

## ❖ Performance reviews

- Interim (Mid Year) and Common (End of year) reviews in GSS: [Preparing for Common Review](#)
  - Interim: Access Performance Goals can be done as part of 1:1, update APC and make sure they are coached for any improvement needed.
  - Common: Also incorporates self-evaluation and colleague input. Overall score usually will incorporate professionalism, general openness to change and coaching, professional development and any positive or negative aspects not otherwise measured in the four GSS goals. The LM1 physicians will come together to help create a master list of all APCs that includes summaries of their performance, GSS goal performance, Self eval, and colleague evals. Together, the LM1 physicians will discuss as a group and decide as a group what scores to give each APC and focus on having one message when it comes time for each physician to discuss the scores with their APCs.
  - Common review scores are not immediately available to the APC (AMD/DMD) once submitted in GSS, and it is recommended that the manager wait till the pre-determined time to report these scores as they do have to pass through upper Landmark and then Home and Community Leadership first. This does take weeks, and scores are subject to change.
    - Linked to potential annual salary increases based on available Finance budget and guidance (see Annual Salary Increases below)
  - 2023 Performance goals: (as fo 2/13/24, 2024 Goals not produced)
    - UE Co-Visit completion 1 per quarter when applicable, satisfactory call audit results for documentation review and recorded call review
    - Timely documentation: Same shift (within 24h) chart closure = > 95%
    - Meeting attendance: Active participation in all 1:1s (must be rescheduled and completed if absent), Team Meetings (attend and complete quiz), and other meetings required for this role
    - Working rate: Working Rate = > 85%
      - ◆ This is currently being calculated by Work Force Management. This can be found in the Work Force Reporting Teams Channel in files.
    - Team Lead goals slightly different:

- ◆ Satisfactory completion of APC call documentation and recording reviews on a weekly basis.
- ◆ Team support: Participation in assigned special projects as needed for this position.
- ◆ Meeting attendance: Active participation in all 1:1s with physicians (must be rescheduled and completed if absent), Team Meetings (attend and complete quiz), and other meetings required for this role.
- ◆ Market support: Completion of market meetings on regular cadence.
- ◆ TL GSS scores are discussed within the LM1 physicians group meeting along with the other APC GSS scores and reported to them in the same fashion.
- LM1 AMD physician Goals:  $\geq 80\%$  chart audits and cosigns needed for Landmark First APC collaboration completed within 2 weeks of assignment, 80% of APCs on AMD team meet their individual performance metrics (exclusive of citizenship), Completion of 1 UE virtual ride along per APC on the team per quarter for those APCs overseeing UEs during AMD working hours, completion of 2 call quality reviews per team per week, Active participation in Landmark First special projects, including market collaboration improvement, quality improvement, education, and clinical program administration as assigned. These GSS scores are calculated and discussed amongst the DMDs and CAC before reporting.
- Goals are subject to change yearly and will be reviewed as needed for the next year.
- Performance in GSS goals used to calculate merit pay increase for next year. This is started in November, see [Comp Planner](#) and considerations for MAP rating below.
- QIP scoring [AIP/QIP Incentive Program](#)
  - Most APCs will be on a QIP. In 2023, some legacy Landmark APCs received a 20% bonus quarterly payouts in the form of a 5% gap payment. In 2024, the

Quarterly bonus for LM1 meeting metric goals as a market will be 15%, divided into four separate payouts. Physicians are on the same QIP bonus structure. AIP is the Annual Incentive plan some APCs in leadership positions are on.

## Landmark First QIP Overview

### Incentive Measures

Award amount = Landmark First funding result x (sum of achieved weighted section goals)

Q1, Q2, Q3, Q4 2024

Section Weight	Goal Area	Performance Targets
25%	Call Answer Rate	<ul style="list-style-type: none"> <li>• &gt;= 90% of inbound calls answered by LM1 for H1</li> <li>• &gt;= 94% of inbound calls answered by LM1 for H2</li> </ul>
25%	Urgent Episodes of Care	<ul style="list-style-type: none"> <li>• 80% of patients remain safely at home for 14 days post-UV episode close (standalone UVs included)</li> </ul>
25%	Call Quality	<ul style="list-style-type: none"> <li>• &gt;= 90% of non-clinical and clinical calls for LM1 team meet or exceed quality standards</li> </ul>
25%	Leading Through Change	<ul style="list-style-type: none"> <li>• Q1: Successful management through Genesys implementation: return to baseline on average speed to answer between Q4 2023 and Q1 2024</li> <li>• Q2: To be added 30 days prior to beginning of quarter</li> <li>• Q3: To be added 30 days prior to beginning of quarter</li> <li>• Q4: To be added 30 days prior to beginning of quarter</li> </ul>

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- Coaching towards meeting metric during 1:1 meetings should be ongoing.
- Disqualifications for QIPs would include being on a CAP the last day of that quarter.
- Annual salary increases: Merit pay increase, see GSS Goals above
  - Comp planner guidance with some discretion, total pool for team with some ability to increase, reduce if budget neutral
  - Based on Common review
  - Completed in [Comp Planner](#)
  - Restrictions on the range of potential salary increases based on the 1-5 annual performance review score
  - As with Common review, a meeting with all physicians with APC direct reports should be had in LM1 to go over compensation changes for equity and fairness. Language to use when having compensation conversations with the APCs at a later date can also be agreed upon.
- Corrective Action Process: OPS policy can be found through Helloignite.
  - [Creating a Corrective Action Plan](#)
  - If contemplating putting a team APC on a CAP, call HR Direct for guidance first at 1-800-561-0861
  - Ideally coaching would have been done far ahead of an APC needing to be put on a CAP. Great documentation is needed in call cases, including saved emails, 1:1 notes, saved conversations from Teams, etc.
- ACES: found through the Compliance page on LM Home

- [Automated Complaint Adverse Event System](#)
- [September TTT on ACES](#)
- How to respond:
  - [ACES Process working v 2.docx \(sharepoint.com\)](#)

➤ Education completion monitoring



- Cornerstone: Cornerstone Landmark's learning platform (will sunset April 2024)
  - Access with Optum credentials
  - Landmark APC, Registration within first week of onboarding, will have assigned education (Palliative Academy with link to CAPC, attestations, Ubiquity training, etc.)
  - [Updating email addresses in Cornerstone PDF](#)
- Occasionally education intended for all Landmark providers and employees is assigned to LM1 clinicians as well. This is for compliance and most is done during training, but some will need to be done on a yearly basis.
  - Required by LM1

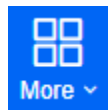
OPS Safe and Secure With Me 2024
OPS Fraud, Waste and Abuse and Code of Conduct 2024
OPS Developing Cultural Awareness
OPS Intellectual Property
OPS COMP – Medicare Marketing in the Healthcare Setting
OPS COMP – Annual MOC Provider Staff Training



- ◆ This is not an all encompassing list. Additional training may be assigned through out the year. Kathryn Miner and Sunni Kneeland will have the most up to date information regarding mandatory training and that which is time sensitive.
- ◆ Some training will need to be completed in a very particular way and time. LM1 Clinicians will be notified of this and time will be scheduled for them with WFM. Compliance is mandatory and not completing may results

in corrective action. Kathryn Miner will be helping to coordinate this training when it is needed.

- NOT required by LM1:
  - ◆ EOHS 2022: Tuberculosis (TB) Program Training-371486-615250
  - ◆ EOHS 2022: Bloodborne Pathogens-371524-615301
  - ◆ EOHS 2022: Respiratory Protection Training-371526-615308
  - ◆ EOHS 2022: Infection Prevention-371525-615304
  - ◆ EHS 2022: Pharmaceutical & Hazardous Waste General Awareness Training-371549-615346
  - ◆ EHS 2022: Regulated Medical Waste Awareness Training-371551-615348
  - ◆ EHS 2022: Hazard Communication & Chemical Incident Awareness Training-371537-615330
  - ◆ EHS 2022: Clinical Compressed Gas-371500-615228
  - ◆ EHS 2022: Department of Transportation (DOT) for Hazardous Material/Pharmaceutical Waste-371530-615321
  - ◆ EHS 2022: Department of Transportation (DOT) for Regulated Medical Waste-371531-615323
  - ◆ EHS 2022: Safe Lifting Techniques-372881-618458
  - ◆ EHS 2022: Safe Practices for Field-Based Professionals-371552-615350
  - ◆ EHS 2022: Defensive Driving & Accident Investigation-373788-623216
  - ◆ EHS 2022: Department of Transportation (DOT) - Materials of Trade 371474-615176
- [MyLearning](#): Launched 12/11/23. Can customize your own learning platform for CME and education on both medicine and professional development.
  - AMDs will have access to the training and education assigned and completed by their APC direct reports by navigating to Manager Dashboard.



Manager  
Dashboard

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➤ External learning platforms for providers:

- [Registration guidance for CAPC and Dynamed/EBSCO](#)
  - Center for the Advancement of Palliative Care: CAPC, Free CME, AMDs will have required learning at this site through Cornerstone as part of onboarding.

- DynaMed: Free access given to all providers. Can calculate CME as it is used.
- [Optum Health Education](#): Free CME on a range of topics, webcasts. AMD will have required learning as part of their onboarding.
- [Xyleme](#): Will need to create a One Health Care ID using Optum email address.
  - Optum approved clinical education and algorithms.
- [H&C Clinical](#)
- [Provider Development](#): Create account with email. Professional development opportunities and resources.