identified as being mandatory individual participants. This only means that CRNAs have

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individual limits of coverage, as opposed to CAAs who will be covered as employees of UWHCA. But the coverage itself is the same.

20. Will there be increased risk of litigation if different types of in-room anesthesia providers provide care through a case? It is common in our current practice model for AAs, CRNAs, and residents to break and relieve each other throughout the duration of a long procedure. Would this practice be safe relative to each provider and to the anesthesia group at large?

No. There should not be increased risk of litigation for a team model of care if all participants meet the legally required standard of care while rendering medical treatment. This means that each healthcare professional performs their duty and exercises ordinary care to refrain from any act which will cause foreseeable harm to another, and refrains from any act which creates an unreasonable risk to others.