Landmark 1st Manual

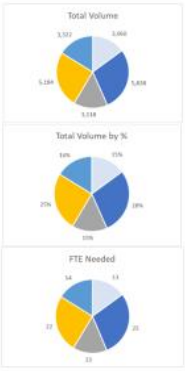
Assistant Medical Director Edition

❖ Handbook Ownership/Maintenance

- The AMD Manual
  - This Manual will be owned and updated by the Landmark First (LM1) Associate Medical Directors (AMDs), Divisional Medical Directors (DMDs) and the UE Program national Medical Director under the guidance and approval of their direct supervisor, the Chief of Acute Care (Dr. Karen Abrashkin)
  - It will be used as a shared reference on those processes and procedures unique to the AMD and DMD roles (and will direct to other manuals or links as appropriate for those aspects that apply to a broader group, ie. the Clinical Reference Manual or the UE Guidelines).
  - It will be updated as needed based on any identified changes in the AMD, DMD role.
  - Content will also be intended to supplement the onboarding of new Associate Medical Directors.

- The Associate Medical Director
  - Associate Medical Directors at Landmark First facilitate the functions of LM1 by overseeing a set of Advanced Practice Clinicians (APCs) at a goal ratio (currently ~15:1) plus collaborating with specified markets within their LM1 regions. The specific roles of the AMD are further delineated in this manual.
  - Workgroup was created in the Summer/Fall of 2023 to better define this role. Report.
  - See below for Regionalization map of LM1
- Divisional Medical Directors
  - Currently 2, West and East, who will manage a team of physicians (Associate Medical Directors), APCs and APC Team Leads as well as leading key clinical initiatives for the Landmark First team, including clinical quality and clinical education.
- Landmark First Regionalization:
  - Mid 2023, with the help of Work Force Management (WFM) and LM1 leadership, all states in which Landmark has a market were divided into 2 divisions, and 5 sub-territories within those divisions.
  - This structure was made taking into account AMD to APC ratios for oversight, clinical calls to LM1, current and forecasted APC licensure and credentialing, and CPA needs. This map does NOT overlap with the Optum at Home Region and Market Structure as of June 2024, but is a better way for LM1 to provide call coverage for the markets, and oversight of the APCs providing care.

Landmark First Structure



Territory	Sub-Territory	APC TL	AMD	DMD
1 (East)	1a	Francesca Yarnall	Dr. Don Locasto	Dr. Taylor Spencer
1 (East)	1b	Maggie Berolo	Dr. Alexa Gale	Dr. Taylor Spencer
1 (East)	1c	Open	Dr. Jason Williams	Dr. Taylor Spencer
2 (West)	2a	Open	Dr. Laura Roan	Dr. Katie Miner
2 (West)	2b	Open	Dr. Mah-Fri Fomukong	Dr. Katie Miner

Updated: 9/17/23

- Landmark First administrative team leadership structure:

  Landmark First Org Chart

- Landmark First on Landmark HOME:
  - Landmark First (uhgazure.sharepoint.com)
  - Intranet (Home)
  - Knowledge Base

- Acronyms:Landmark Acronyms
- Major Market Regionalization and personnel changes were made by Optum 4/18/2024. Refer to this evolving document: HBMC Regionalization Changes 5.0 Overview for information on Market regions, Leadrship names and responsibilities, and Genesys use.

❖ Interviews

➢ APC candidates:

- Selecting candidates to interview
  - Internal or external APC candidates submit their application through website postings (separate for internal or external). The postings include job descriptions which will delineate the specific state licensure needed and hours available. Scheduled shifts for full time employment are four 10.5 hour days ***OR*** five 8.5 hour days.
  - All APCs must work some Holidays and Weekend days.
    - ♦ All APCs positions going forward are for full time (30 hours/week or more) work hours. Few APCs will have a part-time schedule, and these are mostly APCs who have been "grandfathered" in or have an HR accommodation.
    - ♦ APCs working 29.5 hours or less a week will work at least 2 of the 8 corporate holidays.
    - ♦ APCs working 30 or more hours per week will work 4 of the 8 corporate holidays.
    - ♦ There are per diem positions at LM1.
      - ➢ APCs wishing for per diem employment will need to contact their AMD manager and TaShawn Wilson (Clinical Administrative Supervisor)
      - ➢ Per Diem positions are not automatically approved and may not be favorable to the APC.
      - ➢ Per Diem employees may not have standard work hours, guaranteed work hours, or work hours ensured as the company hires more employees. They will be paid at rate of $55/ hour.
      - ➢ Per Diem employees do not have access to benefits, overtime, and they still have the same licensing, credentialing, education, and training requirements of all other APCs in LM1.
  - WFM (moving to IEX June 2024) helps with defining the needs for both licensure and work hours of the requisitions through forecasting the call

needs. Therefore, some positions advertised may not include all of the above requirements.

- Recruiter forwards appropriate candidates for initial interview with Associate Director of Medical Clinical Operations (Adrienne Moltz).
- Those advanced by the Associate Director will have a 1-hour interview with two LM1 physicians (two AMDs or one AMD and one DMD. There may be occasion for the applicant to have an interview with the CAC if a higher level decision needs to be made regarding hire.
- Special points to consider talking about in APC interviews:
    - Tech issues and the potential loss of UPTO when there are technology complications preventing an APC from working their work hours. It is a job requirement to have high speed internet access available at all times in their workspace to complete the job.
    - All software programs needed for the job are provided. APCs will have comprehensive training on application required for the job. Additional applications and programs may be approved through Optum.
    - Optum will provide all hardware for their working needs. Faxes, printers, shredders, and any piece of equipment used for hard copy is not necessary and will not be provided or reimbursed for.
    - Training attendance is required to ensure they are competent in the use of the hardware, software, and company workflows prior to taking calls and managing patients.
    - APC positions are exempt (salaried) and this comes with the expectation that there will be times in which work-related activities are done outside work hours and not compensated. This can include completing charting at the end of the work hours. LM1 Leadership does make every effort to schedule mandatory meetings and training within the APC work hours.
    - LM1 APCs work remotely but do have to have a registered residence in which they can set up a workstation that is HIPPA compliant. They must fill out a Telecommuter form in GSS. APCs will be expected to receive a desktop and a laptop is the exception (ie. For approved work accommodations). If an APC needs to work from another location, such as a summer home, for a month or more, they are expected to establish a HIPPA

compliant workstation at the temporary residence and use their entire desktop while they are there.

- APCs will be expected to remain available to take patient care calls and answer email triages on their work hours. Break times, pre-approved meetings, and approved training are the only times in which an APC may not be available to take calls during their work hours.
- An APC working for LM1 can expect to be busy during work hours, but still take one patient care concern at a time. Documentation is expected to be done before the next patient care concern starts. How busy an APC is during their work hours depends on work hours scheduled, licensing, and credentialing.
- It is expected that APCs will continue either working independently on their own licensure or work closely with Optum Licensing on gaining any licensure they do not have within their assigned LM1 sub-territory.
- Special desks, chairs, or other office equipment needed for a medical reason will need to be escalated to LM1 leadership, the APC's team physician, for review. Other basic office equipment is not reimbursable.

- Completing interview feedback
  - Topics for discussion might include:
    - Review of the candidates prior clinical experiences and applicability to our role (acute care and/or geriatric experience is highly preferred)
    - Description of our patient population and unique ways of managing calls
    - Description of typical day
    - Description of interactions between the LM1 APC and LM1 AMD. (DOTD and 1:1s)
  - Completing the interview "Individual-Contributor-Interview-Guide" can be a resource to use.
  - Alternatively, an APC Interview form and be copied and filled out by one of the interviewers, sent to the other for additional comments, and then sent on to leadership with recommendation to hire or not to hire, see below.

        - This form contains qualities LM1 and Optum are looking for in APC candidates.
        - It also contains two patient scenarios built from cases used in past interviews. These can be used after giving the candidate a better understanding of who Landmark and LM1 works and the UE program as well. They can be modified to fit the clinical acumen we want to access in the candidate.
    - Occasionally there will be numerous APC interviews within a month's time, and more APC candidates for the roles available. LM1 physicians will come together to rank the APC candidates and provide this information to Adrienne Moltz who will then work with Talent Acquisition.
    - The applicant will most likely receive further information from Talent Acquisition.
    - Optum guidance on interviews
    - Bias free interviewing accessible through Knowledge Base
- Decisions on interviews
    - The interviewing AMDs/DMDs will save a copy in the APC Interviews folder on the LM1 Doctors Teams Channel. Interview notes are to be saved for 7 years.
    - Ultimately, the hiring decision is by the VP and Chief of Acute Care based upon LM1 needs and the feedback provided.

AMD candidates:

- Selecting candidates to interview
    - Internal or external AMD candidates submit their application through website postings (separate for internal or external. The postings include job descriptions.)
    - The recruiter will advance candidates who meet criteria for interviews with the Associate Medical Directors will have a 1-hour interview with all available Landmark First AMDs/DMDs, typically done in a series of interviews with groups of two (in contrast with APC applicants, where a single AMD interview is standard)
    - The Chief of Acute Care and National VP of Patient Access will also interview.
- Completing interview feedback
    - Optum guidance on interviews.

- Bias free interviewing
- The interviewing AMDs/DMDs will save a copy in the Interview Notes folder found in the AMD Interviews on the LM1 Doctors Channel files for 7 years. They will also email the rest of the LM1 physicians with a brief description of the interview and a suggestion of whether the applicant should be extended a job offer. Prior acute care and/or geriatric experience is considered. Prior experience with APC collaboration preferred.

- Ultimately, hiring decision is by the VP and Chief of Acute Care based upon LM1 needs and the feedback provided.

MEETINGS:

Overall, the expectation is to attend as many LM1 meetings and Landmark Leadership meetings as invited to. Having Clinical Leadership to listen, learn, and give feedback is one of the most important parts of the job. Being on time, present and practicing good meeting etiquette shows the professional respect all are committed to and expect of each other.

- **Company wide**
  - **"Your time with the CEO"**
  - **"Fireside" Chats** with UHG CEO Andrew Witty are semi-regular.
  - Monthly or Quarterly **Town Halls** with Home and Community CEO Shawna Gisch.
    - Not required but encouraged.
  - **Biweekly National leadership meeting**
    - Every other Monday with companywide management leadership. Attendees include national leadership, and includes RLTs, MLTs, other divisional leaders/execs, and shared services. Summarized in MLT Weekly Digest email. Organized by Strategic Operations Manager.
    - NLT invite request form
    - Meetings will contain summaries and links to presentations imbedded within the invite. Invite should also come with addition to the MLTs and Senior Leadership Teams Channel which will also have files of past presentations stored within it.
    - Highly encouraged.
  - **Train the Trainer: Scheduled as needed**
    - Company-wide educational materials for dissemination dependent on the applicability of the content to the employee's role.
    - Attendance encouraged, one AMD can be assigned to attend and report any relevant material presented to the rest of the LM1 Clinical leadership as applicable.
  - **Palliative Physician Lead meeting:**
    - The Palliative Physician Lead role is primarily for market associate medical director with market-level responsibilities related to palliative care. Alexa Gale, MD, is filling this role for LM1.
- **Meetings within Landmark First**
  - **Monthly Clinician meeting:**
    - Past meetings can be found either in the LM1 APC's Teams channel files under Monthly Clinicians Meetings (includes 2023), or in the LM1 Doctors teams channel under APC Meetings.
    - Physicians will be responsible for creating educational content (see Education divide), and Physicians content. Karen A also includes opening content and

discussion of metrics. APC may step forward to help with education as the LM1 physician working on education sees fit.

- Numerous options (usually 2-3) for APCs and RNs during the third week of the month, required to attend at least one if scheduled to do so by WFM, or can be scheduled to watch on their work hours. All meetings will be recorded and one posted after all of the three meetings have taken place.
- TaShawn Wilson will send out Teams meeting reminders at 7 days prior and 3 days prior to the first meeting to gather agenda items into the posted template and go over meeting structure and who is presenting each slide.
    - The 3 day reminder meeting will occur on the Friday before the week of meetings, and will be used to do a dry run of the deck and make sure all that need to submit slides to TaShawn have done so.
- Meeting Quiz emailed out after last meeting of the week, created and able to be found in Microsoft Forms, for APCs due 3 weeks after that month's meeting: (Forms page, where to find Knowledge check) See Education divide for more information. Report is uploaded to the APC Meetings Folder in LM1 Docs Teams Channel (look for "Meeting Attendance AKA Quiz" folder
    - No specific score is mandated, but may provide opportunities for reinforcement or discussion of answers at 1:1 meeting. 2-3 of the most missed questions will be highlighted during the next month's meeting.
    - Meeting attendance taken from completed Quiz and is recorded in the Monthly meeting attendance by the AMD/DMD.
- LM1 physician attendance at all Clinician meetings is highly encouraged, and needed when a physician is presenting.

- **LM1 Clinical Leadership Meeting:**
    - Mondays mid-day
    - LM1 physician to include the Chief of Acute Care, DMDs, and the National UE program director. Nursing leadership, Training and Implantation leadership, as well as Ops leadership for LM1 attend.
    - Meeting Topics are kept in the files under the LM1 Leadership Meetings Teams channel. Individual and group projects proposed, discussed, updates given. New and urgent matters discussed as well.
    - Required for DMDs.
- **Weekly Leadership Catch up:**
    - Thursdays Mid-day
    - LM1 Physicians (CAC, DMDs, AMDs) and nursing leadership
    - Clinical focused topics, group and individual projects.

- Clinical Leadership Meeting Meeting Topics in TeamsLM1 Doc channel
- **Required for AMD's**

- **Optional Monthly Office hours Q&A:**
  - 2-3 one-hour Q&A sessions 1-2 weeks after the monthly Clinician's meeting, voluntary for APCs and RNs, AMDs and other clinical leadership should attend if possible.
  - Operated by Dr. Karen Abrashkin (or designee) to answer questions from APCs and RNs regarding various topics.
  - Summaries will be made by TaShawn Wilson and sent out via email the following week.
  - Highly encouraged.
- **LM1 Full Leadership Meeting:**
  - Monthly, Monday or Wednesday afternoon
  - LM1 Full Leadership: CAC, DMDs, AMDs, TLs, TIQ, Ops leadership, ED, RN Manager, Supervisor of Clinical Ops.
  - Required
- **APC Bi-weekly Team Lead meeting:**
  - Bi-Weekly Wednesday Afternoons
  - LM1 AMDs and Team leads, discussion of matters that TLs are seeing, address issues and concerns brought up by the teams
  - Organized by Laura Roan, MD, but delegated to another AMD when needed
  - Highly encouraged
- **Bi-Monthly 2:1 meeting:**
  - National VP (Anessa Issa-Bazouzi) and Chief of Acute Care (Dr. Karen Abrashkin) for feedback, review performance, problem solving
  - Required for DMDs
- **Monthly or Bi-Monthly 1:1 AMD:DMD**
  - Established AMDs once onboarded will have their reports transitioned from the Chief of Acute Care to one of the DMDs
  - Required
- ~~**Team meetings with Leads:**~~
  - ~~Each Associate Medical Director will meet on a regular basis with the APC lead assigned to that AMD's APC team. Time will be at the discretion of the AMD and lead. They will review any issues related to their team, or other Landmark First issues as needed.~~
  - ~~Highly encouraged~~
- **Bi-weekly Quality/ Peer Review:**

- Thursday afternoons
- Headed by Dr. Taylor Spencer
- Go through recent Peer review cases
- Required

➢ **Special work groups, non-recurrent, short term meetings examples**

- TL APC work group: Formed to include Team Leads, Clinical and Ops LM1 Leadership, to help analyze the work expectations of the Team Lead APCs and better realign duties to either them or other groups within the organization (WFM).
- RN Strategy work group: LM1 Clinical Leadership, Nursing leadership, and TL volunteers, evaluate the role of RNs within LM1 and their workflows (Clear Triage)
- Encouraged, commitment is based on time allowed and interest.

❖ **MARKET MEETINGS**

- CMD/DMD: Market MD/RMD 1:1: As needed. Organized by parties involved when thre are issues particular to a market that need to be discussed.

➢ **LM1 Regional Market Meetings:**

- Monthly meetings between LM1 Clinical Leadership to include TLs, AMDs, and DMDs. Optional attendees are Ops leadership, PCC leadership.
- 5 meetings occur during 2nd and 3rd weeks of the month, one for each sub-territory.
- Meetings will focus on Ops announcements for LM1, shared metrics, Humanity, workflows, program changes and updates, call coverage, and market concerns brought forward.
- Agendas are found in the LM1 Clinical Leadership Teams channel, Regional Meeting Agendas. We will ask for the Markets to send agenda items up to 3 days prior to the meeting date. Agenda are meant to contain majority shared material but may contain regional specific material such as Licensing and Credentialing updates for region specific states and LM1 coverage.
- TaShawn Wilson owns the invites and these are based on the OAH Leadership Market Mapping.
    - TaShawn will also schedule a 3 days “dry run” meeting before the first LM1 Regional Meeting of the month for all LM1 attendees to review the agenda.

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. May include occasional face-to-face collaboration visits with APC in certain states (i.e. TN).
  - 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 at least one 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 contacted 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 hclicenseteam@optum.com, licensuresupport@optum.com, and Adrienne Moltz of any residential move. Also contact Credentialing:

    HBMC_Credentialing@optum.com 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 need 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 to 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)
    - Involuntary termination will need inclusion of Employee Relations very early into the process for guidance.
    - Some states will have an obligation of written notice from the physician to end a CPA when terminated. Contact Adrienne Moltz for verification of this need if not found on the state's board page.
    - 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 or was involuntarily terminated. Resources page: Voluntary resignation and manager checklist for resignation
    - Send termination notice to Adrienne Moltz and Workforce Management
    - 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 licensuresupport@optum.com
    - Send email to licensuresupport@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
- LM1 physicians are also encouraged to continue on gaining licensure in states Landmark has a presence to help with APC oversight, CPAs, and consultative assistance as needed for the APC team.
  - Adrienne Moltz can assist in helping to decipher what states may be most useful to gain additional licensure in.
  - Every physician can be assigned a Licensing specialist just as the APCs can. Requesting Licensure support can be gained by going to HBMC – Licensing – Request.

- 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

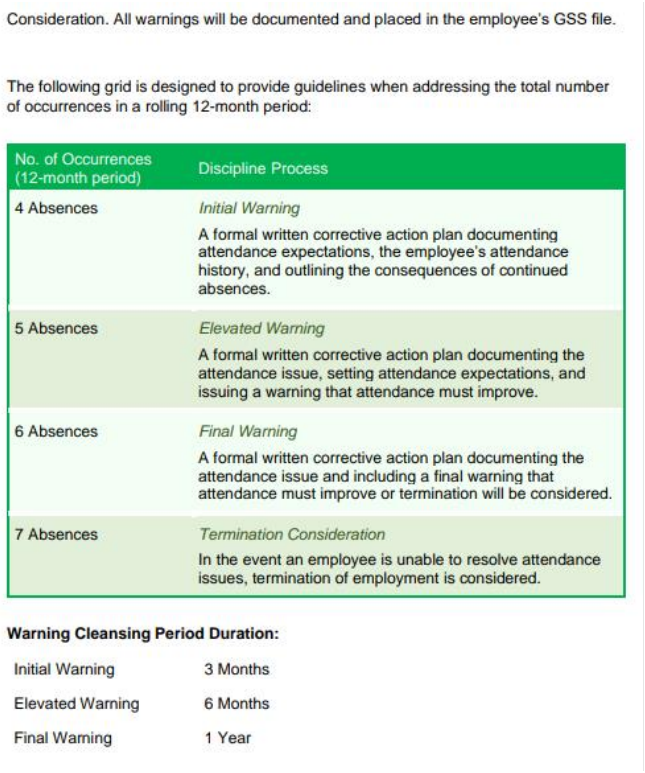
Status:	Description:	Duration:
Wraup-Up	An automatic wrap-up is required to complete after every call, callback, or email interaction. It is required to complete in less than one minute.	<1 minute
Meal	Meal break.	30 minutes
Busy	Includes charting in Ubiquity, follow-up email communications, and other 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* 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* 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* 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* 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

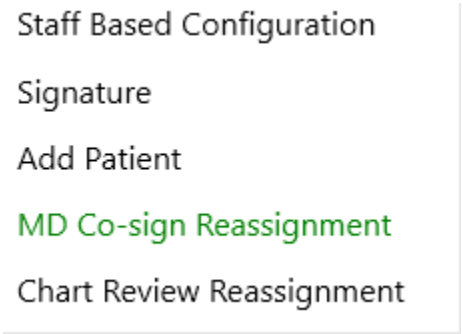
- Usually done prior to 1:1 with APC, at least 2 calls and subsequent charts reviewed. More calls may be done if the APC is a new hire, is on a CAP, and/or there are other quality issues known and subsequent monitoring needs to be performed.
- In Genesys: Calls are recorded shortly after being made and 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

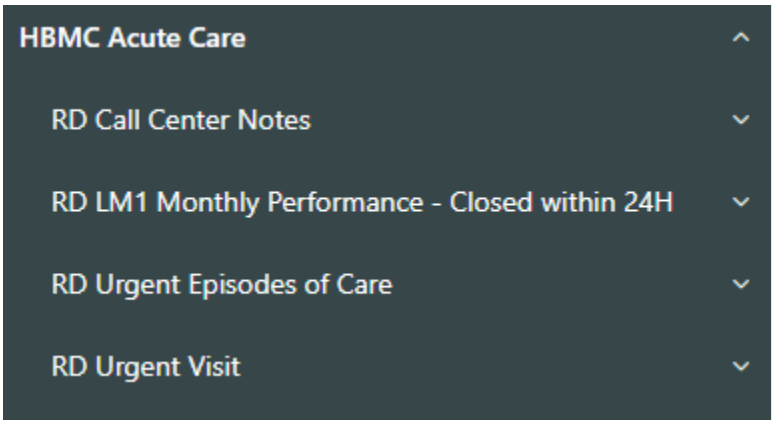
- Diagnoses appropriate
- Complexity appropriate
- PCP communication as a 1-2 sentence summary (i.e. not full HPI copied)
- Instructions to market (more than just "reassess")
- Encounters that include a UE should include the following as applicable:
- *UEVORB completed*
- *Medication administration form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

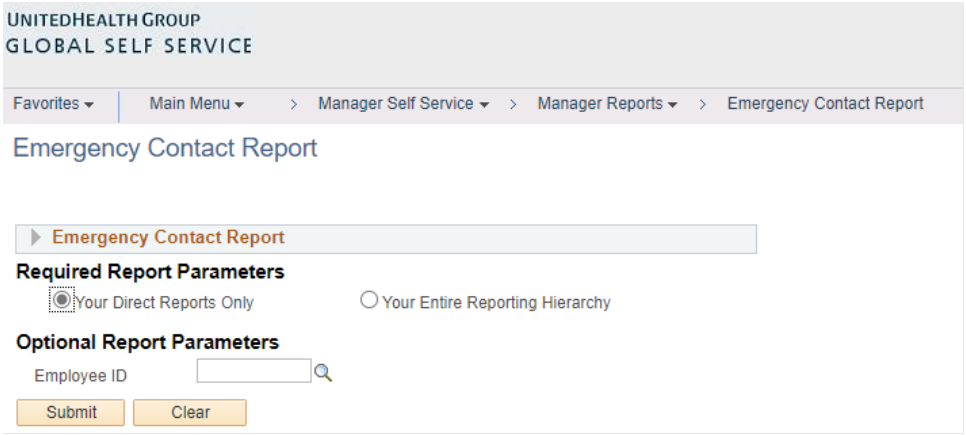


- AMD/DMDs can also see their configurations, compare percentages of what should be signed to what is actually being sent you to sign and Power Bi of how many charts made by an APC.
- Double check co-signs as these may not populate into dashboard

➢ 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.
    -

- **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.

- 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

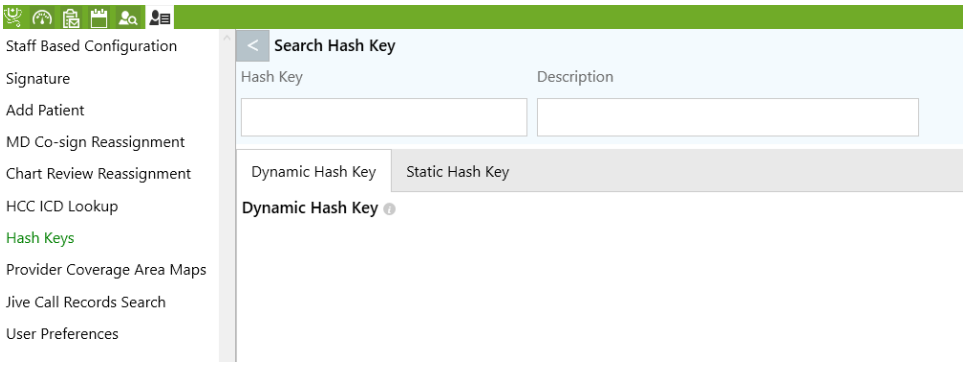
- Based on Common review
- Completed in Comp Planner
- Restrictions on the range of potential salary increases based on the 1-5 annual performance review score
- As with Common review, a meeting with all physicians with APC direct reports should be had in LM1 to go over compensation changes for equity 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.

❖ **Programs**

➢ Ubiquity: Ubiquity Product Guide

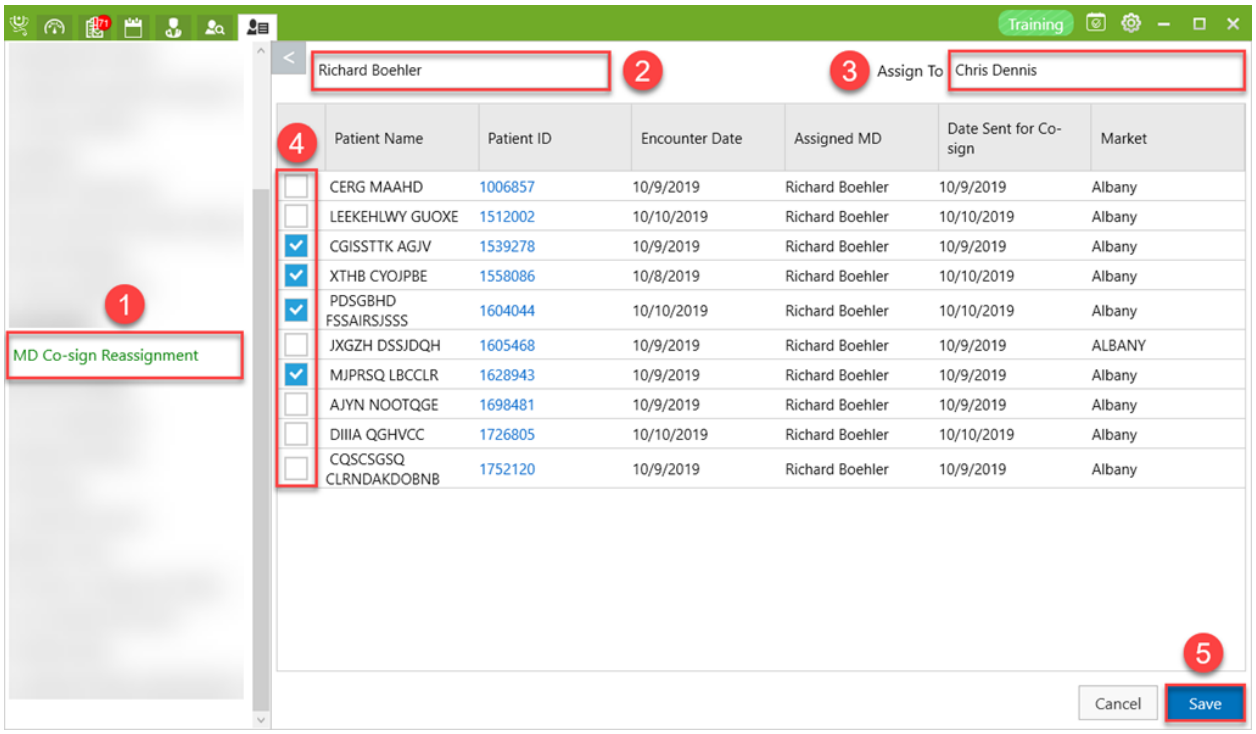
- Landmark's own EMR. Most training is completed during initial onboarding with PCCs/APCs. AMD training will be completed through Cornerstone/ MyLearning.
- Chart review/ signing/ call audits/ chart audits: see corresponding section- Oversight
- Health Plan Specific Information (HPSI):
  -  Found in the upper right corner of the Ubiquity chart in Clinical Summary. Gives the Health Plan Specific Information notes according to patient home zip code and insurance plan. Lists market schedule to refer to in Humanity, UE coverage with/without times of coverage (if applicable), and what on call providers to search for in Humanity. Any patient without a HPSI info needs Escalation to Associate Director (Adrienne Moltz).
- Hashtags:
  - 

  - Shared hashtags (hash keys) and personalized hash keys serve as shortcuts for commonly used phrases or templates. A pre-defined list of market wide shortcut keys will be shared with each market by role. These shared shortcuts are accessible by using the hash (#) key and starting to type the name of the name of the shortcut (i.e. #sec = secondary to). After typing #sec, pressing the period (.), comma (,), or enter key will populate the contents of the shortcut's description.
  - Dynamic Hashtags These will have drop down choices for several complaint specific hashtags.

- We have published several Problem Focused Dynamic hashtags in 2024 and anticipate more coming this year.
- Ubiquity also has the capability for users to create their own shortcut (hash keys). Once created, personalized keys are accessible within text boxes throughout Ubiquity by using a double hash (##) prefix.
    - ♦ Instructions on use and creating hashtags can be found in the Clinical Reference manual.
- Occasionally leadership will want to revise or create new hashtags to be used by clinicians. In this case, the hashtag draft can be brought to LM1 leadership for review and if approved, a request can be sent to Ubiquity Hashtag Request form. It will be reviewed by a quality committee as well as the LM1 Hashtags SMEs, Tom Charlton and Stacy Hittner.

▪ MD Co-Sign Encounter Reassignment

- From the Admin Module, can re-assign encounters that require co-signature to another MD in cases where the original reviewing provider is unavailable.
- Select the MD Co-sign Reassignment item from the Admin module menu.
- Enter the co-signing physician currently assigned for the patient chart.
- Enter the co-signing physician to whom the chart should be reassigned.
- Select the patients that should be reassigned to the new co-signing physician.
- Click the blue Save button.

➢ 

➢ Documentation

- Notes Vs. Encounters: When doing oversight of calls/ charts, concentrate on encounters as these involve more medical management and risk.
    - Notes:
        - ♦ Non-clinical: Cancellations, inquiries regarding ETA of provider to patient home, patient calling back after call dropping, Administrative, usually handled by PCC.
        - ♦ Clinical: Triaging a medical need and hand off or a visit. Any APC providing medical care, even very simple care, will require documentation as an Encounter.
        - ♦ These also involve unengaged patients with a clinical concern, follow up phone calls with consultants or family, family or caregiver calls even when they are not present with the patient.
        - ♦ #LM1assessment is the preferred Hashtag.
        - ♦ Notes are reviewed in the RD Call Center Note report in Power Bi, pulled every business day by the markets so they can see which of their patients called for a need.

- Encounters:
    - ♦ Used when APC is providing medical management and/or treatment, new prescriptions, specific advice, bridge refill of prescription medication, "manipulation" of prescription (take more insulin and check BG, skip BP med tonight, etc). Encounters are used whenever the APC is using their advanced degree to practice medicine. Even simple "advising", "recommending, and "instructing" generally qualifies as needing an encounter.
    - ♦ Used when sending a patient to the ED, even if they do not go. Even when pt calls just to tell LM that they are going or are already in the ED.
        - ➢ Telephonic notes will be created instead of encounters for patients who call and are either on Hospice and need escalation to the ED, or for patients who are not engaged yet (no IV1 has been done therefore no consents in file) or show as engaged through Housecalls (consents done by Housecalls but no IV1).
    - ♦ Used to open an Urgent Episode of Care (UEOC).
    - ♦ Enters new diagnoses into patient's problem list.
    - ♦ #LM1assessment is still the preferred Hashtag.
    - ♦ Encounters are reviewed in the RD LM1 Open notes and Encounters in PowerBi.

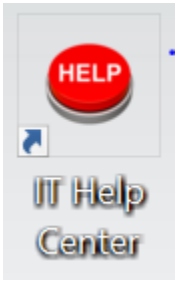
▪ Kardia

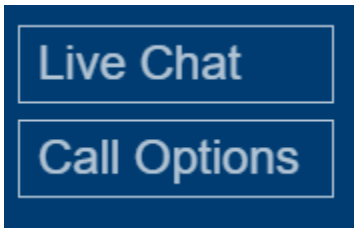
- Job aide (here); See LM1 APC manual for guide on obtaining and uploading tracings
    - ♦ AMD is responsible for interpretation – Must be Licensed to give interpretations.
        - ➢ Documented in encounter as informational visit; location = home.
    - ♦ Suggest a hashtag for interpretation *ie. ##EKGread: Kardia 1 Lead EKG sent to me on [mm/dd/yyyy] by [state Provider's name] from a visit on [mm/dd/yyyy]. Result is [a fib, rapid afib, paroxysmal afib,*

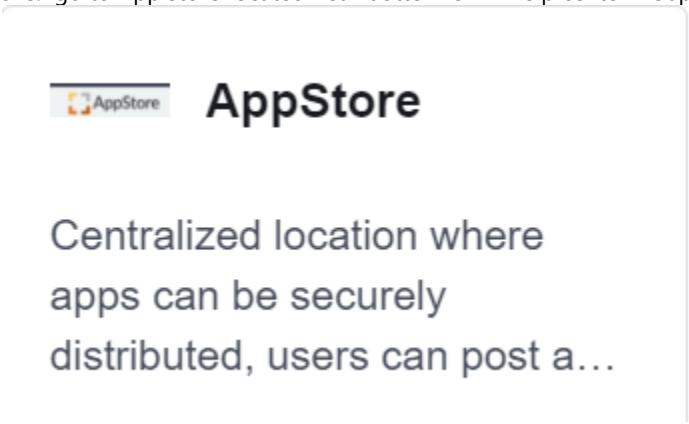
persistent afib, normal] with [HR (atrial rate and ventricular rate), Heart rhythm (regular, irregular), P wave (p for every QRS), PR interval (grossly normal, abnormal), QRS complex (normal or widened], [other: is this a clear tracing, or does it include artifact]

- Pictures: Please see APC Manual for information regarding picture management including use of LMPhoto@optum.com email address.
    - Adrienne has assigned all clinicians an ID resembling "R###" so that the photo is sent to the clinician.
    - Pictures are also sent to the LM1 PHoto Mailbox.
        - Adrienne Moltz can help get AMD access to LM1 Photo email mailbox.
        - When an APC needs picture from that mailbox, they can reach out to the AMDs or TLs who will find the email and forward to the APC.

❖ Software and Programs

- 

Located on desktop
- 

Located near bottom of IT Help Center webpage
- For the Help Desk, call 888-848-3375, have employee ID ready.
- Applications: go to App store located near bottom of IT Help center webpage.
  - 

Here you can requests apps under ”My Requests”
- RoboForm: Login and password application, Request form App store above.
- Power Bi: data repository, where to find reports
  - Access Instructions
  - Updates hourly
  - Common reports LM1 physicians will use:
    - RD Call Center Notes
    - RD LM1 Open Notes and Encounters
- Dragon Medical One app: use is not mandated, but many APCs find that documenting with this improves efficiency greatly.
  - How to request Dragon Medical One
  - Access provided to APCs by approval in Secure
- **Outlook including mailboxes**: Outlook and email support - Optum
  - Email signature: File -> Options -> Mail -> Signatures

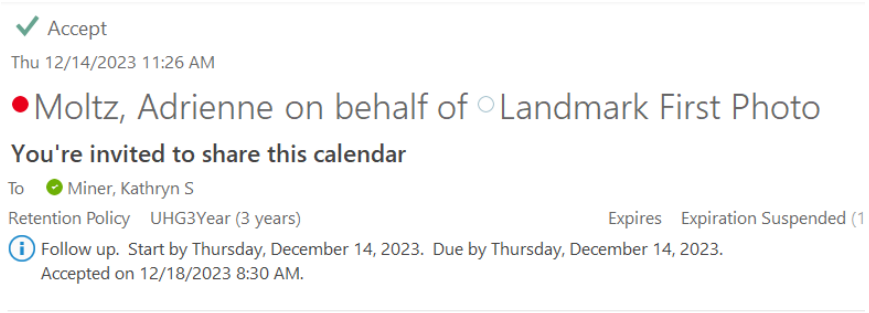
[Firstname] [Lastname] [Optional: he/him; she/her; they/them]
[Title], [business segment or product]
Home & Community | Optum

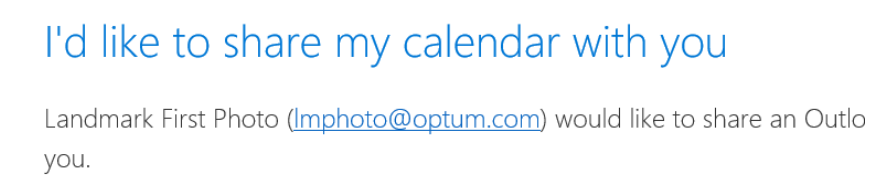
[Optional: 1-000-000-0000]
[firstname.lastname@optum.com]

[Optional: 1234 Street Name], [Optional: Mail code]
[Optional: City, State ZIP]

- Basic email, create/schedule Teams and Zoom meetings
  - Recommend creating folders for:
    - APC teams
    - Markets covering
    - Ride-a-longs (RALs)
    - Peer Review, ACEs, CAPs
    - Licensing/ Credentialing
    - CPAs
  - ***Optum emails will be deleted after 90 days. ***Save and needed correspondence or materials onto your computer, OneDrive, or add to teams when appropriate.
    - OPA User Guide
    - Instructions to set the retention for folders
    - Detailed instructions to request Outlook archiving beyond 90 days
  - Calendar: All meetings should be populated here. Can create a meeting and place slots of time in OOO (Out of Office) for personal time (Doctor's visits, meetings elsewhere, licensing requirements, etc.)
    - Some meetings will have attachments and agendas.
    - Most meetings will have corresponding email that will ask for RSVP.
    - Change RSVP and inform the holder of that meeting if the meeting is required and you can't attend. Reschedule as needed.
    - Place times in which you do not want meetings scheduled to show OOO so that others know. Examples: daily drop off/ pick up of kids for school, medical appointments, volunteering, etc. that lands within the regular work hours in which you would otherwise be expected to be available.
    - Follow this procedure to Share your calendar with TaShawn Wilson so that she can better assist with scheduling meetings for you.
      1. Gi into your outlook calendar tab and clicking "share Calendar".
      2. Then click "calendar" in the drop down.
      3. A calendar properties pop up box will appear.
      4. Click "add" and type my first name into the search box and press enter.
      5. Double click my name from the list and my name will be added to the calendar properties list.
      6. Once my name is added, select "view titles and locations" under permissions and then click apply.

- Create PTO (or CME) for self:
  - New Items
  - Teams meeting
  - (Name) PTO (or CME)
  - Optional (NOT Required): LM1 Clinical Leadership - name individually
  - Choose dates as all day
  - Options: Out of office
  - Send
- Shared Mailboxes: Mailboxes used by multiple people, most often used as part of managing Triage emails in Genesys
  - Will receive an invite such as this:

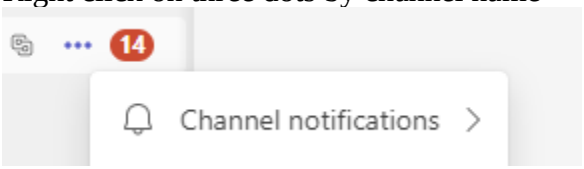




  - Click "Accept"
  - Video will show you how to add the mailbox to your Outlook. How to add group mailbox

➢ Using Teams including which Teams pages to have, Teams Meeting Best Practices Optum
- Majority of meetings, create/schedule in Outlook
- Messages from all markets, LM1, chats occur throughout day/night
- LM1 Docs:
  - Chat ongoing
  - Channel: for more major announcements, storing files
- Adrienne to assign required Teams pages, LM1 AMD should have:
  - LM1 Full (APPs and PCCs)
    1. LM1 Full APP and PCC team channel (includes optum)
    2. Important Announcements
    3. Kudos Channel
    4. Systems Issues (with Optum)
  - LM1 APC Channel (Includes Optum)
    1. General
    2. Escalations

3. Team Support (APC TL and Doc of the Day): where those providing team support and Doc of the Day coverage posts their presence and where clinicians can post questions.

- LM1 TIQ (Training, Implementation, and Quality): Contains Reference Documents, Admin and Clinical Reference manuals, other basic work files
- LM1 Attendance Tracker: for the attendance tracker/ Unplanned PTO tracker, under files, managed by WFM.
- LM1 Leadership Meeting: Weekly notes to guide Monday meeting discussions and keep tabs on ongoing projects.
- LM1 Clinical Leadership: Not connected to a meeting, but includes Team Leads, Physicians, trainer(s), and other main LM1 Leadership. Contains APC TL coverage gaps and Territory divisions files.
- UE Operations: Invite through Tom Charlton. Optional.
- Market Teams pages will populate your Teams pages as Adrienne add you. Some of these you can suppress if you are not following those markets. LM1 Physicians do not commonly keep track of every posting on the Market teams channels they are a member of.
- Workforce (Reporting)
- May make your own Teams page to include your APCs, and include both Landmark and Optum users as well transition. This can be useful for updates regarding your PTO, time available for RALs, or other updates.
- Tutorial on how to make your own Teams pages: Job Aid, Collaborating on Teams
- How to silence a Teams channel:
    1. Right click on three dots by channel name
    2. 

    3. Select OFF
    4. Silencing a channel will only give the notifications that include you specifically

  - Teams Calendar: mirrors Outlook Calendar, click on meeting to Chat, find past meeting notes

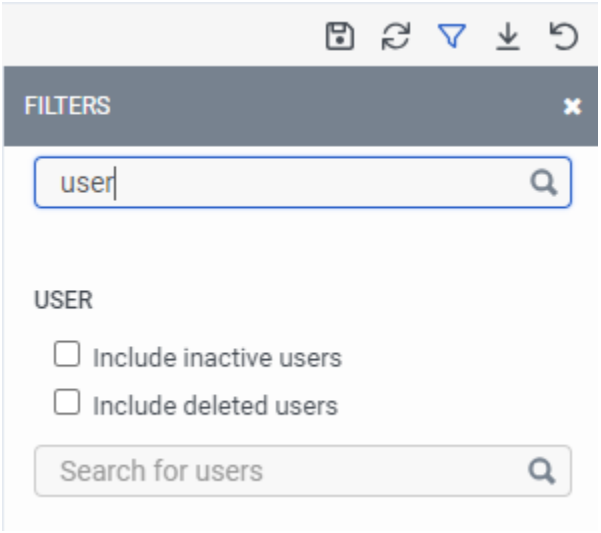
➢ Using Humanity: Who is working/on call when and where
  - Shift planning
  - Markets: Who is on
  - Landmark First: Find schedules of APCs
  - Landmark First Humanity reference document

➢ IEX: as of June 2024, this is the scheduling software program for LM1 PCCs, RNs and APCs not in leadership roles.
  - LM1 Leadership IEX training video
  - LM1 APCs and RNs will use this to see their schedules, make schedule requests, and request time off.

- If an APC “calls out” for their shift, IEX will send an email to the AMD they report to who will then need to forward this to lm1attendance@optum.com so that the UPTO is recorded and tracked.
- IEX inquiries can be sent to : HouseCallsWFM_DL@ds.uhc.com

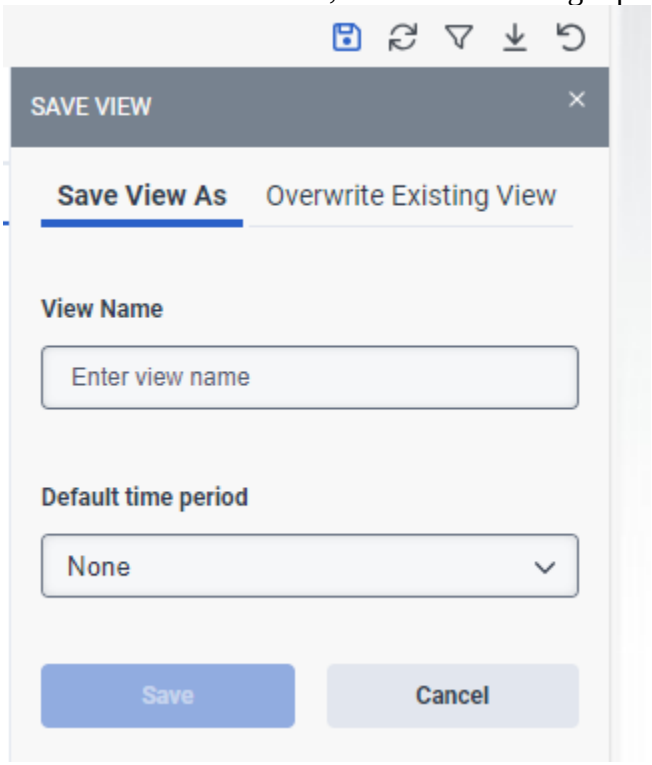
➢ Genesys: Our Telephony system. Below are the basic trainings that will include how to listen and download a call, and view statuses. I will include the instructions for two workflows not included in the trainings.

- Genesys Supervisor training video and PowerPoint
- Genesys Mobile Application Training Video
- Training video for all
  - Agent training PPT
  - Operation training PPT
- Creating a team in Genesys:
  - Performance _> Workspace-> + to create new tab -> Interactions on left
  - Find filter and search for user

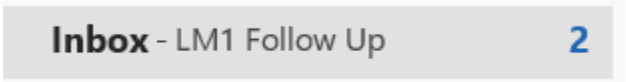


  - Search for APC in “search for users”. This will add that user to this profile and their calls for that date will show up.
  - To change the date, click on the date shown in the middle and change to what time frame you want to include.

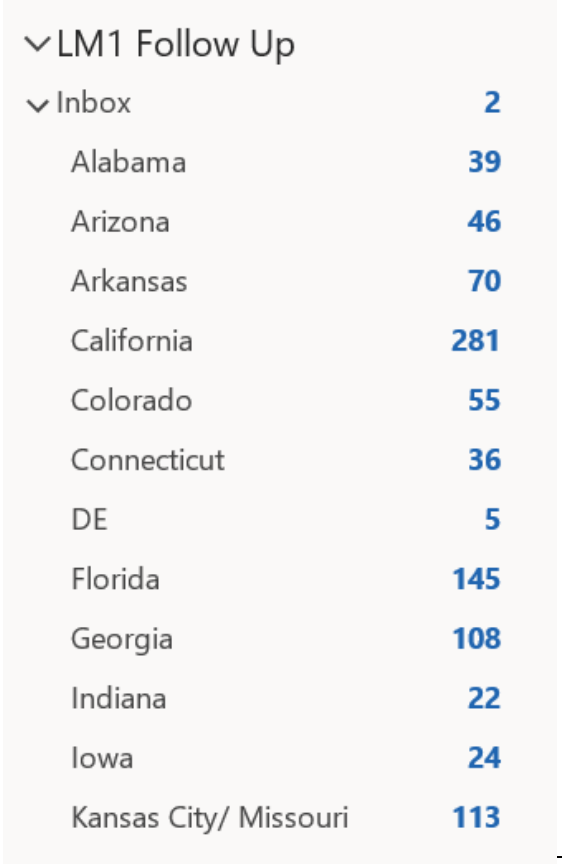
- To rename view and save, hit save icon in right panel.



- ~~Management of the Triage email box does require access to the LM1 Follow up box. Access can be granted by Adrienne Moltz.~~



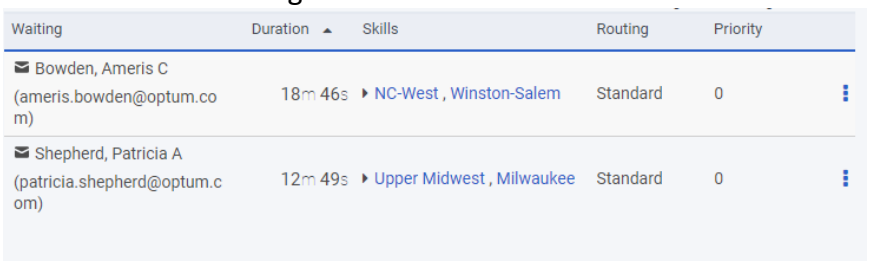
- ~~Once granted, set to Favorites.~~
- ~~Additional access will be needed to the State/Market subfolders (~35 in total) in order to categorize and store email triages that have been completed.~~



- ~~(example)~~

- ~~Triage Mailbox monitoring: Occasionally LM1 physicians may be needed to help with triage mailbox support and assign those triage emails that have been waiting for =>55 minutes as it is our goal to call the patient back within one hour of their first contact with LM1.~~
  - ~~Triage emails typically are created when a patient/caller calls LM1 and communicates with a PCC or market staff member. If the PCC cannot find an LM1 Clinician (RN or APC) for that patient's market available and there is not a buzzword, the concern will be placed in the Triage mailbox and auto assigned to the next LM1 Clinician when they become available. Our goal is to call the patient back within one hour.~~
  - ~~If the triage email is not auto assigned in 55 minutes, it will roll over into a separate email triage box that can be monitored.~~
    1. ~~Within Workspace, create a new tab by clicking the "+" , Queue Activity, APP Email Escalation.~~
    2. ~~This view can then be saved and named according to your preference, for example: ">55 minutes".~~
  - ~~It is the task of the PCC lead or TL (Or LM1 phsyician) on to assign to the next appropriate Clinician to help avoid delay, or send back to the market for market owned management.~~
  - ~~It is important to have the Online Agents Genesys tab open, as well as the Humanity schedule for the day showing all the Clinicians working, and the RN and APC Licensing and Credentialing list to~~

~~refer to incase there is a Clinician not in the appropriate skill in Genesys to have the email triage automatically sent to them. If it's found that a RN or APC is not in the appropriate skill, send an email detailing this to WFM.~~



Waiting	Duration ▲	Skills	Routing	Priority
Bowden, Ameris C (ameris.bowden@optum.com)	18m 46s	NC-West , Winston-Salem	Standard	0
Shepherd, Patricia A (patricia.shepherd@optum.com)	12m 49s	Upper Midwest , Milwaukee	Standard	0

- ~~In the lower left of the Online Agents tab will be the Mailbox as above. It will contain the name of the PCC who took the patient call and sent the email, the duration of time the triage emails has been waiting, what skills are needed by the Clinician to answer the email (call the patient back and triage them).~~
    1. ~~Clicking on the skills will show to the right of the mailbox all the Clinicians in that skill who are logged on to Genesys at that time.~~

Filter user(s) | Online Agents | Skill: Cincinnati | Clear All | 1 - 4 of 4 active agents | 0 inactive agents

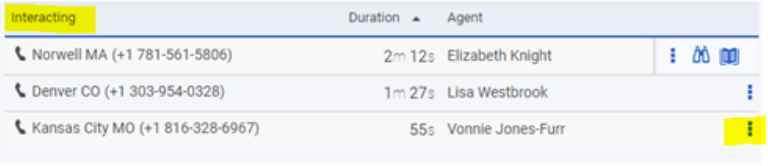
Agent	Time in	Status	Skills	Duration	Media Types
Julie Crotzer	3m 3s	Interacting	Arizona , Arkansas , Atlanta , Baltimor...	3m 3s	
Katie Miner	16m 13s	Available	AL , Albany , Arizona , Arkansas , Atlan...		
Mandy Heaton	3m 58s	Interacting	Cedar Rapids , Chicago , Cincinnati , Cl...	3m 58s	
Michelle Chaffen	50m 53s	Busy	Albany , Arizona , Bay Area , Birmingha...	50m 59s	

    2. ~~Here we can see who could be next in line to receive that email triage automatically and, by comparing to Humanity and the RN and APC Licensing and Credentialing list, who else could be available but not skilled in that market.~~
- ~~When an email triage has been in the box for 55 minutes:~~
    1. ~~Go "On Queue"~~
        1. ~~This will route the email triage to you.~~
        2. ~~Answer the email triage. This will open the email up.~~
        3. ~~Go off Queue. (some elect to stay on Queue during the entirety of the time managing the box. Others elect to manually go on and off Queue to avoid getting back to back email triages sent to them that may cause confusion.)~~
        4. ~~It is also important to have an idea of the schedule of the PCC you are sending the email triage back to and this can be found on Humanity or on the PCC Dashboard. If the PCC is off or is close to the end of their shift, contact the PCC Lead who can help escalate the email triage to the next available PCC.~~

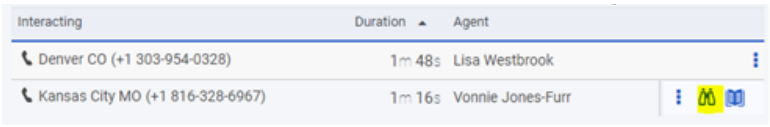
5. ~~Copy the patient name and ID # from the subject line.~~
6. ~~Click Reply and the Include message history.~~
7. ~~Reply with "There are no LM1 Clinicians to manage, please contact the daytime clinician or on call provider to manage" and paste the patient name and ID#.~~
8. ~~Copy the verbiage you just wrote in the reply along with the patient name and ID#.~~
9. ~~Click Send.~~
10. ~~On the right column choose "Transfer to the Market Provider" as the wrap up code, and close.~~

2. ~~In the LM1 Full APC and PCC Teams Channel, create a new post tagging the PCC you sent the email triage back to, and paste the body of your email response in the message.~~
    1. ~~Flag autogenerated email in the Outlook Follow up box.~~
    2. ~~Make sure the PCC has acknowledged the post with a thumbs up (or equivalent).~~
3. ~~In the Outlook LM1 Follow up box, once the triage email has been taken care of and either the patient has been called back and/or managed, this email can then be placed in the appropriate state subfolder.~~
4. ~~We can also request the market sender escalate to the market clinician to manage using similar language as above, "There are no LM1 Clinicians to manage, please escalate to market clinicians to manage."~~
5. ~~If the original sender of the email triage is no longer on shift or not responding, Reach out to the PCC Lead on.~~

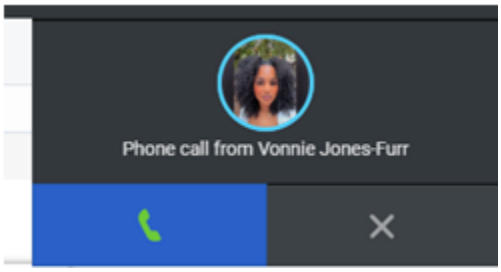
- Monitoring a Live call in Genesys:
    - Monitoring allows you to listen to an interaction without disturbing the conversation between the agent and the customer. Neither the customer nor the agent are aware that you're monitoring the interaction.
    - Coaching allows you to drive improvements by offering comments and advice to the agent during the interaction. Customers are not aware of the coaching session and cannot hear your conversation with the agent.
    - Under Interacting click on the 3 dots next to the agent name.

1. 

- Click on Monitor Conversation

1. 

- Click on the green phone icon to accept the call.

1. 

- Step-bystep guide on how to monitor and coach agents during calls using a different approach.

  - Other helpful Genesys tips include hitting refresh to get the most up to date view.

    - 

- Using Trident care for Imaging results
  - Connectonline.tridentcare.com
  - APC workflow for responding to Trident Care referrals FYI
  - Originally coordinated by the Ops team, lorelei.schmidt@tridentcare.com is primary contact for system administrator issues, etc.
- Using RightFax for faxes
  - Follow the steps outlined below to gain access
    - **Visit the UHG IT Provisioning Portal**, click the tab for **Enterprise Fax**.

- In the left column click **New / Create** (or any of the other topics available if desired).

- As you fill out the form pay attention to the section named **Enterprise Fax Information**.

▪ If you are NOT to receive inbound faxes make sure to select the **No** radio button.
Important! An inbound fax number is not required for you to have the ability to send electronic faxes.

▪ Make sure that the **Fax Delivery File Format** you request is compatible with your Business Units needs.

▪ Submit request.

▪ Once approved, use the URL : https://efxprodc.uhc.com/rightfax/user/ to log in

- User name is MS\MSID for example mine is ms\mberolo
- Password is the MDIS PW

▪ OAH Leadership and Market Mapping

➢ Using Concur: Where you will see Approvals, for approval of APC CME/travel/memberships/etc.

▪ Courses that are "staffing expense" not out of personal CME:

- CA: 45 hour prescriptive authority course
- FL: Nursing laws and rules (Again, Florida has a bunch of categories that they want education on. However, this specific requirement stand out as presumably covering Florida specific laws and rule).

- KY: Suicide prevention; implicit bias
- NJ: Organ and tissue recovery and donation
- NY: child abuse; infection control
- OH: 2 hours on OH laws governing drugs and prescriptive authority
- PA: Prescriptive authority; child abuse
- TX: Jurisprudence, human trafficking (a course that must be approved by TX H&HS)
- WA: Suicide prevention

- Also where you place expenses for reimbursement: CME, Travel costs, licensure costs, etc. Be sure to include any CME certificates when asking for reimbursement for CME. APCs will have to do the same. And make sure the receipts include the last 4 digits of your Credit card.
- OPS Expense Reimbursement policies
- Travel: Can estimate travel costs through flight search; travel requires the Home and Community approval form
  - APCs will also need this form filled our BEFORE they are granted CME time by WFM. APCs will need this form signed by their manager (LM1 physician) to then send to WFM for approval of the CME days requested.

➢ Clear Triage: Software program used by the LM1 RNs during patient calls. Nearly 7000 LM specific dispositions based on caller symptoms.
- Dispositions as of June 2023
- Policy

Repurposing Dispositions: Customizing for Landmark First

Current Dispositions	New Dispositions
Call EMS 911 Now	Call 911 NOW (Notify escalation afterwards)
Go to ED Now	Go to ED/UC
See HCP within 4 Hours	Urgent Escalate to Clinician
See PCP within 24 Hours	Non-Urgent Escalate to Clinician
Call PCP within 24 Hours	Dispatch F2F (UE or market)
See PCP within 3 Days	Ubiquity note
See PCP within 2 Weeks	Refer to OB
Home Care	HHC
	Refer to Hospice

2

➢ Quest: Diagnostics ordering platform and where to find results. Will be commonly used by APCs who are looking up results for patient care and by the APC TLs throughout the day.
- LM1 Quest Training video
- Lab Specimen Collection
- Lab Specimen Handling Policy
- Critical Lab Results

➢ NENA 911 Database

- https://eprc-nena.hub.arcgis.com/pages/nonpsap
- Launch application by clicking on “Launch EPRC Online Portal” blue button in the center of the screen.
- At log-in retrieve your username and reset your own password.
- PLEASE DO NOT EMAIL NENA DIRECTLY. Issues can be escalated to Tom Charlton and Stacy Hittner.
- 911 Database training video

- One Healthcare ID: Formerly known as Optum ID, needed for some Optum applications including Xyleme and upcoming video visit platforms (OCM)
  - https://optum.bravais.com/adminportal/
  - Signing in
  - Creating an account
  - Retrieving your One Healthcare ID
  - Resetting your password
  - Unlocking your account
  - Managing your profile
  - For urgent matters: 1-855-819-5909
- Visio: An application that helps make workflow charts. Request can be made through the Optum App store, request “Microsoft Vision Standard 2019”
-

- LM1 Manuals, Supportive Documents, HR issues
  - Landmark Home
  - Landmark First
  - Training Manuals
    - Admin Manual
    - UE clinical Guidelines
    - Market Coverage Excel: Where and What APCs are available for coverage, stays up to date by Adrienne Moltz, good for showing markets what LM1 call coverage they have every hour of the day.
    - Pharmacy: Education, Guides, Training
    - Clinical Quality and Provider Education
    - Palliative Pathway: Reference Guides and tools
  - Regional and Market Leadership Resources
    - ICT - Indivisual Role Overview 4-24-2024
    - OAH Leadership and Market Mapping
  - ***On call schedule* for LM1 physicians *(on hold, reenactment date TBD)***
    - *Serve as Clinical support to the Landmark First team. Functions include troubleshooting difficulties or collaborating with market providers.*
    - *On call LM1 physicians may be asked to perform ride-a-longs for the after-hours APCs based on physician availability/preference, clinical collaboration with LM1 APC in states where the AMD is licensed, or the on-call provider may receive roll over calls in states where licensed when that support is needed following the standard call flow processes (Market on-call provider #1 ->Market AMD -> back-up provider #1 -> back-up provider #2 -> LM1 AMD).*
    - *Schedule is coordinated by the AMDs by the last day of the preceding month for leads to access.*
    - "Doc of the day": Monthly schedule where each AMD will be assigned as the "Doc of the Day" (DOTD). This is located in the LM1 Doctors Teams Channel under the Files tab, titled AMD Calendar 2024. AMD Calendar 2024 - Copy.xlsx DOTD **coverage will be Monday-Friday 9am-8pm EST** and should be divided as evenly as possible between the team. Currently the evening schedule AMD covers from 5p-8pEST M-F and the rest of the AMDs cover from 9a-5pEST M-F.

this will be created by the AMDs for AMD coverage of clinical and LM1 APC specific needs (RALs) during the hours of 8am-5pm EST Monday through Friday. One AMD has working hours from 12-8pm EST and can cover most weekdays from 5-8pm EST on a regular basis.

- APCs (and sometimes RNs) all from LM1, can reach out to the DOTD on the LM1 Team Support (APC TL and DOTD). This is also where the DOTD will post their presence when they start their hours as DOTD.
- The responsibility of the DOTD is to answer clinical consults from APC's, perform ride-a-longs (RALs) and address other LM1 APC specific needs. ***Please keep in mind what states you are licensed in. If you are not licensed in a particular state where the patient is located, you can only give generic advice or direct the APC to an AMD with licensure in that state or direct the APC to the market physician for guidance.
- The "Doc of the day" will be excused from as many meetings as possible, but another AMD or DMD may fill in as the Doc of the day for any meetings that are required.
- This is meant to be a first step towards finding a suitable solution for LM1 physician call coverage that focuses on meeting the clinical needs of LM1 clinicians, providing support to off load the market providers, while recognizing the licensing limitations of the LM1 physicians in their ability to cover the entirety of the Landmark patient population.
- 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.

➢ HR issues

- Corrective Action Process: OPS policy can be found through Helloignite.
  - Interactions with HR first (Merly Garcia, OPS resource, HRdirect), as well as other LM1 physicians for guidance and the LM1 Clinical reference manual that does contain the LM1 policies available to every employee with LM1.

        - More information can be found under the Oversight Divide.
    - Manager's checklist for Terminations
    - HR Direct: to place ticket for guidance on various issues such as Salary adjustments, LOA, offer letters and bonus payouts.
        - LM1 physicians can place a ticket for a concern about an APC, or on behalf of an APC as being an advocate for some APC issues surrounding pay adjustments, bonuses, interpersonal relations with others in the company, etc.
    - Leaders Guide to Supporting Leave
    - Performance review – references on CLL page and Plan and Reward page on Sparq manager center
    - Comp Planner – tool for assisting in planning compensation; guidance based on 1-5 performance rating on common review and market based comparison.
- Who to contact for.....
    - Nearly all questions an AMD could and will have can be answered quickly by another AMD/DMD. Posting to the LM1 Doc Teams chat will get you a quick answer most of the time.
    - LM1 Leadership Chat: Ongoing chat amongst APC leads, trainers, Ops leadership, LM1 physicians.
    - LM1 Docs/Leads chat: like above but without the Operations leadership
    - Market specific questions can go to the MD for that market. Whatever LM1 Region an AMD is the liaison for, they will get to know the leadership including the MMDs of those markets well.
    - Clinical questions: Usually other LM1 physicians.
    - RN questions or issues: Tom Charlton, or the RN managers at LM1triageRNManager@ds.uhc.com.
    - Operational Questions: Adrienne Moltz, Anessa Issa-Bazouzi, Karla Durham.
    - QA or information gathering: Paul Nichols, Lavor "Troy" Sanders, Taylor Spencer
    - Assisting the team in Emergencies
        - NENA: Enhanced PSAP Registry, log in and access obtained during onboarding with PCCs/APPs, way to look up emergency numbers from

across the country when assisting a patient or family in calling for EMS assistance.

- Buzzwords: List of Urgent complaints made to a PCC when taking a call, call flow dictates that these kinds of complaints should proceed to warm transfer to an available APC first, or Physician on call according to call algorithm.

Urgent Buzzwords Call Flow

This is a list of **Urgent Situations / Symptoms** that require immediate clinical attention:

Blood Pressure and Heart Rate Issues

- Heart rate pulse Low = 50 or less
- Heart rate pulse high = 110 or more
- Oxygen/pulse ox Low = 90 or less
- Blood Pressure Low = 90/60 or less
- Blood Pressure High = 180/120 or more
- Blood Sugar High = 300 or more
- Blood Sugar Low = 70 or less

Cardiac / Respiratory Issues

- Chest pain
- Wheezing
- Problem breathing
- Defibrillator or pacer issues / malfunctions
- Left Ventricular Assist Device (LVAD) issues

Stroke & Stroke Symptoms

- Stroke
- Trouble Walking (Loss of Balance or Fall)
- Sudden Loss of Speech
- Sudden Slurred Speech
- Sudden Difficulty Understanding Speech
- Sudden Paralysis or Numbness of Face
- Sudden Numbness of Arm or Leg
- Loss of Sensation
- Sudden Severe Headache (no known cause)

Loss of consciousness

- Faint or light-headed
- Patient is going to 'pass out'
- Patient is unconscious
- Patient has fainted
- Patient expects to faint
- Patient expects to 'pass out'
- Patient expects to 'black out'
- Unresponsive / Lethargic

Chemicals

- Overdose
- Intake of harmful chemicals
- Intoxicated

Serious Physical/Mental Injury

- Fall and hit head
- Fall and can't get up
- Confused
- Throat Swelling / Closing
- Suicide
- 2nd or more time calling
- Continuous / Steady Bleeding

Please ask the patient if they are still bleeding during the call.

A temporary bleed (such as a brief nosebleed) is not considered an urgent situation.

♦

- Provider Liaison: **Nicole Lamoureux**
- Pharmacy: Janelle Hazen, Sr. Director Pharmacy
- Social Work: Nanette McLain, VP, BH and Social Work
- Behavior Health: Christopher Dennis, Chief BH Officer, and Tanni Bromley, Sr. Director Behavior Health
- Outreach: Camille Bird, National VP, Engagement, and Tami Youakim, Director, Outreach Quality and Training

- Market information
  - Each market Teams page will have market specific information in a document called a Resource Inventory and a Cheat Sheet. Maintained in the Files section of each associated MS Teams Urgent Visit channel.
  - Can pull up market website by going to Landmark HOME > Divisions > selecting a division, and then market from the divisional page (caution – may not be recently updated)

- Intranet functions for LM1 AMDs
  - Landmark HOME - Home as a common start point for Landmark device users.
  - Knowledge Base
  - Sparq: UHG's Intranet.
    - Manager center: includes Common Language of Leadership (CLL), how to develop as a people leader, and for finding UHG policies that govern not only your job but those of the APCs on your team.
    - Time and Leave policy
    - Pay and Compensation
    - Common Review
    - Home and Community Policies
  - Helloignite!: Optum Partner Services (OPS) at https://helloignite.io/loginpage
    - Your quick links to AMD payroll and benefits, Fidelity, LOA instructions, Health plan benefits, PTO.
    - Applies to AMDs and **some** APCs
    - OPS Employment Policies and Job Aids: info on basic Policies for Leaves, disabilities, time off, etc. Take note of state specific policies.
    - Telecommuting: Remote employees (including all of LM1) have the same expectations as non-remote employees, including attendance, salary and benefits, and job performance expectations (must "meet" or "exceed" expectations). Telecommuting is not a replacement for childcare or dependent care, and employees are expected to be available during all the working hours they are assigned. They should have a dedicated workspace that is separated from the other non-workspace areas of the home and that can be secured to maintain PHI and other security information. They must be able to receive high-speed internet service using an approved ISP. More information can be obtained on Sparq.
      - Compliance with the signed telecommuter form that supervisors approve in GSS
    - APCs and LM1 Physicians are Exempt employees (Salaried)
    - Landmark legacy practice: AMD hours are not set, but there is the expectation that all AMDs will be present for most of the business hours during the week

(Exception made for AMD with agreed to working hours of 12-8pm EST Monday-Friday). Exceptions for other professional activities or personal activities are usually not a problem if the rest of the AMD team is aware and time is blocked off as "Out of Office" on teams. It is most important to be available for as many meetings as possible, for LM1 APC outreach, and APC oversight (1:1s, APC monthly meetings, etc.). Occasionally, LM1 APCs may reach out after hours for oversight if they are aware an AMD is still available and has volunteered to be so. This does not pertain to being "on call" however.

- Payroll Calendar with company holidays: 2024

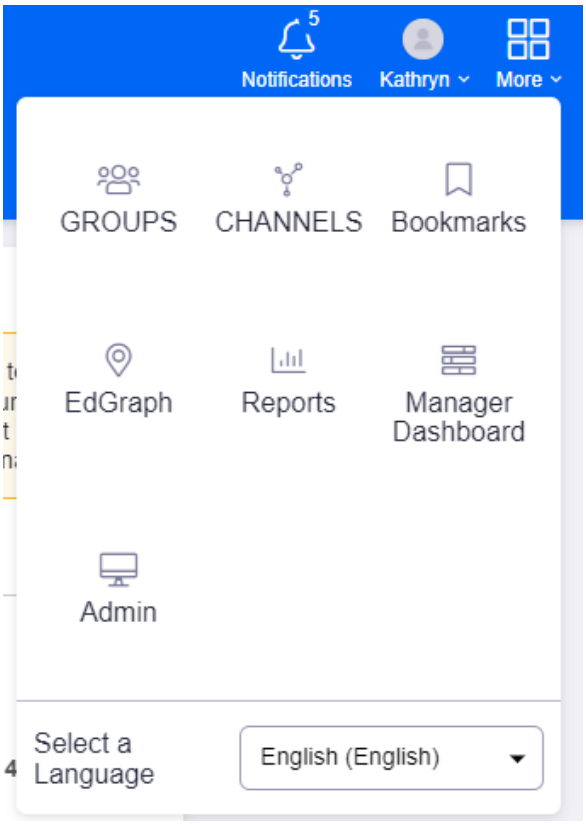
- HR Direct: Also known as the Employee Center, Employee Referrals, W2 questions
  - 1-800-561-0861
  - If contemplating putting a team APC on a CAP, call HR Direct for guidance first (see CAP section)
  - Alternatively for OPS, refer to the People Business Consultant (currently Lori Albsmeier)
- GSS
  - MSID and PW
  - Employee Quick Links: View Paycheck, Tax forms
  - Self Service: Can update your own personal info
  - Manage Self Service: Manage Delegation, Update Proxies to another AMD if going on LOA, or changing team members
  - Termination of employee: will find where to accept an APCs voluntary termination.
  - MAP Work Center: Corrective Action Reports, Create or Access Manage
  - Delegate Time entry and Time approval to Adrienne Moltz with new team members (for payroll).
  - Avoid using back button, instead find another page by clicking on Main Menu or Manager Self Service again

- Education
  - Monthly Clinicians Meetings to contain 25-30 minutes (preferred) of a clinical topic presented by an AMD/DMD.
    - LM1 has developed a clinical education curriculum similar to a residency curriculum that will rotate through 12 body systems or specialties.
    - Outline of the current educational topics can be found on the LM1 Doc Channel files under Clinical Education.
    - Each AMD is encouraged to take on a clinical topic and corresponding presentation during the Clinicians meeting. This will include creating a PowerPoint draft (20-25 slides final) that can include the following:
      - Clinical Case
      - Interactive component
      - Main curriculum content – Proactive teaching
      - Hot Topic of the month - Reactive teaching
      - Pharmacy pearl
      - Telephonic Exam pearls, when you can't physically examine – what questions to ask instead
      - UE exam pearls, coaching pearls
      - Where to find good CME – curriculum topic specific
      - Post meeting Quiz and past month's quiz most missed questions
      - AMD content (work with Quality [Taylor])
      - The draft can be more than 25 slides as it can be cut down for the presentation but a whole copy can be placed in the Landmark First Clinical Education Course in MyLearning by Kathryn Miner.
    - The educational topic does not need to encompass the whole body system (Neuro) or specialty (Psych), but should instead focus on a more specific sub-topic, the 1-2 top drivers for calls to LM1, UVs, or what is on the mind of the clinicians and/or physicians at the time (TIA, Anxiety, etc.)
      - Frame medical conditions, diagnostic or management concerns in the context of the Landmark First system and our logistics
    - Subsequent meeting quiz should also be designed using Microsoft Forms and include 10-12 questions that come from the clinical and non-clinical content that was presented in the Clinicians meeting. The quiz also serves as our attendance for the Clinicians meetings as these meetings are required by all clinicians and contain essential information for the job.
      - Quiz also needs to include a question which requires the Clinician to type their name, and a question for attestation to watching/ attending the meeting.
      - Quiz may include a question asking for topics that could be covered at another meeting later (optional).
      - Quiz should have a 21 day hard stop due date from the day it is published. This should be prominently featured either in the quiz heading and the publication email.

- Quiz should be passed by the rest of the physicians for review prior to publication.
- Settings for publication: All of the below should be checking in settings and nothing more
    - Show results automatically
    - Anyone can respond
    - Accept responses
    - Start and End dates
    - Allow respondents to save their responses
    - Allow receipt of responses after submission
    - Then click on Collaborate to get link to send to the other docs and TaShawn for review before publication
    - To publish, click Present, then copy address to place in link in email to the Clinicians: LM1TriageRN@ds.uhc.com and LM1_Clinicians@ds.uhc.com as well as TaShawn Wilson.
    - Quiz attendance: Collection of quiz responses in excel format. Where to find results to go over in 1:1s.

- Interactive education
    - Palliative Care is the first focused clinical education in which pursuit of interactive education has been started. We hope that this goes well and can be incorporated into other focused education in the future.
    - It is advised to work closely with those in Landmark Leadership who have expertise in these special topics and specialties.
    - Training request form to ask for assistance in the creation of interactive training.
- APC/ RN Onboarding
    - AMDs can be asked to present certain material to the onboarding classes of LM1 APCs and LM1 RNs. Trainers will reach out for this need.
- Master's Academy
    - AMDs also may be asked to present certain topics to Master's Academy that is usually scheduled for every 2 weeks on Thursdays or Fridays.
    - LM1 Clinicians Master Class is being created by the trainers and AMDs/DMDs should be expected to help facilitate if and when trainers reach out for this need.
- AMD Onboarding
    - External AMD hires will go through New Hire orientation for their first week.
    - Ideally the AMD would then go on to onboarding with the APC Trainers and learn the programs and workflows used by the APCs that they will be overseeing. This will last for 8-10 days.
        - During this time, AMDs will be shadowing APCs while they take calls and oversee UEs in the field. Is it not expected that AMDs will be serving in actual oversight during this shadowing, but if medical management concerns arise that need to be brought forward to the APC in real time, the AMD may do so either in a generic capacity if licensing and

credentialing for the state in which the patient lives in has not been obtained, or in consult if it has.
        - Clinician workflows slide deck: updated mid 2023
        - LM1 Clinicians Onboarding slide deck, updating ongoing mid 2024.
    - As able during the first several weeks of employment, the AMD(s) will join the other AMDs/ DMDs for personalized training and review of the AMD manual. These have been scheduled as one-hour blocks of time that the new AMD will meet with any of the other LM1 physicians to go over a certain segment of the job. We have also had a routinely scheduled Friday AM Q&A for new AMDs to help solidify knowledge and wrap up any outstanding questions.
    - The new AMD(s) will also be invited to shadow 1:1s and Regional meetings as they are scheduled. These may preferentially be scheduled based on the presumed APCs and Markets the AMD will be assigned to after onboarding.
    - Depending on the number of AMDs onboarding at a time, and the ability for the rest of the LM1 physicians to onboard successfully, APCs and Markets will be assigned. This may take between 1-4 weeks.
    - LM1 Preceptor Program (Previously known as the LM1 OWL program: OWL stands for Opportunity to Work and Lead.) It has been a program for mentoring new hires in the Markets for years but was introduced to LM1 in the Spring of 2023. Landmark First subject matter experts for the program are Kathryn Miner DMD, Monika Pikula RN Manager and Sunni Kneeland APC Trainer. Learning and Development .
        - LM1 Preceptors (and nominees to become a Preceptor) have their own Teams Channel that includes calendars and agendas, checklists, presentations from RN and APC onboarding, workflows, and admin forms.
        - Preceptors are nominated by the LM1 TLs and physicians, and these names are given to Kathryn Miner.
        - Precepting is a non-paid voluntary professional development opportunity that APCs and decide to engage in off for working hours, but also on their working hours for up to 8 hours during the 6 weeks that Precepting is taking place.
- Education completion monitoring
    - MyLearning is the primary platform for self-guided onboarding and training needed for compliance. Clinicians can find education here on leadership, patient care, and other interests relevant to their job they ca self-enroll.
        - AMD Managers will have access to a Manager Dashboard. Here an AMD can see what assigned training has and has not been done, and send a reminder to the APC to complete.



- Most new training on workflow and program changes will be assigned through Mylearning as well.
- There is a Landmark First Clinical Education course that contains the full version of monthly clinical education given in the monthly Clinicians meetings. An AMD can ask for one or more of these to be assigned as mandatory to any APC who needs remediation as needed.

- Cornerstone: Cornerstone Landmark's learning platform (will sunset August 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.)

➢ 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.

➢ A comprehensive review of the onboarding training needs was done with Learning and Development in Q2 of 2024. Referring to the Onboarding roadmaps can given an idea of what training may be needed by legacy APCs and those who have already onboarded fully. LM1 APC Roadmap

- 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 if over 30 minutes. 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: Not all encompassing, please refer to LM1 APC Roadmap for what IS required
    - 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: ClinicalCompressedGas-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
- 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.
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