- APC oversight requirements
  - Territory Divisions: For most up to date AMD/DMD teams; each APC is assigned to a primary geographic territory and is overseen by the physician leadership corresponding to that territory
  - One on one meetings including documenting discussions and the following expectations:
    - 1:1 between Team Doc (AMD) and LM1 APC (may need a second individual from leadership when there are HR (Human Resources) issues or witness needed)
    - Every 6 weeks, Clinical Administration Supervisor (TaShawn Wilson, tashawn_wilson@optum.com) schedules or reschedules.
      - These are mandatory for both the AMD and the APC
      - These should be scheduled while the APC is on shift, preferably during the first 30 or last 30 minutes of their scheduled shift.
      - If the APC works mainly overnights, they may be scheduled off shift and paid.
      - Attendance is required for MyGPS individual goals and is taken into account when making recommendations for merit pay increases. A record of missed 1:1s that are not rescheduled in advance should be recorded on the one-on-one template for this purpose. The AMD will need to work with TaShawn Wilson to reschedule as regular 1:1 is part of oversight requirements.
      - When an APC or physician is on PTO or has other conflicts, they are expected to reschedule in advance.
        - If in need of rescheduling, check the schedule of the APC in Humanity to find the next time available either at the beginning or end of their work hours.
        - Open the 1:1 scheduled in Outlook and choose “just this one”.
        - “Propose New Time”, choose date and time.
        - Make sure that the email goes to all involved in the meeting when sending it back to TaShawn.
        - This procedure can also be used to reschedule a missed 1:1 if needed.
      - In certain circumstances you must schedule an ad hoc 1:1 during the middle of an APC’s shift and this can be done through TaShawn. An AMD can also

reach out to the APC and let the team leads know a 1:1 needs to happen during their shift if there is time between calls.

- Template: One on one Template, this can also be found on LM1 Doctors Teams page under files. We are int the process of developing an alternative template.
    - Each AMD is expected to download a personal copy and keep in their personal APC files on the LM1 Doctors teams channel.
    - Templates can be customized to fit the needs of AMD and APC but a record of 1:1 meeting must be kept to document collaboration and oversight.
    - Topics
        - IEX status oversight (Previously Working rate)
            - The Agent Performance Report can be found on the LM1 Clinical Leadership channel. It is updated regularly by WFM and contains a breakdown of Genesys status times for each APC.
            - AMDs can look for deviations from expectations or outliers like routinely taking 1 hour meal breaks or taking exceptionally long calls on average.
            - Also, a place to help monitor the Occupancy rate.
            - This is currently being calculated by Work Force Management. This can be found in the Work Force Reporting Teams Channel in files as the WF-Clinical Dashboard.
            - Discretion can be used for when APC is a new hire, returning from leave, etc. The AMD can have conversations with the APC about any action plans for improvement.
            - Suggested status length times:

## Status Timeframe Guidelines in Genesys

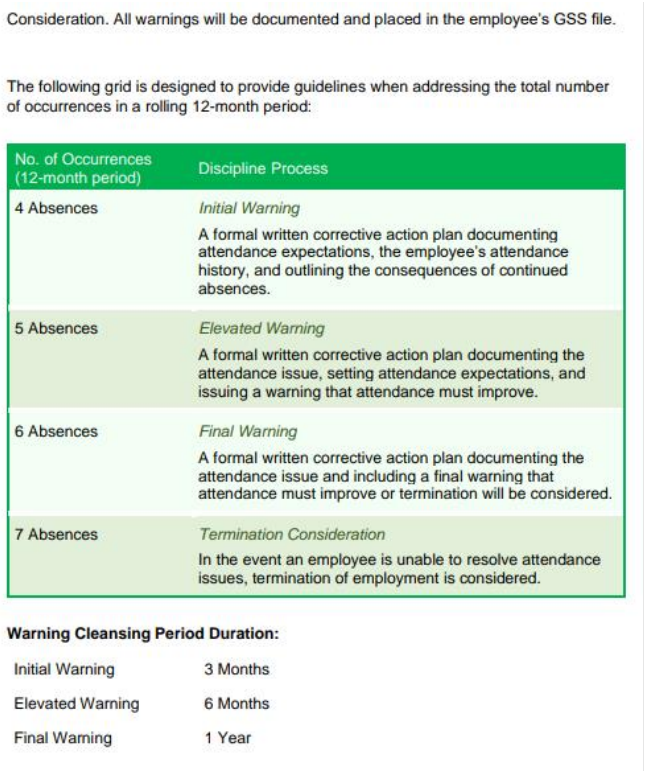
| Status: | Description: | Duration: |
|---|---|---|
| Wraup-Up | An automatic wrap-up is required to complete after every call, callback, or email interaction. It is required to complete in less than one minute. | <1 minute |
| Meal | Meal break. | 30 minutes |
| Busy | Includes charting in Ubiquity, follow-up email communications, and other after call work. | ≤15 minutes |
| UE Documentation | Documentation that occurs after a UE | ≤30 minutes |
| Urgentivist Extender | For visit with UE and patient. | ≤30 minutes |
| Training | Set during the onboarding period while practicing calls with your Trainer | As Needed |
| Meeting | Please set this status is you are meeting with your APC Lead or Supervising AMD. | Duration of Meeting |
| Break | Set this status during your regularly scheduled breaks while on shift. | 15 minutes |

- Picking up extras shifts and hours:
  - May skew downwards the total percentage of time spent on breaks and lunches.
  - These work hours are 2-hour shifts, $75/ hour, and do not come with time for Lunch, but do come with a break if 3.5 hours or more in length.
  - SOP Pick up Shifts

- UPTO attendance number Landmark First Attendance Policy is based on the Optum Attendance guidelines, LOA/FMLA, set to be updated Summer 2024 to OAH policy and LM1 specific procedures
  - Within the current IEX scheduling system, AMD will receive the “call out” in email that will need to be forwarded to WFM: lm1attendance@optum.com.
  - Optum’s attendance policy states that Managers track an employee’s attendance over a rolling 12-month period. To ensure that an employee’s occurrences are up to date on the attendance tracker; the LM1 Workforce team will remove prior year occurrences on the first business day of the month that the occurrence was added. The date of the

occurrence will remain on the previous year tracker for reference purposes only.

- Should be <4, exceeding these prompts a formal documented review of the absences, directly addressed with the APC, and corrective actions when warranted per Optum.



Consideration. All warnings will be documented and placed in the employee's GSS file.

The following grid is designed to provide guidelines when addressing the total number of occurrences in a rolling 12-month period:

| No. of Occurrences (12-month period) | Discipline Process |
|---|---|
| 4 Absences | *Initial Warning*<br>A formal written corrective action plan documenting attendance expectations, the employee's attendance history, and outlining the consequences of continued absences. |
| 5 Absences | *Elevated Warning*<br>A formal written corrective action plan documenting the attendance issue, setting attendance expectations, and issuing a warning that attendance must improve. |
| 6 Absences | *Final Warning*<br>A formal written corrective action plan documenting the attendance issue and including a final warning that attendance must improve or termination will be considered. |
| 7 Absences | *Termination Consideration*<br>In the event an employee is unable to resolve attendance issues, termination of employment is considered. |

**Warning Cleansing Period Duration:**

| | |
|---|---|
| Initial Warning | 3 Months |
| Elevated Warning | 6 Months |
| Final Warning | 1 Year |

- If life circumstances lead to a large UPTO number, conversations should be had regarding what can be done to prevent future UPTO for the same reason (LOA, Tech interventions, etc.)
- If an APC is on an LOA/FMLA, forward the approval email from Sedgwick to TaShawn Wilson and WFM so that they can monitor the codes placed for accurate salary adjustment/PTO adjustments as necessary, and make sure their schedule is accurate, respectively.
- Physician managers will also need to verify that the APC

is logging the correct hours and codes into GSS for when they do take advantage of their leave granted. Instructions on this will come in an email from Sedgwick with every occurrence.

- Sedgwick:
  - Create profile on MySedgwick. Can then work off of Manager Dashboard.
  - 866-679-8122, have employee ID number ready if inquiring into a LOA/FMLA for an employee.
- When the APC returns to work, they may need retraining and time set aside for this. LM1 Physicians should be an advocate for the APC during this time and work with WFM to get the APC time on their work hours to retrain as needed. Can also use the Return to Work Template (optional) to help organize their needs.
- UPTO Can be found on the LM1 Attendance Tracker Channel
- Every fall during Open Enrollment Employees may opt to purchase additional PTO for the following year. This request will be seen in GSS. For approval, the manager does not need to do anything. Policy

- Meeting/quiz completion: see below, this is now a required activity. 1:1 attendance is also required. Both represent a MyGPS goal.
- Peer Review Cases: Previously referred to as ACES cases:
  - Previous to June 2024, these cases were in OnSpring and each AD held a license to complete them in this contained system to protect discoverability.
  - As of June 2024, these cases will go through EnterpriseNow. (See subsequent section “EnterpriseNow) below) Each AMD will be a primary reviewer, and one DMD will be a secondary reviewer for cases with clinical involvement. e to coach their APCs either during the 1:1 or as needed.

- Peer Review discussions can be done during the 1:1 or as needed depending on the need for education and behavior change as the discretion of the AMD.

- Emails: Outstanding training, praise or concerns from markets, other communications. As applicable.
  - Historically, notification that an APC has had an open note came from the Team Leads to the AMD. This gave the AMD insight into who needed coaching on closure of notes and when. This can now be found by the AMDs through Power Bi: RD LM1 Monthly Performance – Closed within 24H – Power Bi. Teams Leads do not have this access.
- Call center note report (CCNR) and Urgent Visit Report obtained from Power Bi: for concerning calls. Reviewed to obtain a global perspective on how the APC documents and to find trends. CCNR from the previous month posted on Teams in the LM1 Doctors files.
- Ride along completion: review most recent, make sure at least one RAL gets done each quarter. Ride along results is housed in the LM1 Doctors Teams channel as a tab.
- CAP updates. As applicable.
- Licensure updates. As applicable.
- Open ended opportunities to discuss a set number of issues brought either by the AMD or the APC.
- What is going well and opportunity for growth
- Tech Issues. As applicable.
  - May need to scan/ search specific APC on teams to see if they have posted system issues (VPN down, Genesys not working, etc.) onto the chats to corroborate. May also reach out to a Team Lead APC. The APC should place an IT ticket (and be able to provide the ticket if requested) plus post to teams any issues with IT that prevent them from performing their job functions.

- Deficiencies and improvements need to be documented, discussed, reviewed – documentation is essential. Documentation should be done in the 1:1 document, in MyGPS, and in an email synopsis of the conversation to the APC.

## Ride Along

- APCs are required to complete a "ride-along" (RAL) with an AMD/DMD once per quarter (MyGPS Individual goal). The number of times they reach out if unsuccessful at getting an AMD/DMD to do the RAL must take into account the number of UEUVs they do on a regular basis if they are unsuccessful.
- First offered to Doc of the Day if available, otherwise any AMD can perform ride along.
- AMD does NOT have to be licensed/credentialed in the patient's state to ride along. However, without License/credentialing, AMD is not allowed to guide clinical care when not licensed/credentialed.
- Time expectations – anticipate at least an hour to perform ride along and debrief with APC after ride along to provide any feedback.
- Many APCs will reach out with time that RAL is supposed to start, however this usually means that is the time the UE arrives. UE typically needs ~15 minutes before the video will start.
- APC can create a Teams chat with UE and AMD (APC and UE on video, Doc +/- video)
    - HOW TO ADD A PERSON IN ON TEAMS: Find chat ->  top right corner -> Enter name and ADD.
- UE Clinical Guidelines UE Best Practices including the Medication Administration Cross Check, Checklists, Overview by Market, etc.
- UE Operation Committee Teams Channel: Owned by Tom Charlton and Stacy Hittner.
- Fill out Ride along form found in files of the LM1 Doctors Teams channel as a tab.

## Call Audits

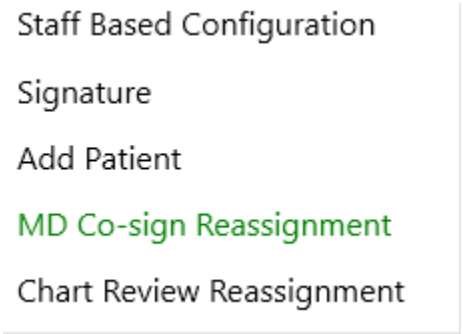
- Usually done prior to 1:1 with APC, at least 2 calls and subsequent charts reviewed. More calls may be done if the APC is a new hire, is on a CAP, and/or there are other quality issues known and subsequent monitoring needs to be performed.
- In Genesys: Calls are recorded shortly after being made and can be downloaded and saved shortly thereafter as well.
    - To listen calls on Genesys, create a Team of APCs, search for a suitable call to review based on length, click on the APC name connected to the call, listen to call.
    - To download a call, find a call in the same way as above, Details->recording information->download, change file format to Mp3, change file name is preferred (example: APC name and date), Download.
- To document, add info to the OnSpring call audit tool.
    - AMD (DMD) to download a personal copy and keep in their personal APC files in the LM1 Doctors teams channel.
- Reviewing clinical call audits on several metrics
    - Clinical Rating = Delivering safe and effective care that demonstrates medical skill consistent with degree of training
    - Customer Service Rating = establish strong therapeutic rapport with patients/caregivers to deliver patient centered, timely, and equitable care
    - Process and Procedure Rating = delivering efficient care with adherence to standard processes and policy/procedure expectations
    - Documentation Rating = comprehensive and accurate documentation to reflect all aspects of care delivered as well as medical decision making
    - Scoring:
        - Excellent – 3 points
        - Good – 2 points
        - Fair- 1 point
        - Needs improvement – 0 points
    - Concerns with:
        - 3 forms of identification (excluding warm handoffs)

        - Notice of recorded line (excluding warm handoffs)
        - Confirmation of approved contacts (when appropriate)
        - Other Compliance Concerns
        - None
    - Positive comments
    - Opportunities for Improvement
    - APCs have been also educated and expected to also include:
        - Introduction - name and title
        - Assessment - thorough history, ROS, Telephonic exam
        - Instructions - clear plan, and ensures patient understands
        - Handoff - clear SBAR approach to market provider
        - Tone - calm, even, compassionate
        - Clarity - free of background noise, caller can hear well
        - Professionalism - non-judgmental, no inappropriate language
        - Appropriate charting (Call and documentation mirror each other and information in the documentation should also be in the call)

## Chart Audits (how to do including assigned or add on, how to review)

- Chart co-signatures in Ubiquity (Ubiquity Product guide)
    -  Where to find chart to Co-sign
    - Click “carrot” 
    - Open chart and review APC documentation
    - Additionally click the box for virtual ride along when indicated
    - Comments entered up top can be used to communicate to APC (if sent back to sender) or incorporated into the record (if cosigning is completed),
    - For information on chart reassignment, go to “MD Co-Sign Encounter Reassignment" in the Ubiquity for AMDs section of this guide, page 91.
- Encounters that are sent for co-signature should be reviewed for the following:
    - Correct visit location (telemedicine-telephonic, Urgentivist Extender -video, or Urgentivist Extender – telephonic ONLY, telephonic – Home or other, no “home”)
- For UE visits – UE’s name, for external UEs – Agency name
    - Are abnormal vital signs addressed

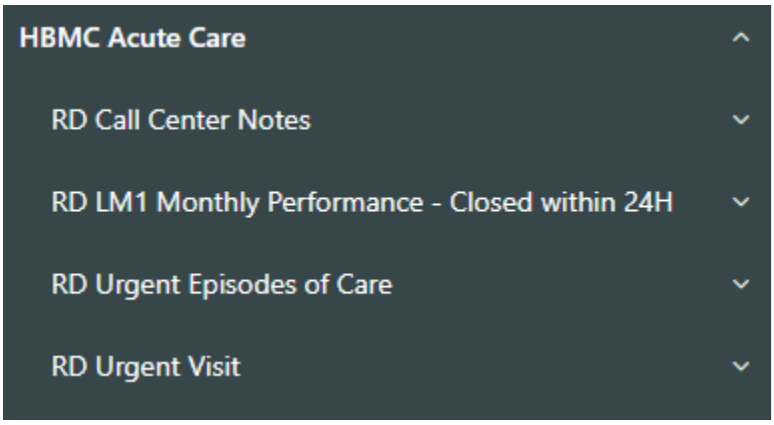
- Diagnoses appropriate
- Complexity appropriate
- PCP communication as a 1-2 sentence summary (i.e. not full HPI copied)
- Instructions to market (more than just "reassess")
- Encounters that include a UE should include the following as applicable:
- *UEVORB completed*
- *Medication administration form if meds given*
- *Allergies completed (* especially when meds prescribed)*

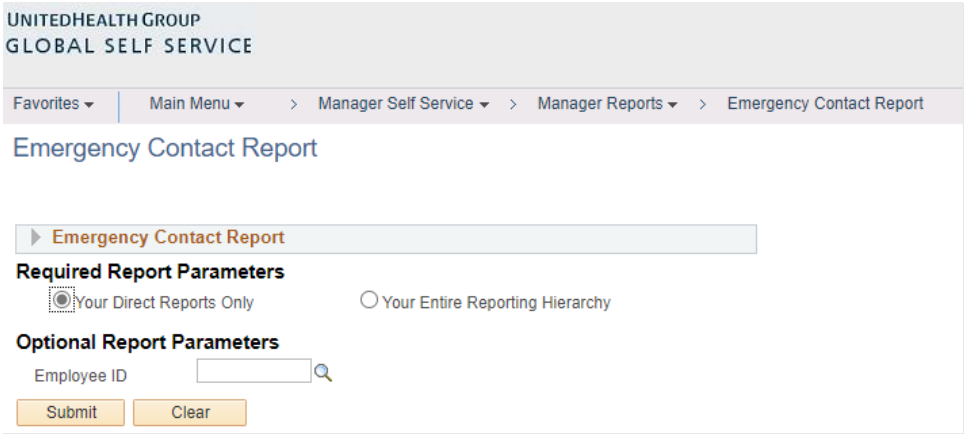



- AMD/DMDs can also see their configurations, compare percentages of what should be signed to what is actually being sent you to sign and Power Bi of how many charts made by an APC.
- Double check co-signs as these may not populate into dashboard

➢ EnterpriseNow: As of June 2024, this system for Complaints, Complements, and Issue management replaced ACES for quality review.
- Incident reporting on Sharepoint
- EnterpriseNow Dashboard
- MD Requests for Leveling Quality of Care Issues training deck
- MyLearning training: Home and Community: Complaints, Compliments and Issue Management EnterpriseNow Training [377687] CRS377687
- Each AMD will get an email from EN with headline "Confidential; Contains PHI – Action Required – Complaint received/###" for complaints that are made that include one of their APC direct reports.
  - Inspection into the complaint and response to the items assigned is needed within 48 hours or a "Delinquent" email will be sent.
  - Other steps may be needed for response depending on the complaint and if it had clinical involvement. In cases which escalation to a medical director is directed, these should be assigned to a DMD (#1 Taylor Spencer, #2 Kathryn Miner) may be needed within a strict and narrow timeframe.

➢ Ethics inquires: Site. To be done in select cases with or without an EN review. Example would be consideration of deletion of documentation in Ubiquity that was done in error.

- Reports
  - Power Bi: Link on Optum device but can also be found through Teams Applications.
  - Our most important reports will be:
    - 

  - HBMC Power Bi Access Instructions
- Contact information:
  - APC personal cells numbers can be obtained in GSS for an AMD; s direct reports:
    - 

  - LM1 Emergency Roster: Found also on the Emergency Contacts Teams Channel files, access for Leadership only. all LM1 personnel with Employee ID, address and personal phone numbers.
- Optum Secure Access: Occasionally will get notified by Secure@optum.com that an APC on your team needs access. Go to https://secure.uhc.com/ and complete access request.
  - Access usually needs approval every 6 months.
  - Those with new positions and responsibilities may need access approvals done as requested.

- APC/ AMD professional relations
  - Consults vs Generic advice
    - When an APC reaches out for patient care guidance, regardless if this guidance is consultative or generic, placement on the DOTD spreadsheet is recommended so that we can track these cases and mold our education and quality enhancement to trends. This sheet can also be found in the LM1 Docs chat files.
    - Only accept a request for a consultation if you are fully licensed and credentialed for the patient's home state and insurance.
    - Consults can involve specific patient info including ID#, pictures, Kardia, lab results, etc.
    - Generic advice only can be given when a physician is not fully licensed or credentialed for the patient's home state and insurance. No specific patient information from the APC should be used for generic advice, and patient's chart should not be viewed. "Give me a generic patient and I will give you generic advice." Avoid telling the clinician how to manage a patient or directing the care but help the APC to come to their own conclusions and work through the case.
  - Coaching
    - Many APCs will need coaching on medical management, professionalism, workflows, and communications at some point.
      - This may come from Peer Review cases, complaints from markets or other clinicians or physicians.
      - This may also come from the APC Team Leads when their coaching has not changed practice.
      - Some coaching will need to be prolonged and require extensive documentation if it is required for a CAP.
      - Coaching for improvement should come after an investigation into the concern has been appropriately done to the greatest extent possible taking into consideration the need for possible urgent change in behavior depending on the concern. This should include the following when applicable:

        - charting reviews
        - communication reviews (Teams, Outlook correspondence)
        - listening to calls
        - reviewing with other leadership the current policies, workflows, and guidelines having to do with the concern.
    - There are numerous opportunities through Optum to enhance coaching and communication for leaders within the organization. Just in Time Coaching, Emotional Intelligence (Sharepoint), Managing Poeple/ Managing Conflict (Sharepoint)
    - Reaching out for support from other AMDs and LM1 Physicians is welcome and encouraged.
- Advocacy
    - There are times in which an AMD will be asked by the APC on their team to advocate on their behalf for scheduling or HR issues. Keep in mind that WFM does not consider why an employee needs a schedule change, and this is to remain neutral in the decision-making process. Scheduling decisions are made only with the insight of forecasting to ensure patient care coverage.
    - While it is not advised to make exceptions in every case, it is best to have objective evidence for the case and work with the other body (WFM, HR) on a resolution.
- Misc manager issues:
    - DMDs will have direct reports who have been supplied with a Company cell phone, AMDs may have direct reports with a history of having a company cell phone or still have a legacy one. Occasionally, the manger may receive an email update from the Wireless Mobility gRoup with a summary of cell hone charges. According to the Wireless Mobility Group: “The mobility team pays the bill for all the carriers. We are just wanting the managers that have direct reports to approve that their employees can keep these devices or if we need to disconnect them.” AMDs can reach out if their APC direct report has a cell phone erroneously.
    -