

## ❖ Collaborative practice requirements

- Landmark requirements vs. State requirements for CPA
  - Regardless of state-specific CPA requirements, Landmark First is committed to clinical oversight and quality assurance for the full team. All APCs – even when not obligated by CPA requirements – will be overseen with a designated supervising physician, have a regular 1:1 meeting cadence, complete Urgentivist Extender ride-a-longs, and have review of documentation and calls.
  - Each state CPA may have its own specific requirements that Landmark First will be committed to meeting.
  - All Landmark First CPAs will EXCLUDE controlled substance prescribing and this should be explicitly stated in the CPAs signed. Despite this, all APCs and physicians need to have an active DEA, preferably in the state they are living in, as some State licensures will need an active DEA.
  - Optum Legal and Compliance will review each state's CPA requirement with Landmark First to ensure CPA obligations can be met. A repository of state-specific CPA information is pending.
  - Adrienne Moltz is the manager of the most up to date LM1 APC and physician licensure, credentialing, and CPAs. Development of this master document is still in progress.
  - It is the physician's responsibility to keep documentation of their held CPAs just as it is the responsibility of the APCs to do the same.
    - Can compare with completed DocuSigns
    - Can compare with state medical board data (ie. MyTMB for Texas)
- APC roles and responsibilities
  - APCs must be aware of and responsible for maintaining all expectations of the CPA. Referring to state boards, Board of Nursing, and Adrienne Moltz can be done to review any expectations of maintaining a CPA.
  - Moving to another state may have implications for licensure and CPAs, including any with a geographic proximity component and any compact states. It is highly recommended that any provider (physician or APC) notifies [licensuresupport@optum.com](mailto:licensuresupport@optum.com), and Adrienne Moltz of any residential move. Also contact Credentialing: [HBMC\\_Credentialing@optum.com](mailto:HBMC_Credentialing@optum.com) [hbmc\\_enrollment@optum.com](mailto:hbmc_enrollment@optum.com).
    - GSS:
      - ◆ Clinicians should change their address in GSS AFTER they physically move to the new location.

- ◆ A Clinicians manager will then needs to change the state to the new location for tax purposes also after the physical move has taken place.
    - ◆ Update the Direct Deposit as applicable.
  - Each State Board where a clinician holds an RN/NP, the clinician will need to:
    - ◆ Go onto each state board site and change the address.
    - ◆ If the clinician does not have their log ins, they can ask licensing can give this information to you.
  - Open an HR Direct Ticket for the following reasons.
    - ◆ Benefits may change <https://member.uhc.com/myuhc>
    - ◆ W4 Tax information
  - Some states have obligations for APC to directly notify state medical board of status changes with CPAs such as physician “holder” of the CPA or collaborative pairing. (ie. MyTMB for Texas)
- DocuSign
- All CPA agreements are completed using DocuSign
  - STRONGLY encouraged that AMDs keep an Outlook folder or save to their OneDrive all CPAs, including those no longer in effect.
- Termination (voluntary and involuntary)
- Some states will have an obligation of written notice from the physician to end a CPA when terminated.
  - AMD should verify this is completed, including notifying APC during any discussion of voluntary or involuntary termination.
  - Termination will also need to be accepted in GSS using the date at which the APC either resigned on or was involuntarily terminated.
  - IT will send automatic emails to the AMD with a link for asset termination and recovery. Here you will submit that the APC was terminated and that they need boxes and a shipping label sent to them so they can mail back their computer. If the computer is not sent back, the AMD will continue to be notified and IT may have to instigate communications with the APC as well as turn off access to the device so it can no longer be used.
- Independent practice states
- Some states allow APC independent practice with state-specific restrictions. APC must verify they meet criteria if choosing independent practice
  - This may reduce obligation for automatic cosigns/chart audits
  - This does not impact the Landmark First standard clinical oversight and quality assurance for the full team.
- Monitoring of APCs license status and CPAs
- [Partner in Active Licensure](#)

- System designed for healthcare professionals to help track and maintain your license and certification information.
  - [Optum Licensing](#)
- Any manager can request a monthly expiration email from [licensure support@optum.com](mailto:licensure support@optum.com)
  - Send email to [licensure support@optum.com](mailto:licensure support@optum.com) with correct Subject.
  - A list of the different Subjects that are used to request a report:
    - ◆ Request Report:<Monthly Expiration Report>
    - ◆ Request Report:<Team Case Status>
    - ◆ Request Report:<Team Held Licenses>
    - ◆ Request Report:<Team Held Certifications>
    - ◆ Request Report:<Team Held Records>
    - ◆ Request Report:<All Team Records Combined>
    - ◆ Automated Task: Send My Licenses
- [Clinical Licensure Resource Center:](#)
- Credentialing: Done after licensing, organized by Landmark First Associate Director (Adrienne Moltz) pending involvement of Work Force Management. APC (and AMD) must be licensed AND credentialed in the state to practice. Resources kept up to date found below.
  - [APCs Credentialed in What States Alphabetized](#)