

❖ Performance reviews

- Interim (Mid Year) and Common (End of year) reviews in MyGPS: [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 MyGPS goals. The LM1 physicians will come together to help create a master list of all APCs that includes summaries of their performance, MyGPS 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 MyGPS, 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)
 - 2024 Performance goals for APCs:
 - UE Co-Visit completion 1 per quarter when applicable, call audit results average score of >85% for random 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
 - Personal goal based on CLL or other personal stretch assignments as determined by manager.
 - LM1 AMD physician Goals: >= 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 2 call quality reviews documented in OnSpring platform per APC per 6 weeks period, active participation in Landmark First special projects, including market collaboration improvement, quality improvement, education, and clinical program administration as assigned. These MyGPS 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 of MyGPS 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

- Most APCs will be on a QIP. In 2024, the Quarterly bonus for LM1 meeting metric goals as a market will be 15%, divided into four separate payouts. AMDs are on the same QIP bonus structure. AIP is the Annual Incentive plan some APCs in leadership positions as well as DMDs and CAC.

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

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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.
- [Home Based Medical Care Landmark First Bonus Plan 2024](#)

➤ Annual salary increases: Merit pay increase, see MyGPS 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.
 - When considering salary grades for physicians:
 - Salary grade 31 = physician salary grade 3
 - Salary grade 30 = physician salary grade 2
- 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.