Landmark 1st Clinical Reference Manual

Select Section:

Credentialling, Licensing, & Metrics	Clinical Communications & Documents	Call Workflows & Resources
Triage RN Workflows & Resources	Charting, Labs, Imaging, & Medication Data	Urgent Calls + UEUV Workflows

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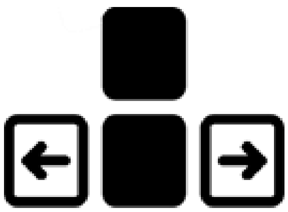
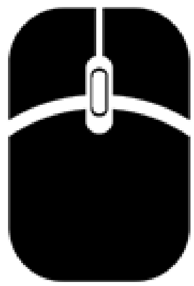
LM1training@optum.com

Portal Navigation

Navigation

Left / Right Arrow Keys	*Scroll Mouse Wheel*	*Search*
		
Previous / Next Page Navigation	Previous / Next Page Navigation	Jump to specific search terms located in the manual

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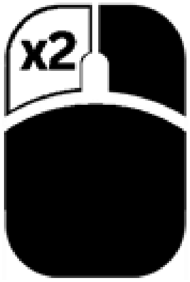
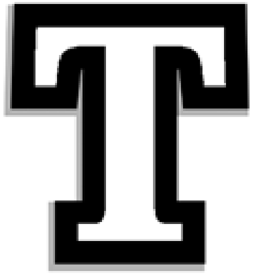
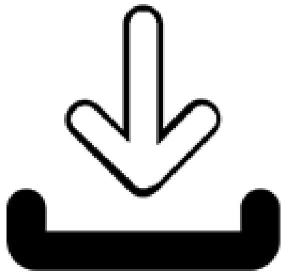
Double-Click	*Text Select Tool*	*Download Button*
		
Zoom In / Out	Text Selection / Copy (click to toggle on / off)	Use to download specific sections of the manual for alternate viewing.

Credentialling, Licensing, & Metrics

Quick Links:

Collaborative Practice Agreements (CPAs)

APCs must sign a collaborative agreement with their collaborating physician before they can see patients. Collaborative agreements detail oversight requirements such as scope of practice, protocol documentation, physician communication and availability, chart audits, the maximum number of APCs a physician can oversee, and more.

There are two interrelated components of APC oversight:

1. Formal oversight requirements dictated by each state's collaborative agreement and
2. Performance review activities (e.g., one-to-ones, performance feedback, quarterly reviews).

Team assignments can vary based upon staffing changes and those affected by CPA (Collaborative Practice Agreements). The goal is to match the provider with the physician oversight that aligns best with CPA and market divisions. Current team assignments can be found in the LM1 Team Directory.

Attention – Licensing Information

It is ESPECIALLY important that if a state requires CPA to be entered into their system that the APC handles their portion of this requirement. Many states only require the APC to enter their CPA information and not the physicians. It is the APCs responsibility to know their license status.

Providers are responsible for understanding and managing the requirements of their market or state's collaborative agreements where applicable (e.g. ensure chart audit requirements are met).

The AMDs have been tasked with checking on license statuses, so may contact the APCs to provide background on lapsed licenses. In addition, AMDs often serve as collaborating physicians for their assigned APCs. It is the APC's responsibility to terminate collaborative practice agreements with each respective board upon terminating with Landmark.

Attention – Terminating CPAs

It is the APC's responsibility to terminate collaborative practice agreements with each respective board upon terminating with Landmark.

State Licensure & Health Plan Credentialing

Attention – Responsibility of State Licensure

The provider is responsible for their own licensure and meeting each state's CME / CEU requirements.

Licensure in good standing and without restrictions is a requirement for employment.

The Licensure & Credentialing team assist with the licensing process, as needed.

Contact: HClicenseteam@optum.com

PALS (Partner in Active Licensure System)

PALS is a UHG resource where you can update your licensure and certifications up to date and utilize real time payment for licensure renewal.

Link – PALS

https://uhgazure.sharepoint.com.mcas.ms/sites/clinicallicensure/SitePages/Licensure%20Resource%20Center.aspx

License Tracking & Updates

Current state licensure and credentialing status for APC and RN can be found in the *APCs and Triage RNs Credentialed in What States Alphabetized* PDF Document. This document is updated as providers are licensed and credentialed. It is recommended a link to the document be saved rather than the document itself to have the most up to date version. Anyone included in this document has been completely credentialed with all health plans in the market (RNs are not required to be credentialed with health plans).

Link - APCs and Triage RNs Credentialed in What States Alphabetized

https://landmarkhealth.sharepoint.com/:b:/r/sites/KnowledgeBase/Landmark%20First/Credentialing%20%26%20Licensing/APC%27s%20and%20Triage%20RN%27s%20Credentialed%20in%20What%20States%20Alphabetized.pdf?csf=1&web=1&e=jL3WCO

Optum Partner Services (OPS)

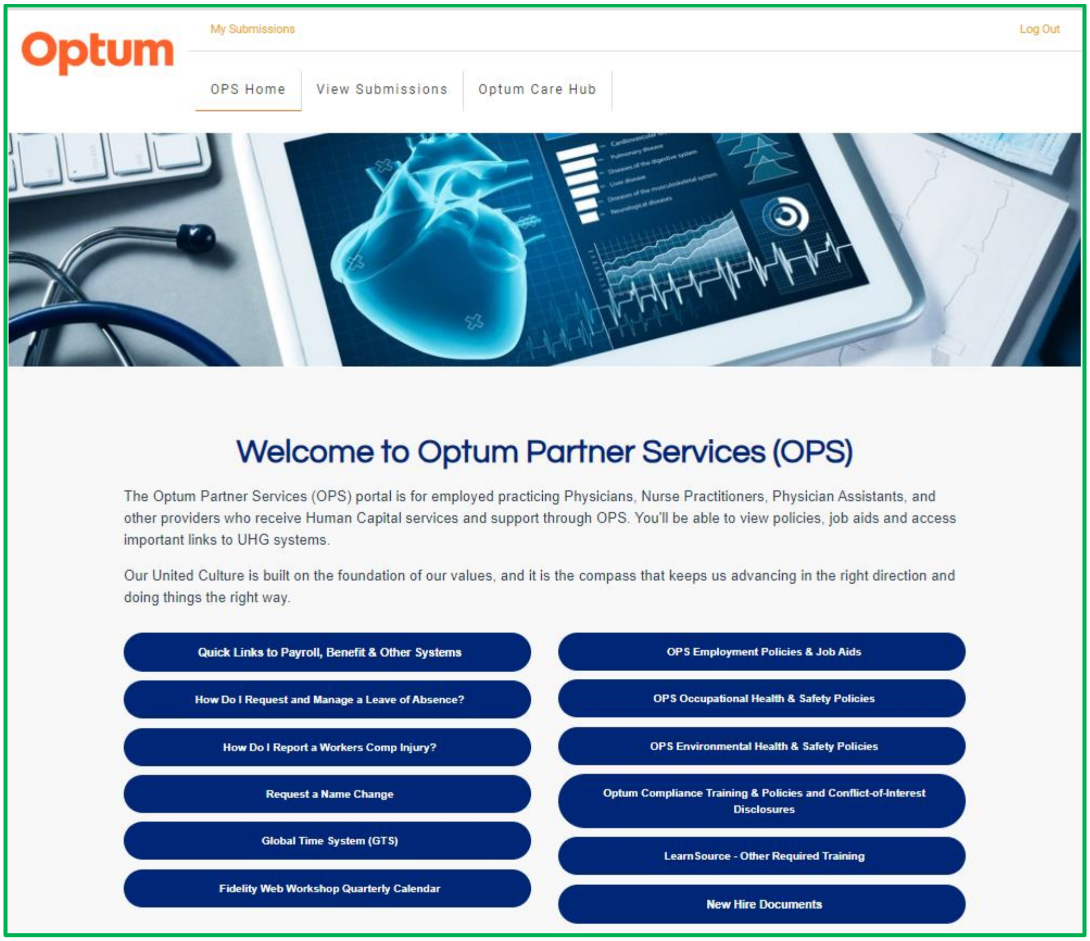
"Optum Partner Services (OPS) is a suite of administrative services delivering white glove employment services (such as payroll, benefits, compliance) to providers in integrated Care Delivery Organizations (CDO's). OPS assists providers in navigating UHG and Optum systems while partnering with CDO Human Capital teams to enhance the provider experience."

Link – OPS Website
https://helloignite.io/loginpage

OPS Provider Liaison: Jackie Edwards
OPS Liaison Email: Jacqueline.edwards@optum.com
OPS Liaison Phone: 763-595-3496

Your assigned liaison is a specialist available to assist you and is your first point of contact for questions you may have regarding payroll, benefits, and more.

OPS Homepage:



Landmark First Clinical Staff Metrics

One-to-One Meetings with Your Supervisor:

Thirty to sixty-minute meetings regularly scheduled to discuss:

- Completed call audits.
- APC working rate.
- unplanned PTO usage.
- Monthly clinicians meeting attendance.
- Quiz completion.
- Licensing.
- ACES.
- Corrective Action Plans (CAPs).
- UEUV ride-alongs.
- Call Center note review.
- Any issues the APC would like to discuss.
    - What is going well.
    - Potential areas of improvement.
    - GSS personal goals.

Attendance of these meetings is mandatory for role-based performance.

The APC must take steps to reschedule their one-to-one meeting with the clinical administrative supervisor any time the APC will not be attending due to swaps, PTO, or other planned schedule changes.

Know Your Meeting Time:

These meetings are scheduled by the Workforce Management Team and will often align with the clinician’s shift to maintain an appropriate work / life balance. You can find these meetings in your Teams calendar or in Humanity.

Urgentivist Extender UV Co-Visits (APC Ride-Alongs):

Shadowing of patient visits quarterly to observe and coach providers / UE via Teams. Cadence may change. The AMD may also review the associated documentation. In cases where the ride along is done with a physician licensed in that state, the encounter note generated in Ubiquity should be forwarded to that physician for co-signature.

Monthly Clinical Meetings:

There is a mandatory monthly 60-minute meeting for the clinical team scheduled multiple times in the same week to allow for the various shifts of our clinical staff. You are expected to attend one of the three (3) scheduled meetings.

Workforce Management (WFM) will assign times and place them on staff calendars for in-person attendance.

If you are unable to attend during your shift, or you have scheduled PTO / UPTO, you are still responsible for the material. Monthly slide decks and recordings for the meeting are stored on the Teams page in the “Files” tab of the LM1APC channel.

A mandatory follow-up quiz is sent via email shortly after the last monthly clinicians meeting of the month. These quizzes are to be completed within ***30 days*** of email receipt.

Link – Monthly Meetings Folder
(Link Pending Review)

Call and Documentation Audits:

Call audits will be completed by your supervisor. Outcomes will then be reviewed during your one-on-one meetings with your supervisor. The assessment form includes the following:

Introduction:	Name and Title
Assessment:	Thorough history
Disposition:	Visit or no Visit
	Sent to ED With / Without Discussion to Market MD
Instructions:	Clear plan and ensures patient’s understanding
Handoff:	Clear SBAR approach to market provider
Tone:	Calm, Even, & Compassionate
Clarity:	Free of background noise
	Caller can hear the clinician clearly (barring hearing impairments)
Professionalism:	Non-judgmental
	No inappropriate language
Succinctness:	Efficient call handling
Documentation:	Call events and follow-up are accurately reflected in documentation and concur with documenting standards

Calls are scored on a point system:

0 Points: Needs Remediation

1 Point: OK *(but needs work)*

2 Points: Good

N/A: Not applicable

Expectation is to earn a score of 15+ Points on a consistent basis.

Attention – Call Audits & Fraud Detection

Any note that contains information important to patient care that cannot also be found in the recorded call is fraudulent and also discredits the call, documentation, patient care, and provider.

If you experience any systems issues when documenting a call, please notify your APC Lead Supervisor.

Appropriate Use of Breaks *(APCs & RNs)*:

- Each APC and RN is allowed two (2) 15-minute scheduled breaks and one 30-minute lunch for their scheduled shift. Scheduled break times are to be taken at the liberty of the APC and RN with the following exceptions.
  - If picking up an extra 2 or 4-hour shift, there are no breaks allowed.
- No scheduled breaks in the last hour of your shift
- No lunch breaks in the last two hours of your shift.

Legacy Prospero RNs (*ONLY if your schedule has NOT changed since integration****)***:

- Each RN is allowed two 15-minute scheduled breaks and one 60-minute lunch for their scheduled shift.
  - No scheduled breaks in the last hour of your shift
  - No lunch breaks in the last two hours of your shift.

Attention – 2024 Change of Scheduled Break Expectations

Starting January 1, 2024, the expectation is subject to change and is TBD at this time.

Bi-annual Performance Reviews:

Bi-annual, focused, one-to-one meetings to discuss performance evaluation / feedback, staff goals, job satisfaction, and QIP/AIP incentives completed by your supervisor.

Self and peer evaluations are to be completed prior to the scheduled meeting.

LM1 QIP:

Q1 & Q2 2023:

Weight:	Goal Area	Market Performance Targets
50%	Call Answer Rate	≥94% of Inbound Calls Answered by LM1
50%	***Leading Through Change:*** Teams are granted flexibility to focus on patient care efforts related to unification.	

Q3 & Q4 2023:

Weight:	Goal Area	Market Performance Targets
25%	Urgent Episodes of Care	78% of patients remain safely at home for 14 days post UV Episode closure. *(Excluding patients who have same-day admittance based on Q3 claims)*
25%	Urgent Visits	74 Urgent Visits completed *(Including telephonic and tele-video)*
20%	First Call Rate	***Q3:*** 50% ***Q4:*** 52%
30%	Call Answer Rate	≥94% of Inbound Calls Answered by LM1

About Continuing Medical Education (CME)

Process: Send completed the Home and Community CME form to your supervisor for approval of CME content. Once your CME content has been approved by your supervisor send the completed and signed form to work force management (WFM) via email lm1_wfm@optum.com to request approval of CME days. Do not book travel or purchase tickets or materials until you have received approval from both your supervisor and WFM.

Within two (2) weeks of taking CME the APC is responsible for submitting the CME codes into the GSS timecard:

- Non-OPS employees will not log CME time in GSS

Reference Document - Home and Community CME-CEU Request Form_6012022 (002).pdf

Policy Information:

Policy Title:	Continuing Education - APC	*Publication Date:*	6/1/2022
Version:	V1	*Original Effective Date:*	6/1/2022
Policy Identifier:	TBD	*Last Review Date*	

Policy Applicability:

Country	All UHG Counties	*State/Territory*	All UHG States/Territories
Employee Applicability	Optum Home and Community APCs	*UHG Business Applicability*	Optum Home and Community

Policy Statement and Purpose:

Optum Home and Community provides a continuing medical education (CME) or continuing education unit (CEU) reimbursement provision annually (per calendar year). This CME/CEU benefit is above and beyond the tuition reimbursement program offered to all UHG employees, as outlined in HR Direct. The purpose of the continuing education reimbursement policy is to:

- Define parameters for CME/CEU reimbursement
- Distribute information to ensure consistent approval and reimbursement for CME/CEUs
- Promote understanding of this process as part of value of education

- Provide evidence clinicians have continued to expand professional knowledge and competence in clinical practice

Policy Definitions:

APC: Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist

CEU: Continuing Education Unit

CME: Continuing Medical Education

Policy Provisions:

Employee Eligibility Criteria

- Six months after initial hire date
- Three months after a status change from Per Diem/Per Assessment to salaried
- Status change from Part Time to Full Time or vice versa are eligible for prorated reimbursement

Eligible and Ineligible Clinicians:

- Eligible for benefit:
- Exempt Full and Part-Time APCs
- Clinical Managers, Clinical Advisors, and Clinical Directors
- Ineligible for benefit:
- Non-Exempt Per Diem/Per Assessment and Vendor employees
- Employees who have resigned or who have been notified of termination. CME/CEUs cannot be taken after notice of resignation or termination has been giving even if it has been pre- approved
- Employees on a CAP (unless specified by leadership as part of plan to drive improvement)
- Employees who are on an unpaid leave of absence
- Physicians, RNs, LPNs, Social Workers, Pharmacists, Dieticians, and Pharmacy Technicians are exempt from this policy

Benefits:

There will be no payout of annual CME/CEU benefit dollars, and they cannot be carried over to the next calendar year. CME/CEU benefits do not roll over and will be forfeited at the end of each calendar year, if unused.

- Full Time APCs are eligible for full CME/CEU benefits:

  - 4 paid CME/CEUs days (32 hours).
  - $2500 per calendar year.
- Medical Equipment - $150 maximum, reimbursed annually (In addition to the $2500). Eligible at 3 mo. from date of hire, if working in direct patient care greater than 50% of the time
- Part Time APCs are eligible for prorated amount of CME/CEU benefits equal to 50% of total eligible allowances:
  - 2 paid CME/CEUs days (16 hours)
  - $1250 per calendar year
  - Medical Equipment - $150 maximum, reimbursed annually (In addition to the $1250). Eligible at 3 mo. from date of hire, if working in direct patient care greater than 50% of the time

Approvals:

- Manager approval for CME/CEU is required at least 6 weeks PRIOR to registration or enrollment in seminar, conference, or online course
- Manager approval for Medical Equipment or other CME/CEU Expense requests require submission of CME/CEU form with description of requested item
- Peak season requests will be granted based on membership needs and at the discretion of the manager

Reimbursement Includes:

Content must provide professional career development, be relevant to professional skills required for current role, and approval must be obtained by direct supervisor.

- Annual subscription to online CME/CEUs Courses
- Registration for conferences
- Other relevant reference material (drug books, etc.)
- One annual Professional Journal subscription
- One Professional Organizational annual dues, if associated with clinical certification (more than one membership maybe allowed, with manager approval)
- One annual Organizational Membership
- Medical Equipment - Discuss with manager allowable equipment
- Reimbursement requests must be made within 60 days of the expense being incurred

- A Certificate of Completion must accompany all conference and course expenses
- CME/CEUs expenses are paid out of pocket by the employee and reimbursed through Concur
- Corporate cards may not be used for payment of CME/CEUs expenses

Eligible Content *(classroom and online)*:

- Seminars, conferences, or courses taken to improve the skills required in your present position
- Only accredited CME/CEU education will be reimbursed
- Seminars, conferences, or courses must provide credits through accredited governing bodies such as (American Nurses Credential Center (ANCC), American Academy of Nurse Practitioners (AANP), American Medical Association (AMA), AACN American Association of Critical Care Nurses, (AACN), etc.
- Course content must be relevant to professional skills required for a Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist. or Registered Nurse

Ineligible Content:

- Any offering that providers a gift or cash for attendance or subscription
    - Example: AudioDigest subscription with $1000 gift card
- Any subscription, dues, or membership greater than one year in length
- Cruises and trips to all other countries outside of the Caribbean are NOT permitted
- Any item leadership deems inappropriate, irrelevant, or unrelated to role

Travel Guidelines

Reimbursement includes domestic travel only (within the United States including Alaska and Hawaii with expansion to the Caribbean).

In support of UHG Travel Guidelines, employees may attend in-person events, meetings, conferences, and tradeshows for professional development. Travel to business-critical meetings is permitted.

Other Travel Considerations:

- Unvaccinated Employees – are not allowed to travel for UHG meetings or any CME/CEUs
- Employees with an Approved Religious/Medical Exemption who do not have an approved accommodation of masking & testing – are not allowed to travel for UHG meetings or any CME/CEUs
- Employees with an Approved Religious/Medical Exemption who do have an approved accommodation of masking & testing – are not allowed to travel for UHG meetings, are allowed to attend in-state CME/CEUs (if drivable), are not allowed to attend out-of-state CME/CEUs
- Fully Vaccinated Employees – are allowed to travel for UHG meetings, in-state CME/CEUs, and out of state CME/CEUs

Travel expenses reimbursed as outlined in Global Travel and Expense Policy:

- Airfare (domestic travel only)
- Lodging
- Meals
- Mileage (based on Concur Drive or Concur Calculator Only)
- Tolls
- Car Rental/Public Transportation

Questions & Contacts:

Please email any questions regarding this policy to:

- Violetta Velichko: violetta_velichko@uhg.com
- Heather Hoffman-Seifert: heather_hoffman-seifert@optum.com

Resources:

- Professional Licensure and Certification Policy (sharepoint.com)
- Global Travel & Expense Policy Group: Global Travel Support Concur Drive

Clinical Communications & Documents

Quick Links:

- [Email Contacts]
- [Teams & Channels]
- [Landmark Pharmacy Contact]
- [Administrative Process Manual Documents]
- [Software Tutorials]

Training Tip:
Please review the Communication & Etiquette Policies section of the Administrative Process Manual to review the expected format of your emails and messages in more detail.

Training Tip:
Leadership is currently reviewing Teams processes and guidance for what should be posted into each of these Teams and sub-channels. More information will be forthcoming.

Training Tip:
Avoid having long conversations in Teams channels. If a lengthy discussion is necessary, please start a side chat instead.

Email Contacts

At this time, both Landmark and Optum domain emails are used by the organization. Please refer to the Primary Contacts section of the Administrative Process Manual for any email addresses of our Leadership Team.

Attention – Check Communications Between Calls
APCs and RNs will check Outlook communications, manage triage requests sent via Outlook, and respond to emails whenever they are not in a call or on a break.

Primary Mailboxes

Email:	Description:
lm1followup@optum.com	Send triage requests to this inbox if you need LM1 to follow up after business hours on a weekend or holiday. • DO NOT send any URGENT / EMERGENT triage requests to this box. Please escalate via phone call if needed.
LMPhoto@optum.com	This is to be used when images need to be reviewed. • Can only be accessed if you have a Landmark email address • If you do not have access, will need to post in LM1Full teams page, tag an APC or PCC lead and ask that they forward the email to you. Any images received via this email address should be uploaded in the patient chart.
lm1uehandoff@optum.com	To be used to handoff UEUV reports to the dispatch team so they may assign oversight to an LM1 APC • CC the UE performing the visit • Send handoff AFTER posting to the appropriate market UV Teams page.
hbmc_landmarkcoding@optum.com	Landmark First Contact for Coder Query Questions or to Recall an Encounter

Email Groups:

Email Group:	Description:
LM1 Market Triage Emails	DO NOT send any URGENT / EMERGENT triage requests to this box. Instead, escalate via phone call if needed. • If you receive a non-urgent triage email that was sent to the wrong box and you are not licensed in that market, forward the message to the correct triage mailbox
Local Outreach Emails	Send emails to Local Outreach mailboxes when: • When a patient is calling to reschedule or cancel their IV1. • When a potential patient or caller inquires about enrollment in Landmark.
Patient Care Teams	To be used when urgent follow up is needed. • If sending an email to care team, CC in the market's call center also. • Helps to ensure that the appropriate individuals overseeing the patient's care actually get the message. DO NOT email the patient's care team for non-urgent matters. • Urgent matters are those that need same day follow-up and cannot wait for next business day. The Call Center Notes Report is pulled every morning by the local market teams who then identify instances where follow-up is needed. • They will also reference the Ubiquity note for additional details. Only send emails to the care team for urgent matters that need same-day follow-up or for sensitive content that is not appropriate to be included in the patient's medical record. If there is a prolonged outage of the call center note report (CCNR), our National VP may send a notification with instructions to email patients' Care Teams.
On-Call Provider Emails	To be sent once warm handoff has been completed. Include the patient's name, ID, caller's phone number and visit address in the body of your email.

Market Mailboxes:

The following mailboxes are market-specific and are located in the Markets Summary as part of the Administrative Process Manual:

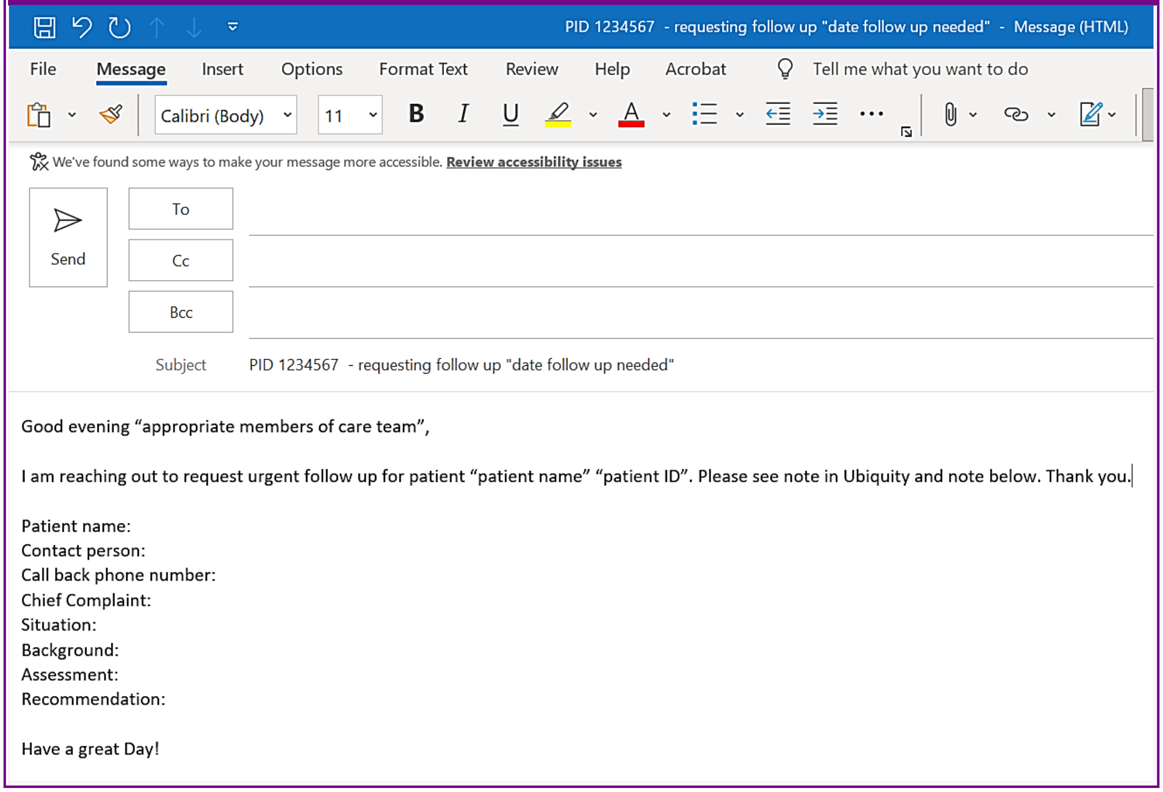
- Call Center (Market) Mailboxes
- Triage Mailboxes
- Local Outreach Mailboxes

Link – Markets Summary

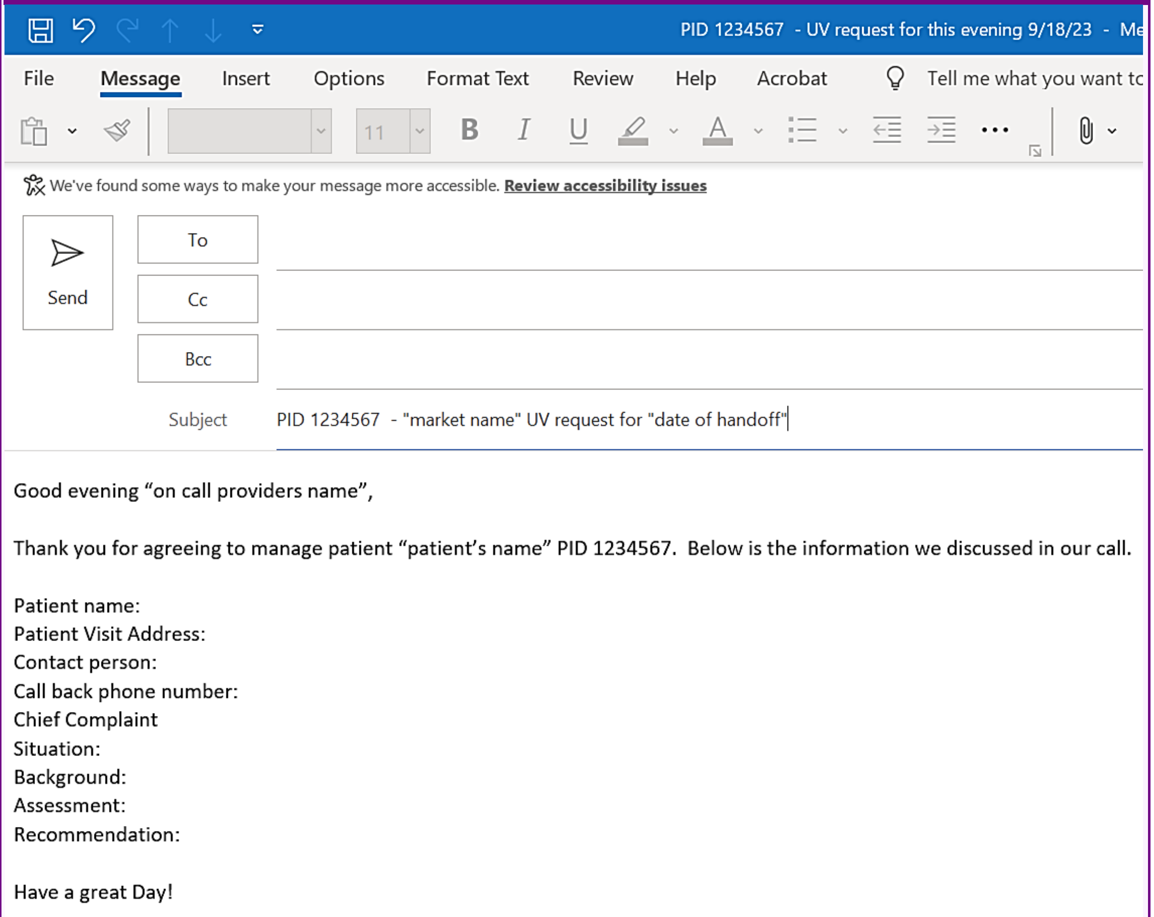
https://landmarkhealth.sharepoint.com/:b:/r/sites/KnowledgeBase/Landmark%20First/New%20Storage%20Structure/Market%20Summaries%20%26%20Profiles/Markets%20Summary.pdf?csf=1&web=1&e=xlFYmF

Email Examples:

Example – Email to Care Team



Example – Email On-Call Provider



Attention – Proofread Your Emails

When sending an email be sure to verify you have the correct email address and are sending it to the correct party. If you send patient information to the wrong party, you are at risk for being out of compliance with HIPAA.

Teams & Channels

Teams is the primary source of internal communication within Landmark First and LM1-to-market contact:

- Teams is also used for UV requests during business hours and UEUV requests whenever scheduled.
- Teams communications are primarily chat-based. If someone in the market needs to be contact, the Genesys application should be used, NOT the Teams "Call" feature.
- The "Calendar" feature will be used to manage your time or schedule meetings with co-workers. Any meeting invites that are accepted in Outlook will automatically appear in your Teams calendar.
- Whenever possible, avoid creating new posts within a Team's "General" channel and, instead, create new posts within the specific channel that relates best to the conversation and intended audience.

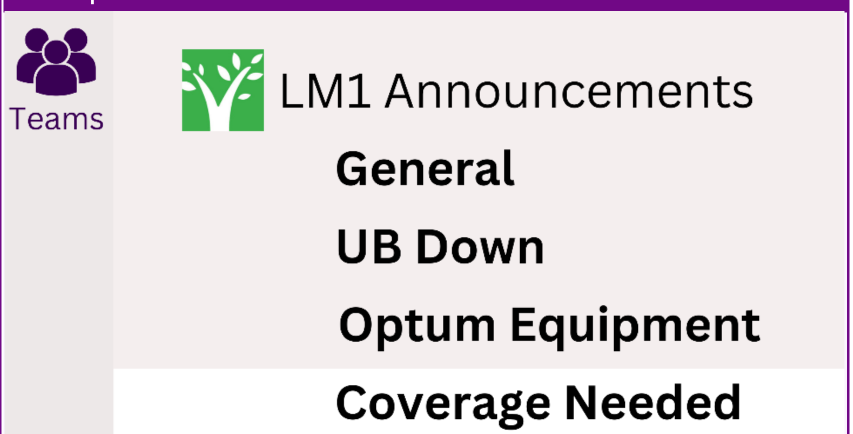
Defining Teams & Channels

Team: A broad group of people organized within the Microsoft Teams application

Channel: A subgroup of a Team where fewer people participate in focused activities or goals.

See the example below for detail.

Example – Teams & Channels



In this example, "LM1 Announcements" is a Team and subcategories such as "Coverage Needed" are channels within that team where focused conversations can take place.

**Note: LM1 Announcements is not a real Team.*

Training Tip:

Know Your Audience:

We all receive several messages a day. Before posting a message in Teams, consider who needs to see the information in order to perform their roles within the organization.

Teams & Channels Used By Landmark First:

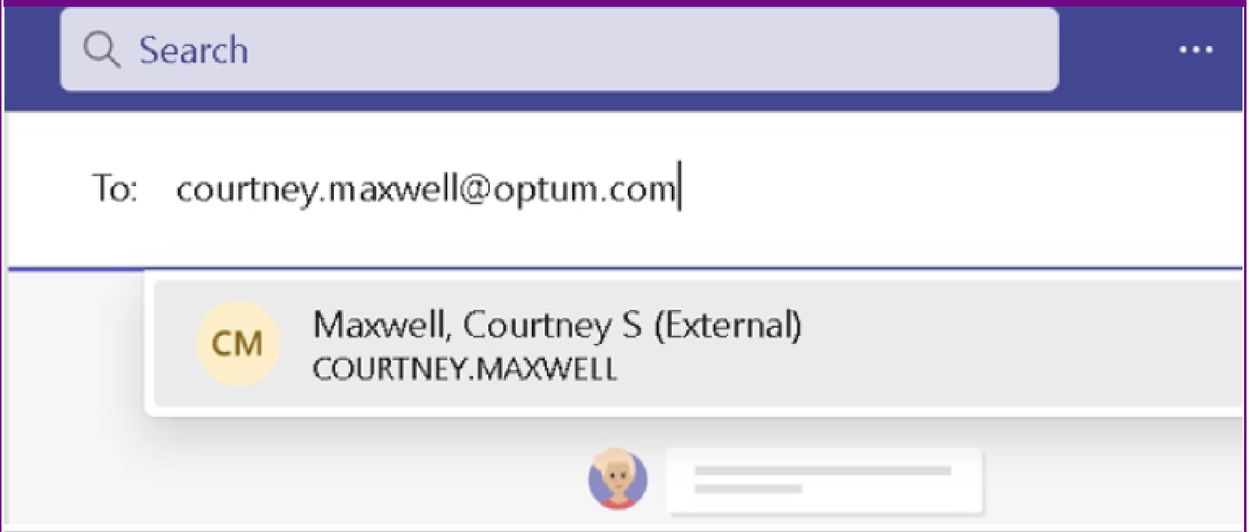
Team / Channel Name:	Description:
LM1 FULL (APPS and PCCS) *Team*	A Team used for communication with all LM1 administrative and clinical staff (APCs & PCCs). • Use the "NEW Important Announcements and Messages" channel as primary communication. • Use the "NEW Kudos" channel to congratulate or thank your co-workers for above and beyond performance.
LM1 APCs *Team*	A Team that is used by clinical staff ONLY. • Use the "LM1 APC (Includes Optum)" channel to communicate with all LM1 clinicians. • Use the "NEW Escalations Channel (with Optum)" to report escalated patient concerns.
LM1 PCCs *Team*	A Team used for administrative discussions between Patient Care Coordinators (PCCs).
Reference Documents *Team + Channel*	The primary resource of Landmark First education & reference material including policies, training manuals, and market information.
Market UV Listings *Multiple Teams & Channels*	Use these Teams and their associated "UV" channels to request Market Provider evaluation and visit requests.

Attention – Respond to Teams Communications
APCs and RNs will check Teams communications and respond to any chats or posts whenever they are not in a call or on a break throughout the entirety of their shift.

Optum / Landmark Teams Communication:

If logged into your system with a Landmark account, Optum contacts will appear as "External" in Teams. If you need to chat with an Optum co-worker, please type their full email into the chat header and select the "(External)" option from the provided list:

Example – Teams & Channels



**Note: Some results will only appear once the full email address has been typed in.*

Landmark Pharmacy Contact

Each market has a pharmacist who can assist with medication reviews as it relates to interactions, cost, and dosing. They are available to answer questions regarding renal dosing as well as coumadin recommendations. They are responsible for prevention, detection, and resolution of medication-related problems.

Each market pharmacy operates within local business hours.
(usually 8:30 AM – 5:00 PM, local time)

Urgent Pharmacy Questions:

Name:	Email:
Urgent Pharmacy Email	HBMCClinicalPharmacists@ds.uhc.com

If a market does not have a pharmacist, this email can be used. It is monitored between Monday and Friday from 8:30 AM -6:00 PM EST. Otherwise, send questions to the On-Call Provider.

Administrative Process Manual Documents

Name:	Link:
Administrative Process Manual Portal	Open Portal
Company Policies *(Attendance, Holiday, PTO, etc..)*	View Document
Landmark First Organization Insights *(Organizational Chart, Primary Contacts, Role Summaries)*	View Document
Markets Summary *(Addresses, Office Numbers, Emails, Time Zones, Skills)*	View Document
The Call Flow Transfer Process *(Administrative Call Flows, NENA & 911 Contact, etc…)*	View Document
Administrative Workflows *(Managing Appointments, PCC Transfers, ACES Reporting)*	View Document

Software Tutorials

Name:	Link:
Global Self Service ***(GSS)***	Open Document
Humanity	Open Document
Outlook	Open Document
Teams	Open Document
Ubiquity	Open Document
Ubiquity HPSI Overview	Open Document

Equipment Setup:

Name:	Link:
Setting up your Equipment	*Pending*
Troubleshoot Systems Issues	*Pending*

Websites:

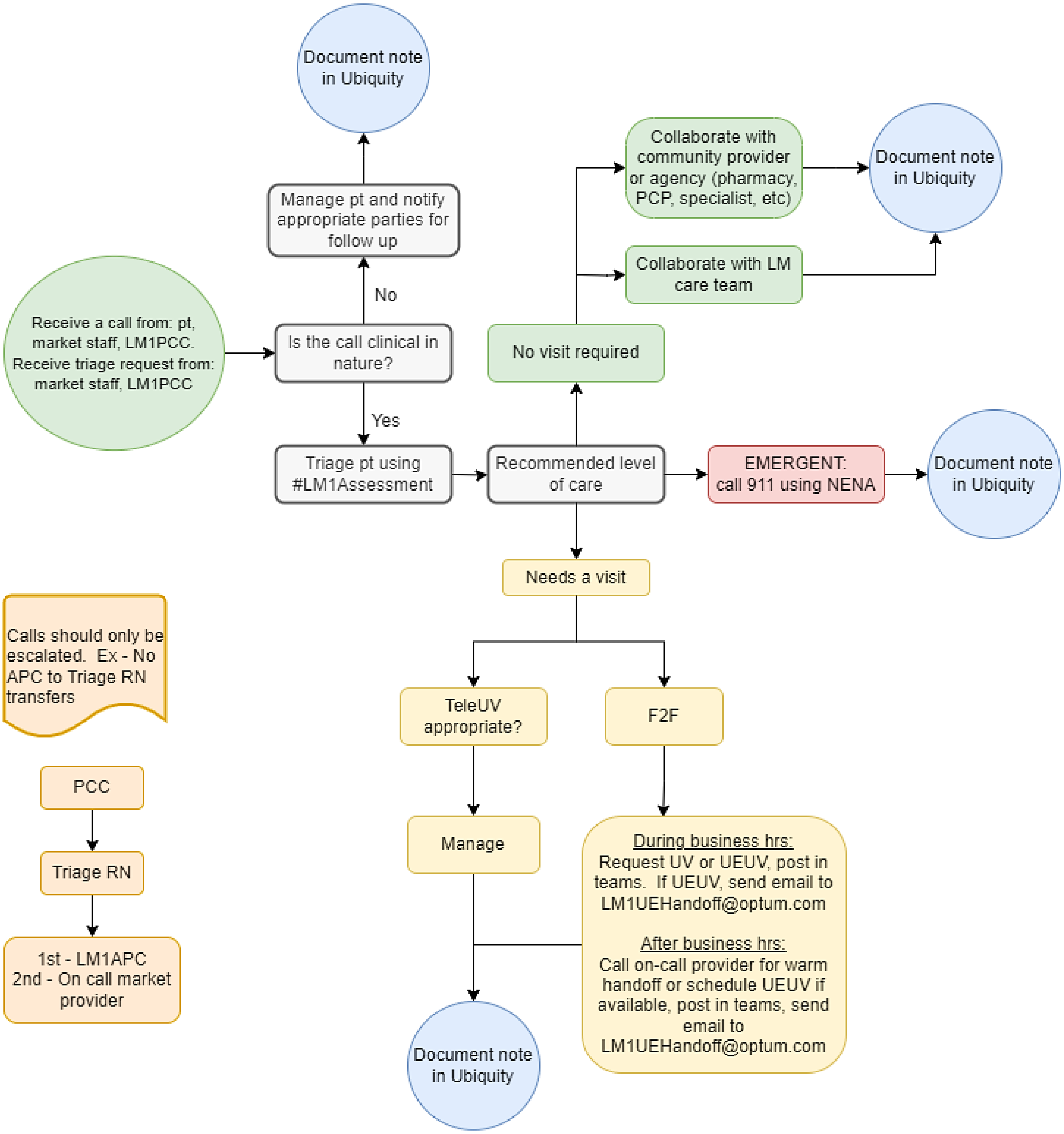
Name:	Link:
SharePoint	*Pending*
Sparq	*Pending*

Call Workflows & Resources

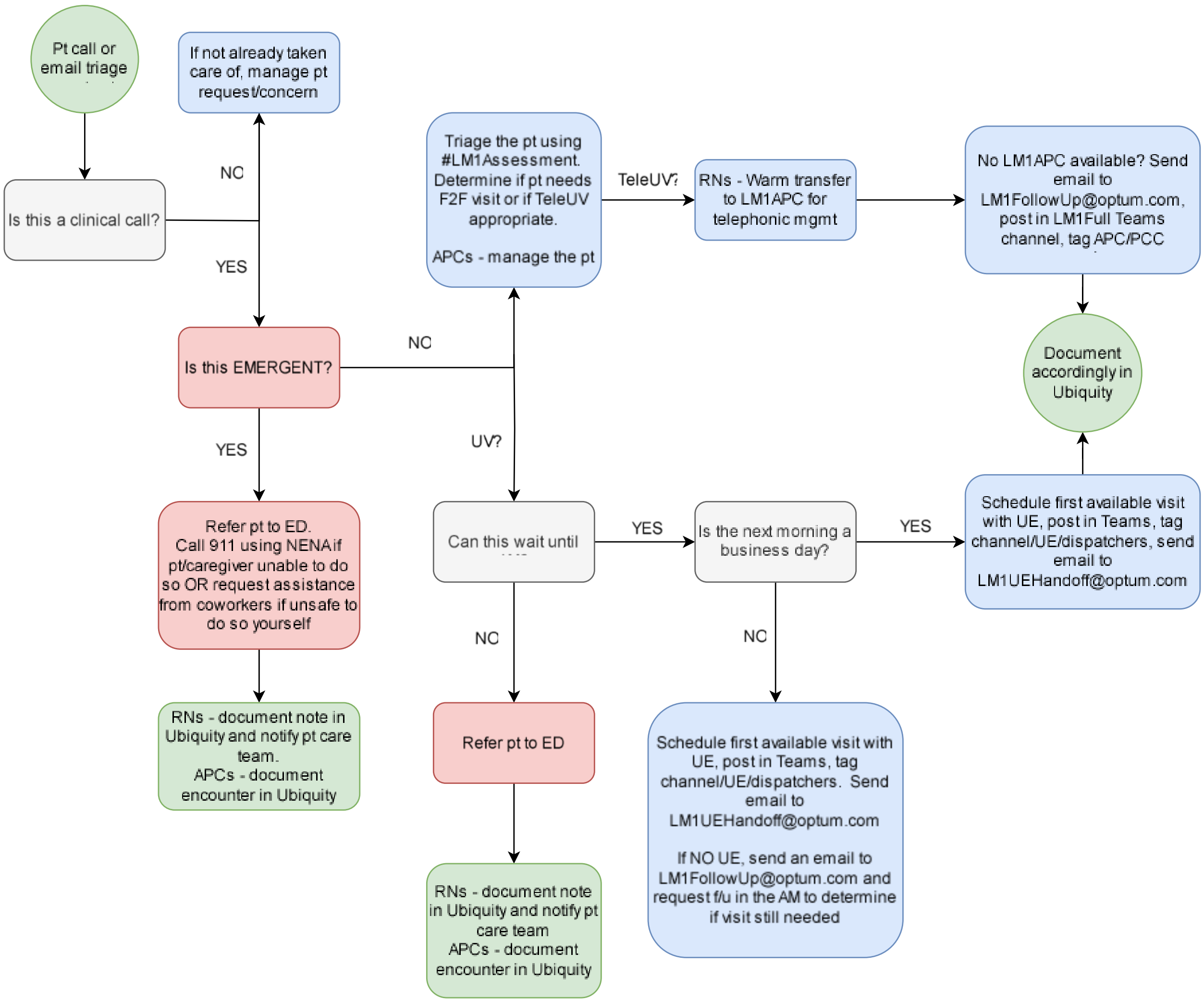
Quick Links:

- APC Call Workflow Overview
- APC & Triage RN Call Flow Overview
- Patient Support at Landmark
- LM1 Clinical Staff Call Determinations
- Patient Identification Authorization
- Patient Representative Authorization
- How to Verify a Patient's Landmark Status
- Standard Call Greeting & Verifications
- Outbound Call Greeting & Verifications
- Internal Transfers
- Accepting Transfers From LM1 PCCs
- LM1 APC Administrative Call Flow
- LM1 APC Recommended Care Call Flow
- Patient Calls for Specimen Collected
- The Traveling Patient
- Status Timeframe Guidelines in Genesys

APC Call Workflow Overview



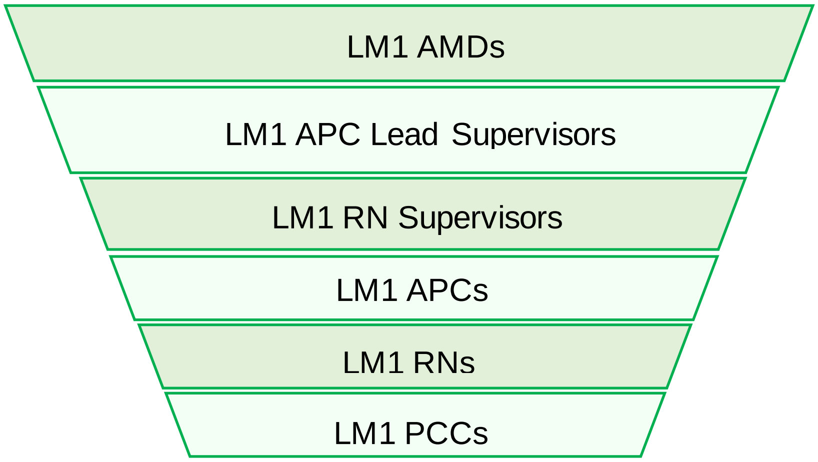
APC & Triage RN Call Flow Overview



Patient Support at Landmark

**In addition to the staff listed below, On-Call APCs and physicians provide coverage.*

Landmark First Call Center:



Market Staff Assigned to Patients:

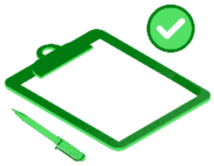
Overseeing Physician	Longitudinal APCs	NCMs	CCs	Ambassadors

IDT Staff:

Pharmacy	Dietician	Social Work	Behavioral Health

LM1 Clinical Staff Call Determinations

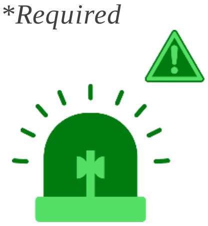
1. **Patient Verification**
**Standard*



Actions:

- ➢ Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of birth
  - Visiting address

2. **Determine Emergent Call**
**Required*



Actions:

- ➢ Has the patient described or displayed any emergent symptoms?

3. **Determine Landmark First Handling**
**Required*

Actions:

- ➢ The LM1 clinician must determine the following:
  - Is this an acute CIC or chronic issue?
  - Is this IDT appropriate?

4. **Determine Tele-UV Need**
**Required*

Actions:

- ➢ Is this a minor complaint that does not require a face-to-face visit and can be managed telephonically by a LM1 APC?

5. **Determine Face-To-Face Necessity**
**Required*

Actions:

- ➢ Does the patient require a face-to-face visit with a provider or UE to assess and treat?

6. **End-Of-Call Checklist**
**Required*

Actions:

- ➢ Prior to hanging up with the patient:
  - Verify callback number & visit address.
  - Provide ETA for UEUVs

Patient Identification Authentication

A patient's identity MUST be authenticated using three PHI (3) data points:

- There is no need to reverify if warm transfer is from within Landmark or Optum.
- Complete verification needs to be done for ALL outbound calls.

Example – Patient Identification Authorization Data Points
• Patient's name • Patient's date of birth (DOB) • Patient's full visit address *(including city, state, and ZIP code)*

- Should an authorized individual join the call at any time, a verification of the patient's DOB is required.

Example – Patient's Caregiver Joins the Call
For example, if a patient becomes tired during a lengthy phone call and their designated caregiver joins the conversation, please require that individual to verify the patient's DOB before proceeding.

Patient Representative Authorization

The following guidelines are intended to clarify what it means for a caller to be an "authorized contact" as well as provide additional information regarding HIPAA compliance.

Authorized Caller:

Authorized Callers are legal representatives for the patient who can both provide and receive information on the patient's behalf. These individuals may be given information such as:

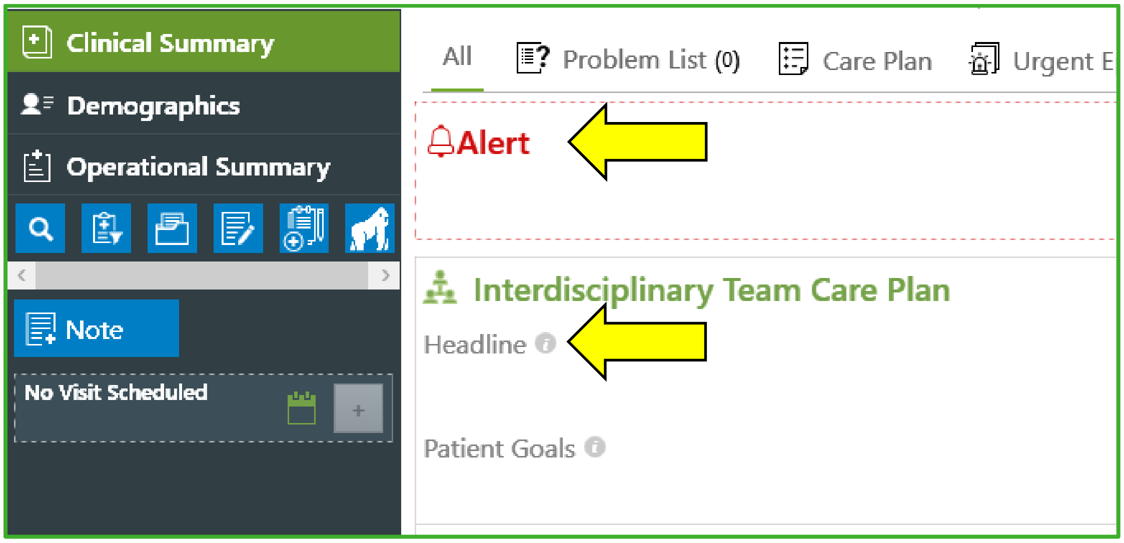
- Appointment dates / times.
- Patient's address information.
- Patient's contact information.
- Patient's engagement / enrollment status with Landmark / Optum Home Health.
- Previous messages left for the patient or if the contact attempts to reach the patient.
- Any other form of protected health information (PHI)

Training Tip:

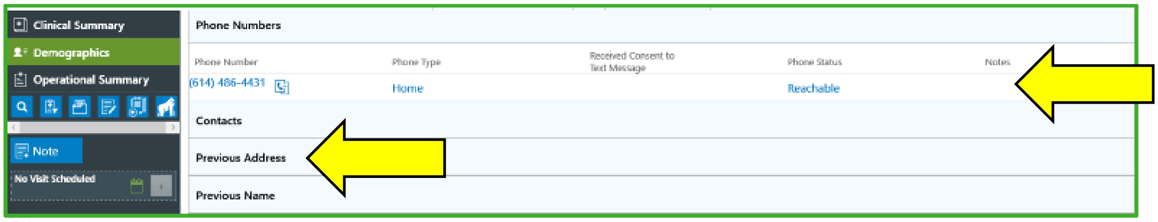
If a caller is unauthorized. We are encouraged to obtain an authorization, or an ongoing authorization, from the patient, if the patient can provide one at that time. See the "Call Flow Transfer Process" section for more information.

You can find authorized callers listed in the patient's chart in Ubiquity under:

- Clinical Summary *(Alerts or Headline sections).*

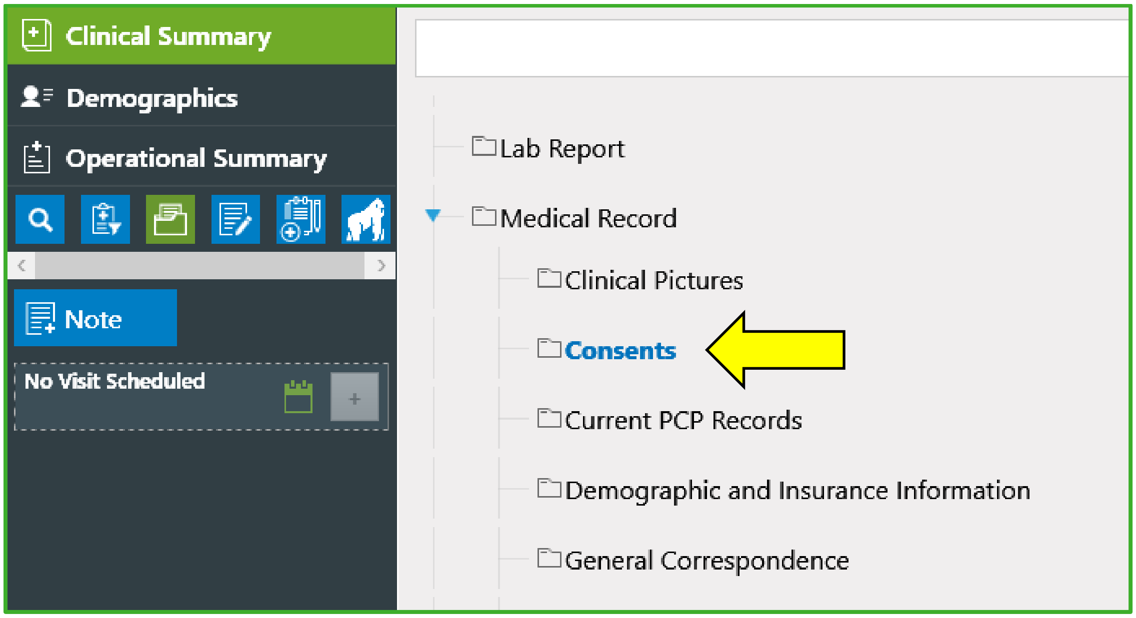


- Demographics *(Contacts section or Phone Numbers sections).*



(Check the "Notes" section under Phone Number listings as some Authorized Callers may appear there).

- Uploaded *(scanned)* consent forms in the chart's documents.



Example – Who are Authorized Callers

- Individuals specifically listed as contacts on the patient's chart
- Power of Attorney
- Legally designated caregivers or guardians

Unauthorized Callers:

Unauthorized Callers may call to request medical assistance for a patient, or report a change in condition for the patient, but they CANNOT be provided with any protected health information (PHI).

Attention – Unauthorized Caller Communication
UNDER NO CIRCUMSTANCES SHOULD PROTECTED HEALTH INFORMATION BE SHARED WITH AN UNAUTHORIZED CALLER! Providing any protected health information (PHI) to these callers is considered a HIPAA violation, and an auto-failed scorecard for PCCs.

Example – Who are Unauthorized Callers
• Family, friends, or neighbors who are not listed in the patient's chart as authorized contacts and no legal documentation to support an Authorized Caller status. • Pharmacists or medical equipment providers. • Assisted living facility staff. • Previous authorized callers who have been removed from the patient's chart.

Clinical Care Conditions:

Although these individuals are not privy to PHI, they can request medical assistance on behalf of patients. Therefore, the Call Transfer Flow Process is not altered when we are contacted by an unauthorized caller.

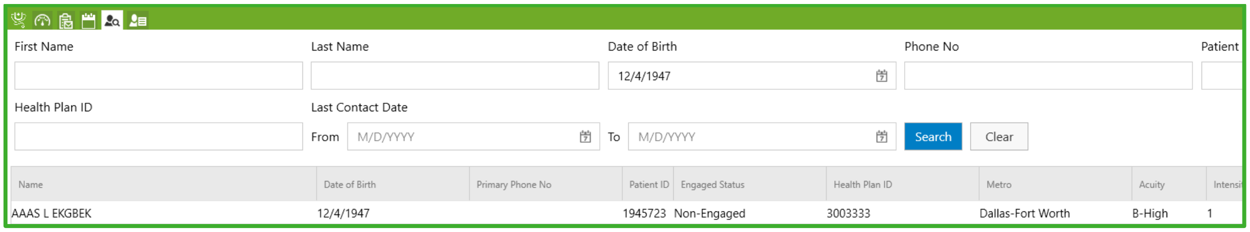
If an unauthorized caller indicates a clinical concern for the patient, please follow the clinical call transfer flows.

Attention – Clinical Care
WE CANNOT DENY CLINICAL CARE TO OUR PATIENTS REGARDLESS OF THE CALLER'S AUTHORIZATION STATUS!

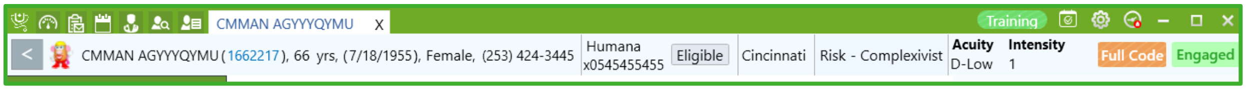
How to Verify a Patient’s Landmark Status

A patient’s Enrollment and Engagement status with Landmark is shown in Ubiquity when the patient is first searched, and in the header of their chart:

View Engagement Status in Search Results:



View Engagement & Enrollment in the Chart Header:



Landmark Status Definitions:

Engaged: The patient may receive Landmark services.

Non-Engaged: The patient cannot receive Landmark services at this time, or until they are enrolled.

Closed: This status is designated if:

1. The patient’s health plan coverage has changed to the extent that they no longer receive Landmark services.
2. The patient has decided to cancel their Landmark services.
3. The patient is deceased.

> **Training Tip:**
>
> When we receive triage requests for Non-Engaged / Eligible patients, we need to triage them, but DO NOT provide medical attention.

Standard Call Greeting & Verifications

The standard greeting and verification apply to all external incoming calls:

1. **Greeting**
   **Standard*

"Thank You for calling Landmark First. My name is (*Your Name*), (*Your Title*), with Landmark First."

Actions:

- ➢ Answer the incoming call.
- ➢ Open Ubiquity and prepare to search for the patient.

2. **Patient Lookup**
   **Standard*

"May I have the patient's Name and Date of Birth, please?"

Actions:

- ➢ Enter the patient's details in Ubiquity's search fields.
- ➢ Open the patient's "Patient Summary".

3. **Address Verification**
   **Standard*

"For security purposes, can you please provide me with the patient's full address including city, state, and zip code?"

Actions:

- ➢ Open the "Demographics" section of Ubiquity and check for accuracy.
- ➢ Note the address given to you by the caller in your documentation.

4. **Phone Number Verification**
   **Suggested Dialogue*

"In the event we get disconnected, is the number ending in (*Last four (4) digits of the caller's phone number*) a good callback number to reach you?"

Actions:

- ➢ Verbally confirm a primary phone or callback number for the caller.

Outbound Call Greeting & Verifications

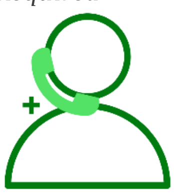
There will be circumstances that require you to call a patient / caregiver. For example, patients should be called back in the event of call disconnection or as the result of a submitted Answering Service message. Please see the call flow below for details:

1. Patient Lookup
**Standard*

Actions:

- ➢ Open the patient's chart before making the call.
  - *This will help identify authorized contacts and complete the HIPAA verification steps.*

2. Call the Patient or Caregiver
**Required*



Actions:

- ➢ Use Genesys to call the phone number provided.
  - This number may be included in an Answering Service message or provided by a caller as a valid callback number.

3. Greeting
**Standard*

"Good Morning / Afternoon. This is *(Your Name), (Your Title)* calling from Landmark First."

Actions:

- ➢ Introduce yourself and Landmark First when the call is answered.

4. Ask to Speak With the Patient / Caregiver
**Standard*

"May I please speak to (patient / caregiver)?"

Actions:

- ➢ Do not assume that you are talking to the patient or caregiver. Request to speak to them by name.
- ➢ Do not provide any HIPAA protected information to an unauthorized caller.

5. Recorded Call Notification
**Suggested Dialogue*

"Please be aware that we are on a recorded line for quality and training purposes."

Actions:

- Inform the patient / caregiver that the call is being recorded.

6. Address Verification
**Standard*

"For security purposes, can you please provide me with the patient's full address including city, state, and zip code?"

Actions:

- Open the "Demographics" section of Ubiquity and check for accuracy.
- Note the address given to you by the caller in your documentation.

7. Phone Number Verification
**Suggested Dialogue*

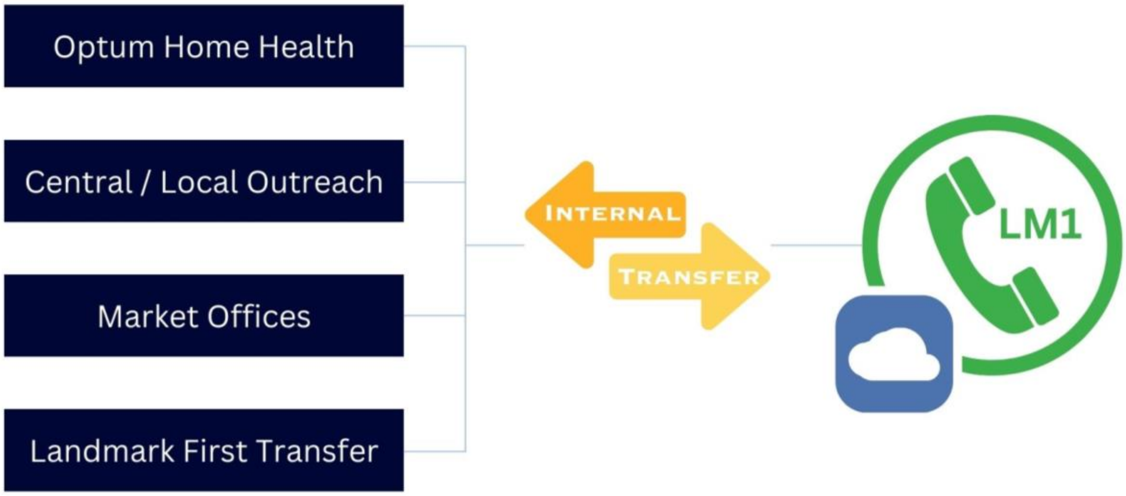
"In the event we get disconnected, is the number ending in (*Last four (4) digits of the caller's phone number*) a good callback number to reach you?"

Actions:

- Verbally confirm a primary phone or callback number for the caller.

Internal Transfers

Some calls will come from within the organization:



Call Flows to Complete		
Greeting	*Yes*	(Standard Greeting)
Patient Lookup	*Yes*	
HIPAA Verification	No	(If HIPAA verification was done prior to transfer)
	Yes	(If HIPAA verification was NOT done prior to transfer)

Accepting a Warm Transfer:

- ✓ Document the caller's **name** and **department** (Local Outreach, Optum Home Health, etc….).
- ✓ Locate the patient in Ubiquity using the name and date of birth (DOB) provided.
- ✓ Find out who is calling on behalf of the patient (this may be the patient, caregiver, or provider's office).
- ✓ Inform the caller that they can transfer the contact when ready.

Accepting Call Transfers From LM1 PCCs

Expectations:

If you are listed as *On Queue* in Genesys, you are communicating your readiness to receive calls, and perform the work involved when handling calls. This applies to any timeframe throughout your shift. Please ensure that "away" or "busy" statuses are managed according

Handoff Procedure:

When a call is received from a Landmark First PCC, please adhere to the following guidelines:

APC / Triage RN | *PCC*

1. "Hello, this is (Clinical Staff Name), (Title). How can I help you?"

2. "Hello, this is (PCC Name), Patient Care Coordinator with Landmark First. Are you ready for the patient's ID number?"

3. "Yes, ready."

4. *(PCC Provides Patient ID and Eligibility Status)*

5. *(Confirm patients' name and DOB once pulled up in Ubiquity)*
   - *Confirm RN licensure, APC credentialling, patient eligibility*

6. *(Summarize patient request)*
   - *Include History of Present Illness (HPI) present concern / complaint*

7. *(APC / Triage RN agrees to the handoff)*
   - *Do NOT decline the call handoff (see exceptions below)*

8. "Transferring Now"

Handoff Exceptions

A clinical staff member may refuse a call if:

- The patient's chart is closed.
- There is a conflict in RN licensure or APC credentialling.

Additional Procedural Guidelines

During the Handoff process, APCs should **NEVER**:

- Leave the patient on hold for extended periods of time.
- No small talk / no personal chatting.
- No commentary on patient's request.
- Give clinical advice of any kind.

Voicemails

If redirected to a provider's voicemail, **DO NOT LEAVE A MESSAGE**. Move to the next stage of the Call Transfer Flow Process. This also applies to same-day appointment cancellations.

Non-Eligible Members Expressing Medical Concerns

If Non-Urgent

Please take a message for the **Local Outreach Team**.

Email Subject:

Patient's Name, ID, Market

Email Body:

- Caller's name & relationship to the patient
- Reason for calling
- A callback number where they can be reached

If Urgent Medical Situation

Advise the caller to contact 911 or emergency services in their area.

If the caller is unable to call 911, follow Steps 6 – 9 in the Urgent Calls / Contact 911 section.

Attention – Eligible Patient Transfers
Landmark First Clinicians should accept *<u>Eligible</u>* patients transferred to them if they are listed as *<u>Non-Engaged</u>*.

LM1 APC Administrative Call Flow

1. Patient Verification
**Standard*

Actions:

- ➢ Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of Birth
  - Visiting Address

2. Admin Request
**Suggested Dialogue*

Actions:

- ➢ Listen to the caller's request and ask for more information when needed.
- ➢ Follow the correct workflow according to the caller's request. Administrative requests may include:
  - *Appointment Date / Time verifications.*
  - *Appointment cancellation / reschedule.*
  - *Noting messages for the Care Team.*
  - *Noting messages for the Outreach Team.*
  - *Updating demographic information.*
  - *Other administrative tasks as needed.*
- ➢ Consult the Administrative Workflows section of the Administrative Process Manual for more information.

3. End the Call
**Suggested Dialogue*

Actions:

- ➢ Check to see if the caller needs any further assistance before ending the call.
- ➢ End the call.

4. Documentation
**Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

Patient Insists on Speaking with Member of IDT:

1. Assist If Possible
**Standard*

Actions:

- ➢ Attempt to assist the patient / caregiver.
- ➢ Determine clinical need and attempt to resolve.

- ➢ Continue to the next step if the patient / caregiver demands to speak with their IDT.

2. Identify Caller in Ubiquity
**Standard*

Actions:

- ➢ Open Ubiquity and search for the requested Care Team member.
  - *Review recent notes and the "Landmark Team" section as necessary.*

- ➢ Care Team members should not be contacted outside of standard market operating business hours between 8:30 AM and 5:00 PM

3. Warm Transfer to Care Team
**Conditional*

Actions:

- ➢ Once the individual is located in Ubiquity, attempt a warm (consult) transfer using Genesys.

- ➢ Proceed to the next step of your transfer is not answered.

4. Warm Transfer to Care Team
**Conditional*

Actions:

- ➢ Send a message to the individual in Teams requesting a patient callback.
- ➢ Send a follow-up email requesting a patient callback.

5. Documentation
**Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

Health Plan POC Calls:

1. Patient Verification
**Standard*

Actions:

- Open the patient's chart in Ubiquity
- Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of Birth
  - Visiting Address

2. Note Caller Details
**Standard*

Actions:

- Obtain the following information from the caller:
  - *Name*
  - *Health Plan*
  - *Callback Number + Extension (if needed)*

3. Warm Transfer to NCM
**Standard*

Actions:

- Attempt a warm transfer to the patient's Care Team NCM.
  - *If there is no response, attempt to resolve the question / concern.*
  - *If you are unable to resolve, include the caller's message in your documentation.*

- Care Team members should not be contacted outside of standard market operating business hours between 8:30 AM and 5:00 PM

4. Documentation
**Required*

Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

LM1 APC Recommended Care Call Flow

1. Patient Verification
**Standard*

Actions:

- ➢ Verify the patient’s identity with three (3) PHI data points:
  - Name
  - Date of Birth
  - Visiting Address

2. Determine Clinical Need
**Required*

Actions:

- ➢ The patient or caregiver has a clinical concern.

3. Manage Using Hashtags
**Required*

Actions:

- ➢ Triage the patient / caregiver call using Hashtags:

4. Recommend Level of Care
**Required*

Actions:

- ➢ LM1 APC will recommend a level of care based on the caller’s concern:
  - Manage tele-UVs as needed.
  - Request face-to-face appointments as needed.
  - Collaborate with LM1 care team.
  - Collaborate with community provider or agency.
  - Emergent 911 call request in teams:
    Call Flow: Contacting Emergency Medical

Patient Calls for Specimen Collected

Patients or caregivers will sometimes call to report that a specimen has been collected and needs to be picked up.

The specimen ***MUST*** be ordered by Landmark provider.

Correct Specimen Storage + Patient / Caregiver Transport Call Flow:

1. **Specimen Storage Check**
   **Standard*

Actions:

- ➢ APC will determine if the specimen was, and currently is, stored correctly.
  - Also verify that the lab order is in the home.

2. **Check Specimen Dropoff Details**
   **Standard*

Actions:

- ➢ APC confirms the specimen was stored and handled correctly and can be taken to a lab:
  - APC checks patient's / caregiver's ability to transport and deliver the specimen to a lab within 24 hours.

3. **Finalize & Verify Delivery Details**
   **Standard*

Actions:

- ➢ APC verifies the patient / caregiver will transport the specimen.
  - Verify lab hours with caller.
  - Verify the specimen has been properly labeled.
  - Verify the specimen is properly stored.
  - The lab slip will need to be dropped off with the specimen.

4. **Documentation**
   **Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

Patient / Caregiver CANNOT Transport the Specimen Call Flow:

1. Specimen Storage Check
**Standard*

Actions:

- APC will determine if the specimen was, and currently is, stored correctly.
  - Also verify that the lab order is in the home.

2. Check Specimen Dropoff Details
**Standard*

Actions:

- Patient or Caregiver indicates they ***CANNOT*** transport the specimen to a lab.
  - APC will need to request that a market provider visit the patient for specimen pickup.

3. Post UV / UEUV Request in Teams
**Standard*

Actions:

- DURING BUSINESS HOURS:
  - Post a request in the market UEUV Team.
  - "Need specimen pickup and transport to lab"
  - Include patient ID.
- AFTER BUSINESS HOURS:
  - Post a request in the correct market UEUV Team for next-day follow-up.
  - Include patient ID.

4. Documentation
**Required*

Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Specimen Incorrectly Handled or Stored Call Flow:

1. Specimen Storage Check
**Standard*

Actions:

- ➢ Patient or Caregiver indicates the specimen was mishandled or stored improperly.
  - The APC will need to request a new specimen collection kit be delivered to the patient by the market.

2. Post UV / UEUV Request in Teams
**Standard*

Actions:

- ➢ DURING BUSINESS HOURS:
  - Post a request in the market UEUV Team.
  - “Need specimen collection supplies delivered”
  - Include patient ID.
- ➢ AFTER BUSINESS HOURS:
  - Post a request in the correct market UEUV Team for next-day follow-up.
  - Include patient ID.

3. Documentation
**Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

The Traveling Patient

The following workflow is appropriate for Landmark patients who will be away from their primary residence for less than 30 days:

Travel Type:	Who Can Manage	Pharmacy
Within the State *Away from Home Market*	Telephonic Management: • Home Market • LM1 Clinician Licensed in the home market.	Send directly to Pharmacy in the patient's visited area.
Out of State	Telephonic Management: • Home Market • LM1 Clinician Licensed in the home market.	Send to NATIONAL CHAIN: • Hold it local and transfer to the patient's visited area
Out of Country	We ***DO NOT*** manage: • Refer the patient to local medical resources.	We ***DO NOT*** manage: • Refer the patient to local medical resources.

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

**Note: Your Genesys statuses are tracked and monitored by your APC Lead Supervisor and may be pulled during routine audits.*

Triage RN Workflows & Resources

Quick Links:

- Triage RN Call Flow Overview
- Elements of a Triage
- Using the Clear Triage Tool
- Triage RN Call Determinations
- Triage RN Call Escalation
- Administrative Call Flow
- Triage RN Management Call Flow
- Triage RN Tele-UV Call Flow
- Face-to-Face Visit Request Call Flow
- Receiving Triage Emails Through Genesys

Training Tip:

To view a list of visit types and the procedures necessary to schedule them, please see the "Managing Appointments" section of the Administrative Process Manual.

Training Tip:

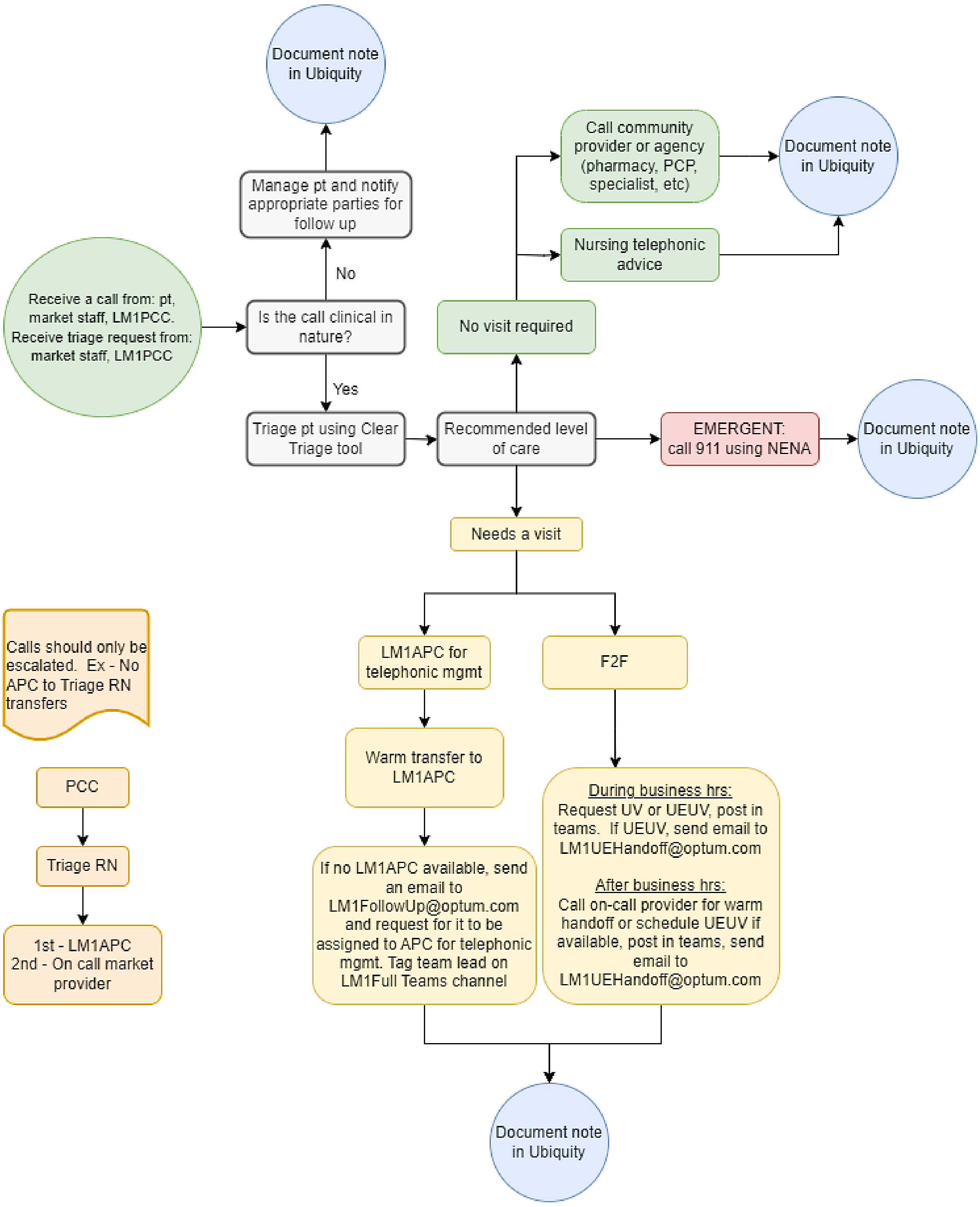
The IT Service Desk does not resolve access issues to the NENA 911 database. Instead, you must try the "Forgot Password" option upon login or contact the NENA 911 Admin for support.

Training Tip:

Whenever posting a UEUV in Teams, send an accompanying email to:

Im1uehandoff@optum.com

Triage RN Call Flow Overview



Elements of a Triage

Appropriate triage of a patient allows the provider a “snapshot” of what might be going on with the patient and optimizes patient outcomes.

- It is expected the following elements will be included in each patient triage call:
- Focused review of the chart: alerts, summary, recent encounters, relevant items on problem list and meds
- Use of Hash Keys for documentation
- Focused review of systems
- Pertinent medical history
- SBAR
- Documentation by Notes in Ubiquity is required after every call

Situation	Background	Assessment / Recommendation

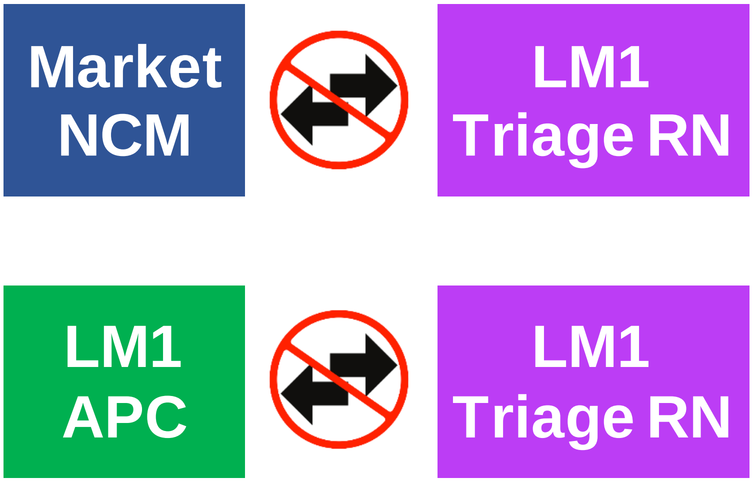
• CC
• History
• Treatment Attempts
	• Drivers of disease
	• Past medical History
	• Operational reasons
	  ○ Newly Engaged
	  ○ Intensity > 1
	  ○ Recent PDV
		• Needs
		• Needs a visit for ....
		• Recommending ED
		• Need to transfer the call for you to discuss

- Consider differentials (avoid including them in your documentation)
- Guides assessment
- Real time documentation
- Consider use of mnemonics

Nursing Mnemonics for Pain & Symptoms

OLDCARTS	SOCRATES	PQRST
• Onset • Location • Duration • Character • Alleviating & aggravating • Radiation • Time • Severity	• Site • Onset • Character • Radiation • Associated Symptoms • Time / Duration • Exacerbating & Relieving • Severity	• Provoking • Quality • Region & Radiation • Severity • Time

Only Call Escalation Call Transfers:



**Unless the LM1 APC is not licensed in that particular market.*

Using the Clear Triage Tool

Link – Clear Triage Login

https://app.cleartriage.com/app/login

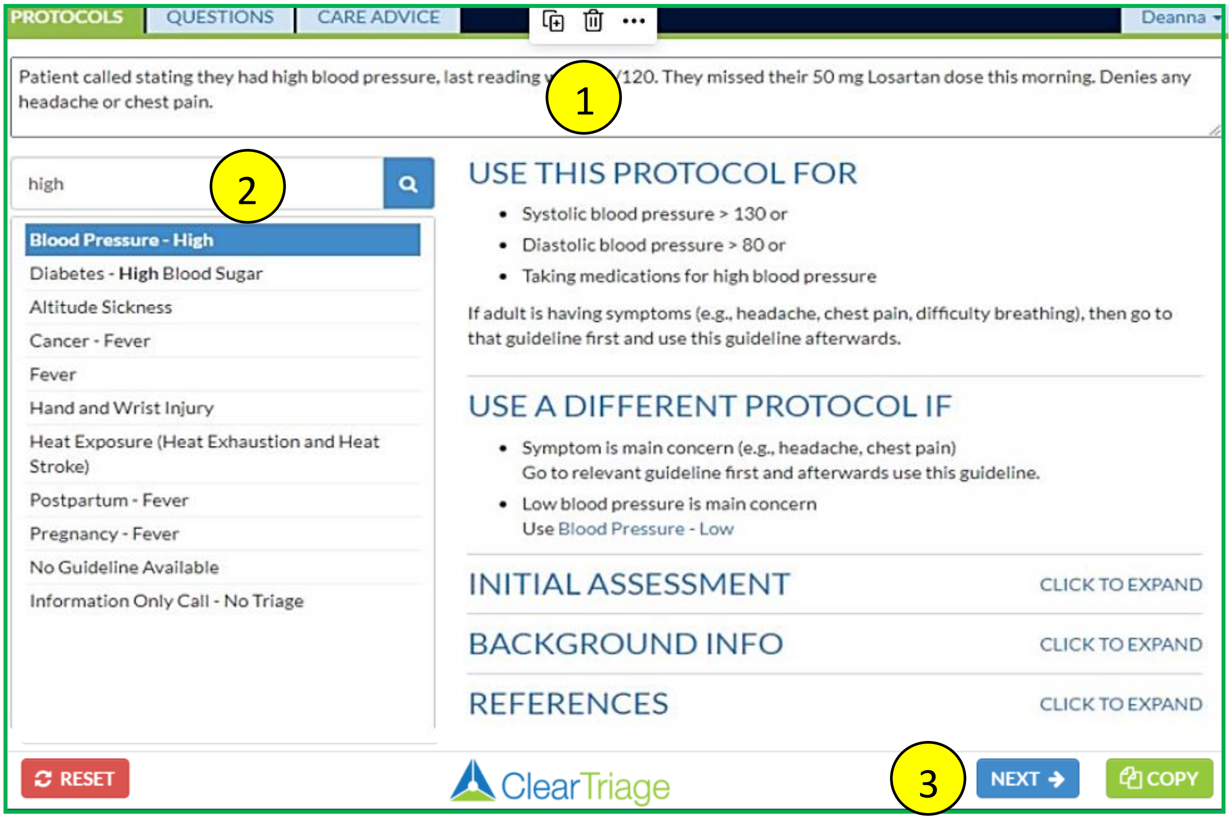
Link – Clear Triage Video

Clear Triage Update 6-30-23 with recording (1) (2).mp4

Link – Clear Triage Policy Attestation

Clear Triage Policy Attestation Form

Portal Navigation:



1. Document the HPI in the text box at the top of the window.
2. Use the search bar on the left to locate the chief complaint.
3. Select the appropriate complaint from the results and click “Next.”

Triage Dispositions:

Once the HPI information has been entered and the chief complaint is selected, clicking "Next" will take the user to the "Questions" tab to complete a disposition.

Below is a list of color-coded dispositions specific to operations at Landmark First:

Call 911 NOW (Notify escalation afterwards)
Go to ED / UC
Urgent Escalate to Clinician
Non-Urgent Escalate to Clinician
Dispatch F2F (UE or market)
Ubiquity Note
Refer to OB
HHC
Refer to Hospice

Attention – Clear Triage Use
Clear Triage is a tool and does not replace critical clinical thinking.

Call 911 NOW (Notify escalation afterwards)

1. Triage RN will use the NENA 911 database to locate the emergency contact number for the patient's area.
2. The Triage RN will start a conference call between Landmark First, the patient or caregiver, and the 911 dispatcher.
3. The Triage RN shall identify themselves as a Registered Nurse with Landmark First on the line with a sick patient.
4. The Triage RN will allow the 911 dispatcher to talk directly to the patient, or if the patient is unresponsive, provide necessary information to the 911 dispatcher.
5. The Triage RN will NOT disconnect the conference call until help arrives, even if the 911 dispatcher disconnects from the call.
6. If the patient refuses a 911 call, the Triage RN should immediately escalate the call to an advanced clinician.

Example – Clear Triage Call 911 Disposition

Call 911 NOW

- Difficult to awaken or acting confused (e.g., disoriented, slurred speech)
- SEVERE difficulty breathing (e.g., struggling for each breath, speaks in single words)
- [1] Weakness of the face, arm or leg on one side of the body AND [2] new-onset
- [1] Numbness (i.e., loss of sensation) of the face, arm or leg on one side of the body AND [2] new-onset
- [1] Chest pain lasts > 5 minutes AND [2] history of heart disease (i.e., heart attack, bypass surgery, angina, angioplasty, CHF)
- [1] Chest pain AND [2] took nitrogylcerin AND [3] pain was not relieved
- Sounds like a life-threatening emergency to the triager
- [1] Systolic BP >= 160 OR Diastolic >= 100 AND [2] cardiac (e.g., breathing difficulty, chest pain) or neurologic symptoms (e.g., new-onset blurred or double vision, unsteady gait)

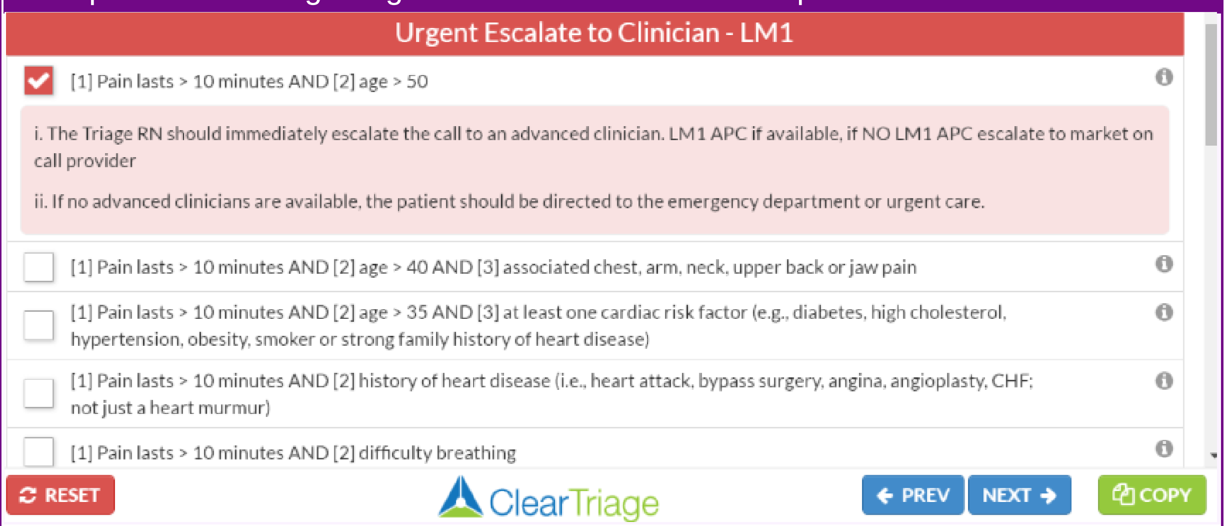
Go to ED / UC

1. The Triage RN will recommend that the patient go to an emergency department or urgent care facility to address their immediate concerns.
2. The Triage RN may assist the patient in locating the nearest emergency department or urgent care facility.
3. If the patient refuses to go to the emergency department or urgent care facility, the Triage RN will immediately escalate the call to an advanced clinician.
4. If the patient does not have transportation to the emergency department or urgent care facility, the Triage RN will offer to call 911 and arrange transportation by ambulance.

Urgent Escalate to Clinician

1. The Triage RN should immediately escalate the call to an advanced clinician.
    - If unavailable, attempt a warm transfer to the on-call provider.
2. If no advanced clinician or on-call provider is available, the Triage RN should direct the patient to the emergency department or urgent care.

Example – Clear Triage Urgent Escalate to Clinician Disposition



Non-Urgent Escalate to Clinician

These calls require advanced clinician involvement but are not as time sensitive as urgent calls.

7:00 AM – 11:00 PM *(Local Time)*

1. The call should be escalated to an advanced clinician. If an APC is not immediately available, the call should be sent as an email triage.

11:00 PM – 7:00 AM *(Local Time)*

1. The call should be escalated to a working LM1 APC.
2. If there is no LM1 APC available, the Triage RN should email that LM1 APC with the patient's information and concern.
    - Tag the LM1 APC in Teams.
3. If there are no LM1 APCs currently working who are licensed in the patient's market, the Triage RN will send an email to lm1followup@optum.com for next-day follow-up.
4. The patient should be instructed to call back if their condition changes or worsens. They should be further informed that a clinician will contact them in the morning and will arrange further care at that time.

Example – Clear Triage Non-Urgent Escalate to Clinician Disposition
Non-Urgent Escalate to Clinician - LM1
Systolic BP >= 180 OR Diastolic >= 110
Ran out of BP medications

Dispatch F2F (UE or market)

These calls are appropriate for a Face-to-Face visit without additional triaging.

This call flow changes based on whether a market has a UE program available.

NEVER PROMISE A VISIT

If the Market has a UE AVAILABLE:

1. Schedule the UE in Ubiquity.
2. Post the UV request in the applicable MS Teams market UE channel.
   - Tag Dispatch, the market page, and the UE.
   - If the visit is scheduled to take place the next day, send an email to: lm1uehandoff@optum.com.
3. Dispatch will assign an LM1 APC or market coverage to provide oversight based on the UE's ETA.

If the Market has NO UE AVAILABLE or NO UE PROGRAM

1. Ask the patient to hold, if they are willing, to be transferred to an on-call provider.
   - If they are unwilling to hold or the on call provider is not available to speak, then the on-call provider will call patient back during normal market operating business hours between 8:30 AM – 5:00 PM:
   - Post the Urgent Visit request in the market's Urgent Visit MS Teams channel.
2. On days that the market has no operating hours, and if between the hours of 7:00 AM and 11:00 PM, call the on-call Provider to discuss the case.
   - It is then the on-call provider's job to reach out to the patient and discuss next steps.
3. If between 11:00 PM – 7:00 AM Local Market Time:
   - Send an email to lm1followup@optum.com.
   - The patient will be contacted during operating hours, or when a provider becomes available.
   - Visits will be scheduled as needed.

Example – Clear Triage Urgent Escalate to Clinician Disposition
Dispatch F2F (UE or market) - LM1
☐ [1] Taking BP medications AND [2] feels is having side effects (e.g., impotence, cough, dizzy upon standing)
☐ Wants doctor to measure BP

Ubiquity Note

This disposition indicates a call that can be handled, from start to finish, by a LM1 Triage RN. Many of these calls are requests for patient education or updates for their care team.

1. The Triage RN will provide education, as needed, based on the Clear Triage education guidance and their own skill set.
2. Include any education provided or updates for the Care Team in a Ubiquity note.

Example – Clear Triage Urgent Escalate to Clinician Disposition
Ubiquity Note - LM1
☐ Systolic BP between 120-129 with Diastolic < 80
☐ Healthy diet, questions about

Refer to OB

Occasionally, Landmark will have patients that are pregnant. When this occurs, the “Refer to OB” disposition may be shown.

1. If the patient has an established OB, advise them to call their OB for further assistance. Record the OB’s name and contact information in your Ubiquity note, if known.
2. If the patient does not have an OB, transfer the patient to the appropriate escalated clinician following the “Urgent Escalate to Clinician” process.

Example – Clear Triage Urgent Escalate to Clinician Disposition
Refer to OB - LM1
☐ [1] Pregnant 20 or more weeks (or postpartum < 6 weeks) AND [2] new hand or face swelling
☐ [1] Pregnant 20 or more weeks (or postpartum < 6 weeks) AND [2] Systolic BP >= 160 OR Diastolic >= 110
☐ [1] Pregnant 20 or more weeks (or postpartum < 6 weeks) AND [2] Systolic BP >= 140 OR Diastolic >= 90
☐ [1] Systolic BP >= 130 OR Diastolic >= 80 AND [2] pregnant

HHC

This disposition is for calls with complaints regarding Home Health Care issues.

1. If the patient has an established Home Health Care agency, they should be instructed to call the agency for further assistance.
    - Please record the name of the company, if known, in your Ubiquity note.
2. If the patient does not have a Home Health Care agency established, follow the “Non-Urgent Escalate to Clinician” process.

Refer to Hospice

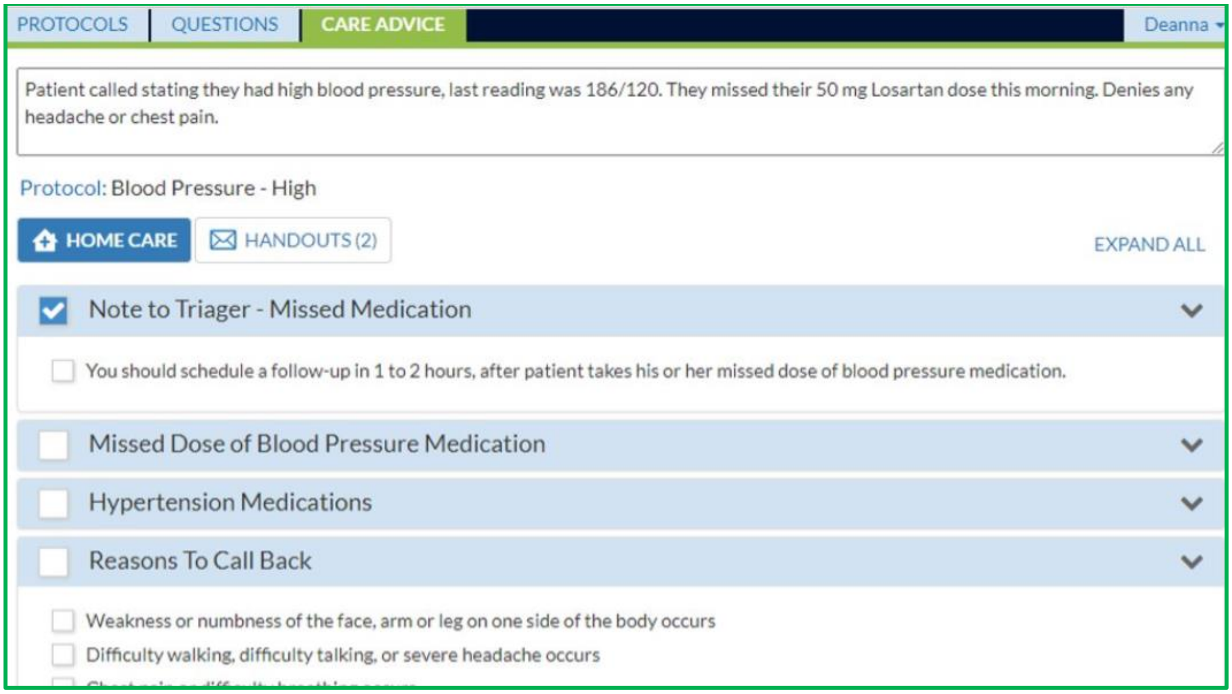
This disposition should not be used often:

- Patients enrolled in Hospice are disengaged from Landmark services.
    - As a result, patients who contact us with questions or concerns should be referred back to their hospice agency.
    - If there is any doubt concerning a patient’s eligibility or engagement in Landmark services, transfer the patient using the “Urgent Escalate to Clinician” call flow.

Care Advice:

The Care Advice tab includes instructions and handouts to be given to the patient and/or caregiver.

- If you select handouts the RN will have the option to send them via email.



Documenting with Clear Triage:

1. Click the “Copy” button in the lower-right side of the window.
2. Paste your Clear Triage Note below the LM1 Hashtag.

Documentation Guidelines:

- Use the Clear Triage system primarily to document *<u>during</u>* the call.
- After you have completed the call, use the “Copy” button within the Clear Triage system to copy any information you noted during the call.
- Paste your Clear Triage documentation into a Ubiquity note created in the HPI section.
- Complete the remainder of Ubiquity documentation according to existing practice.

As part of the Quality Assurance processes at Landmark First, charts will be randomly selected for audit to ensure compliance with policy.

- Please note that, as company policies are updated, or if greater compliance guidelines change, the quality assurance process may be updated.

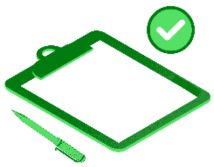
Downtime:

When Clear Triage is not available due to system issues, the Triage RN is expected to <u>USE THEIR BEST MEDICAL JUDGEMENT</u> and LM1 hashtag to guide the conversation and reach out to an LM1APC or physician for support.

- The Triage RN should err on the side of escalating patient complaints to an advanced clinician when able to refer a higher level of care.
- Documentation of the call should specifically note that Clear Triage was unavailable due to system issues.
- When Clear Triage becomes unavailable, the Triage RN <u>MUST</u> notify the available Lead Supervisor of the downtime.
- The Lead Supervisor will notify the Clinical Leadership team if the outage is expected to last longer than two (2) hours.

Triage RN Call Determinations

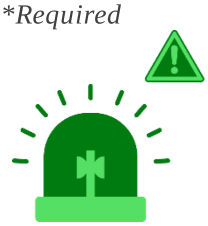
1. **Patient Verification**
   **Standard*



Actions:

- ➢ Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of birth
  - Visiting address

2. **Determine Emergent Call**
   **Required*



Actions:

- ➢ Has the patient described or displayed any emergent symptoms?

3. **Determine Landmark First Handling**
   **Required*

Actions:

- ➢ The Triage RN must determine the following:
  - Is this an acute CIC or chronic issue?
  - Is this IDT appropriate?

4. **Determine Triage RN Handling**
   **Required*

Actions:

- ➢ Is the patient in need of medication review?
- ➢ Is the patient in need of a POC?

5. Determine Tele-UV Need
**Required*

Actions:

- ➢ Is this a minor complaint that does not require a face-to-face visit and can be managed telephonically by a LM1 APC?

6. Determine Face-To-Face Necessity
**Required*

Actions:

- ➢ Does the patient require a face-to-face visit with a provider or UE to assess and treat?

7. End-Of-Call Checklist
**Required*

Actions:

- ➢ Prior to hanging up with the patient:
  - Verify callback number & visit address.
  - Provide ETA for UEUVs

Triage RN Call Escalation

1. LM1 APC Warm Transfer
**Standard*

Actions:

- The LM1 Triage RN will immediately attempt a warm transfer of the patient or caregiver to an available LM1 APC.
- If there is no response to the attempted transfer, proceed to the next conditional step.

2. On-Call Provider Warm Transfer
**Conditional*

Actions:

- If no LM1 APC responds to the attempted warm transfer. Use Humanity to locate the Market on-call provider and attempt a transfer through Genesys.
    - Market on-call providers will be listed as “Daytime Clinicians” during business hours and “#1 Providers” after hours.
- If there is no response to the attempted transfer, proceed to the next conditional step.

3. Emergency Department Referral
**Conditional*

Actions:

- If the Market on-call provider does not respond to your attempted warm transfer, refer the patient to their local emergency department.

4. Documentation
**Required*

Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Workflow for Verbal Handoff:

1. Triage the patient:
   - Triage RNs are required to use Clear Triage tool.
2. Gather as much information as you can, relative to the chief complaint (CC).
   - Confirm call back number and visit address.
   - Pre-visit screening questionnaires (COVID and flu).
3. If the patient is willing to hold, keep them on the line for warm transfer.
   - If not, advise someone will call them back with a plan and if they experience any emergent symptoms.
4. Place patient on hold if they are agreeable.
5. Call LM1 APC (RNs only) or the Market on-call provider (whoever is the next person in the call tree):
   - Introduce yourself, name, and title.
   - Inquire if they are available to speak to the patient.
6. If they are available, provide the patient ID and CC.
   - Provide SBAR
   - Give your recommendations:
     - ❖ Patient needs urgent management.
     - ❖ Appropriate for Tele-UV.
     - ❖ Needs a face-to-face visit.
7. Ask "would you like me transfer the call to you now or let patient know you will call back to discuss a plan of care?"
8. Send a follow-up email to the on-call provider, but only after a warm handoff or acknowledgement is confirmed over a private chat in Teams indicating their intention to contact the patient.

Attention – Verbal Order Exception
Triage RNs are not able to receive verbal orders, only handoff the patient for care

Administrative Call Flow

1. Patient Verification
**Standard*

Actions:

- ➢ Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of birth
  - Visiting address

2. Admin Request
**Suggested Dialogue*

Actions:

- ➢ Listen to the caller's request and ask for more information when needed.
- ➢ Follow the correct workflow according to the caller's request. Administrative requests may include:
  - Appointment date / time verifications.
  - Appointment cancellation / reschedule.
  - Noting messages for the care team.
  - Noting messages for the Outreach Team.
  - Updating demographic information.
  - Other administrative tasks as needed.
- ➢ Consult the Administrative Workflows section of the Administrative Process Manual for more information.

3. End the Call
**Suggested Dialogue*

Actions:

- ➢ Check to see if the caller needs any further assistance before ending the call.
- ➢ End the call.

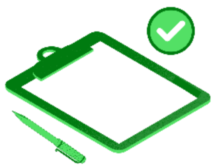
4. Documentation
**Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

Triage RN Management Call Flow

1. **Patient Verification**
   **Standard*



Actions:

- Verify the patient's identity with three (3) PHI data points:
    - Name
    - Date of birth
    - Visiting address

2. **Determine Triage RN Handling**
   **Required*

Actions:

- Is the patient in need of medication review?
- Is the patient in need of a POC?

3. **Provide Telephonic Advice**
   **Required*

Actions:

- The call will be managed by the Triage RN:
    - Review medication
    - POC review
    - Contact a community provider / agency as needed

4. **Documentation**
   **Required*

Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Triage RN Tele-UV Request Call Flow

Completion of a telephonic visit is appropriate when it is determined during triage that the patient is medically stable, and a face-to-face visit will not change the outcome for the patient.

Things to Consider:

- For urgent or Tele-UV escalations, always transfer to an ***LM1 APC FIRST***.
- Is the patient able to provide vitals (blood pressure, temperature, pulse, pulse oximetry).
  - Vitals can assist in confirming the patient is stable.
- Can pictures be sent? Secure email to send pics: LMPhoto@optum.com.
- Does patient have smartphone with video capabilities?
  - Determine prior to a warm handoff to the market on-call provider.

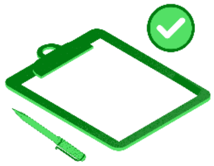
Attention – Risk of Depression
If patient is at increased risk for decompensation, a telephonic visit is NOT appropriate.

Examples – Complaints that MAY be appropriate for a Tele-UV
• Skin rash • New onset nausea or diarrhea • New onset sore throat & no other symptoms • New onset constipation without abdominal pain or emesis • New onset COVID-19 with mild symptoms.

LM1 APCs Complete a Telephonic UV ENCOUNTER with ANY treatment given including education.

Tele-UV Handoff Call Flow:

1. Patient Verification
**Standard*



Actions:

- ➢ Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of birth
  - Visiting address

2. Determine Tele-UV Need
**Required*

Actions:

- ➢ Is this a minor complaint that does not require a face-to-face visit and can be managed telephonically by a LM1 APC?

3. LM1 APC Warm Transfer
**Required*

Actions:

- ➢ Use Genesys to attempt a warm (consult) transfer to a Landmark First APC:
  - Check in with the patient / caregiver at approximately two-minute intervals to avoid lengthy hold times.
  - When your call is answered by an APC, introduce yourself and provide the patient's ID number. The APC will then confirm the patient's name and DOB.
  - Complete the warm transfer.

Attention – Call Transfer Etiquette
DO NOT engage in small talk during warm transfers.

4. Documentation
**Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

If NO LM1 APC Responds to an Attempted Warm Transfer:

**Starting after #3 on the previous page:*

4. Send to LM1 Triage Email
**Standard*

Actions:

- Email call details to:
  - lm1followup@optum.com
  - Request that it be assigned to an LM1 APC when one becomes available.

5. Tag LM1 Lead Supervisor
**Required*

Actions:

- Open the “LM1 FULL” Teams Channel:
- Tag an active Lead Supervisor from this channel.

Documentation
**Required*

Actions:

- Document and finalize your note in Ubiquity.
- Complete additional follow-up as needed.

Face-to-Face Visit Request Call Flow

Calls That Need Face-to-Face Visit Follow-Up:

These are visits that need to be done F2F by a market provider, not appropriate for UEUV.

- Non-engaged patient with an acute change in condition - UVIV1 needed.
- Multiple UVs overseen by LM1 in same EOC without market follow-up or only telephonic follow-up.
- A Post Discharge Visit (PDV) is needed if the chief complaint is the SAME as inpatient stay.
- Anticipated lengthy UV due to multiple issues being addressed.
- End of Life or goals of care discussion needed due to significant decline.
- Two-person visit required.
- Behavioral Health (BH) / Red flag in Alert section.
- Patient needs something outside of UE skills.
- Any case that involves assault or criminal behavior.
    - These cases should be referred to the ED.

We are to triage these patients include "need market provider to complete the visit" in UV request handoff.

Attention – Reporting

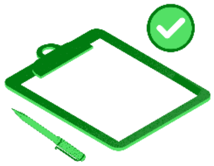
All Landmark First Clinicians are MANDATORY reporters, even for non-Landmark elderly and children.

Examples – Complaints that need the attention of a Market Provider

- Non-engaged patient with an acute change in condition - UVIV1 needed
- Multiple UVs overseen by LM1 in same EOC, without market follow up or only telephonic follow up
- PDV (post discharge visit) needed if the chief complaint is the SAME as inpatient stay
- Anticipated lengthy UV due to multiple issues being addressed
- End of Life or goals of care discussion needed, significant decline
- 2-person visit required; BH (behavioral health)/Red flag in Alert section
- Patient needs something outside of UE skills.
- Any case that involves assault or criminal behavior, these cases should be referred to the ED.

Call Flow:

1. Patient Verification
**Standard*



Actions:

- ➢ Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of birth
  - Visiting address

2. Determine Face-To-Face Necessity
**Required*

Actions:

- ➢ Does the patient require a face-to-face visit with a provider or UE to assess and treat?

Attention – Time Check

The UV / UEUV request procedure differs based on "Business Hours" and "After Hours" workflows. Check the LOCAL market time before submitting a request.

3. Post UV / UEUV Request in Teams
**Business Hours*

Actions:

- ➢ DURING BUSINESS HOURS, post a UE / UEUV request in Teams.

- ➢ See below for the AFTER HOURS workflow.

4. Call the On-Call Provider
**After Hours*

Actions:

- ➢ Contact the on-call provider listed in Humanity.
- ➢ If unavailable, contact these alternate providers in the following order:
  - Backup Physician
  - Backup Clinician
- ➢ If you attempted warm transfers are not answered, attempt to schedule UEUV in Teams, if available.

5. Documentation
**Required*

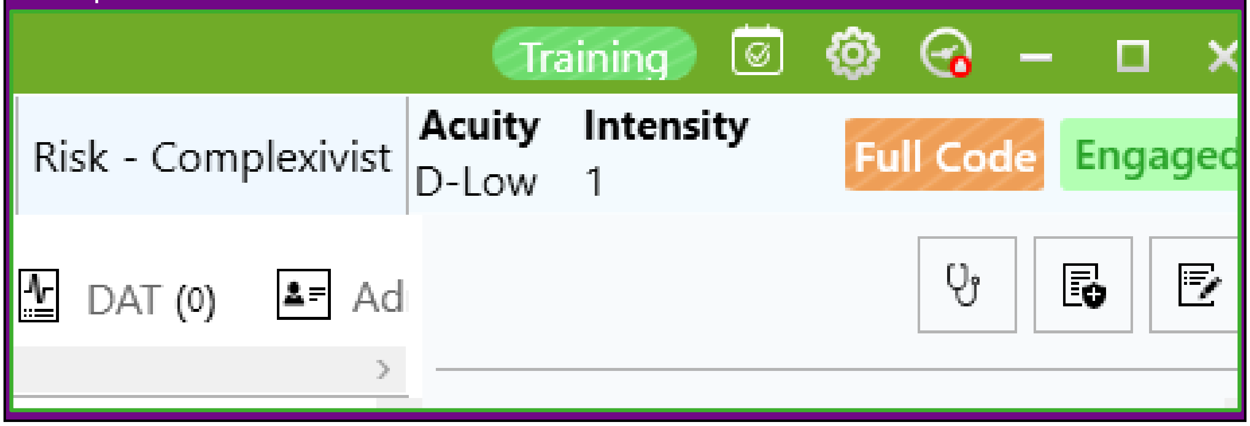
Actions:

- Document in Ubiquity.

Attention – HPSI Tab in Ubiquity

The HPSI Tab, located in every patient's chart, can be used to view specific instructions regarding Humanity contact for on-call providers and UEUV Requests.

Example – HPSI Tab Location



Example – HPSI Tab for Winston-Salem

Home Address Note (27215)

Humanity: North Carolina

UE Coverage: Greensboro

On-Call Coverage: #1 Daytime Clinician
#1 Triage Provider
#2 Physician On-Call

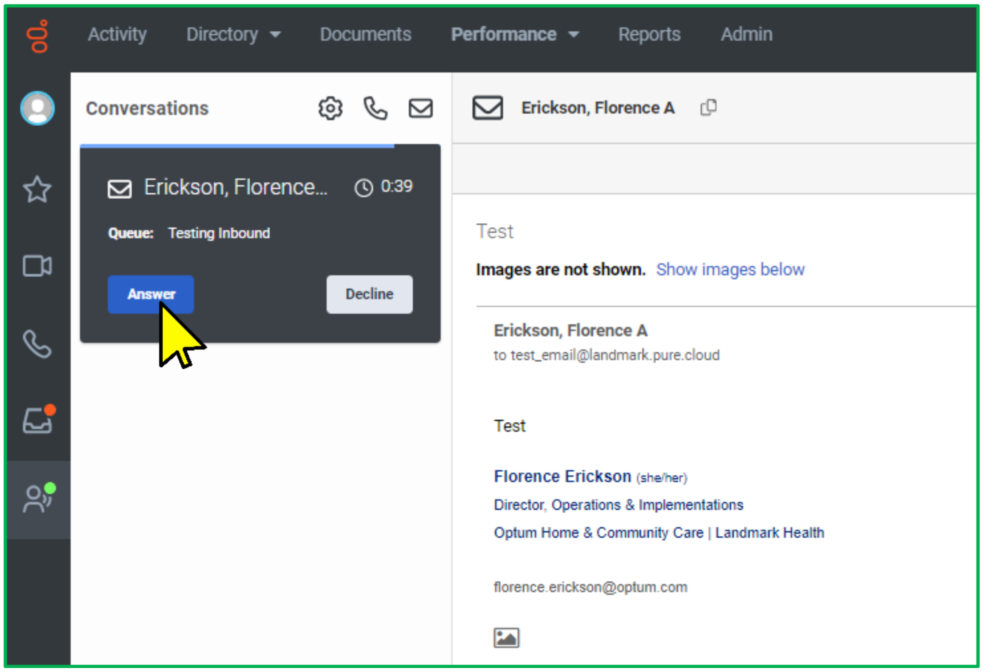
Training Tip:

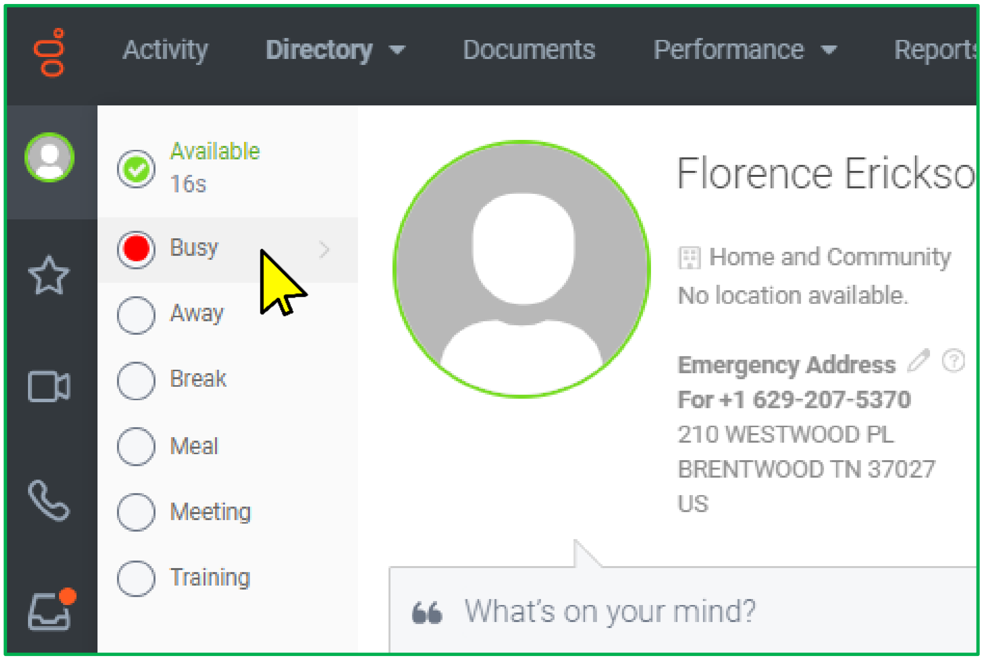
If the patient needs the ER, or 911 contact, please follow the "Urgent Buzzwords" call flow located in the Call Transfer Flow Process section of the Administrative Process Manual.

Receiving Triage Emails Through Genesys

1. Triage emails are received in the Interactions panel in Genesys:

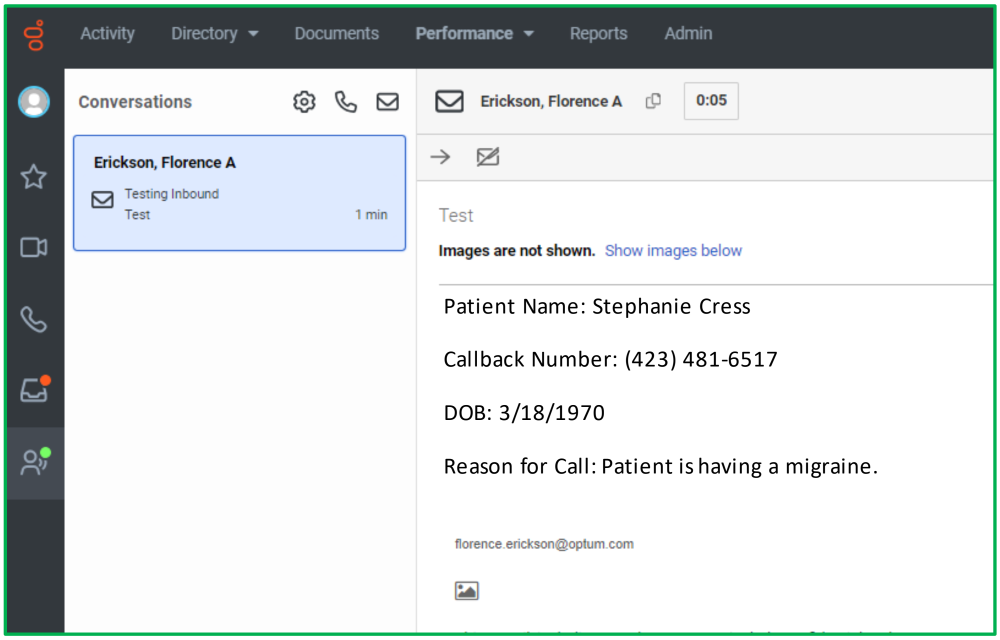
- The triage email will appear as an on-screen notification and ring for 15 seconds or until it is answered.
- Answer the notification and immediately place yourself in the 'Busy' status.





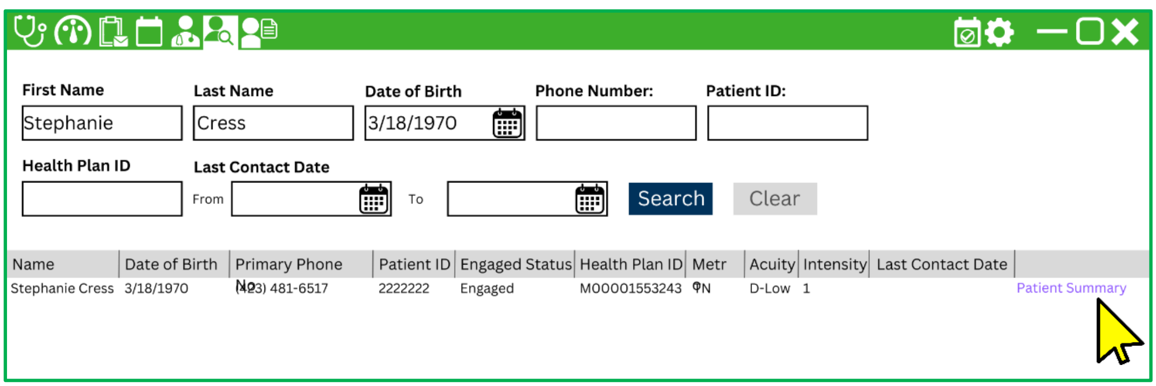
2. Review the Triage email in the Interactions pane:

- From the Interactions pane, review the Triage message and locate the patient's identifying information along with their concern.



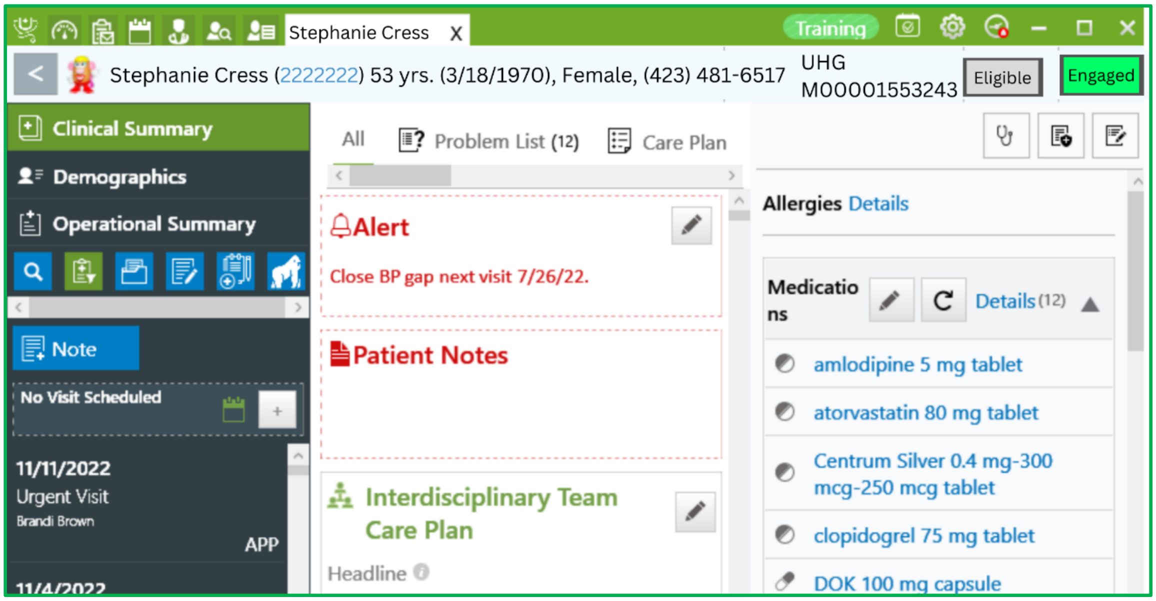
3. Locate the Patient's chart in Ubiquity:

- Open the Patient Summary once found.



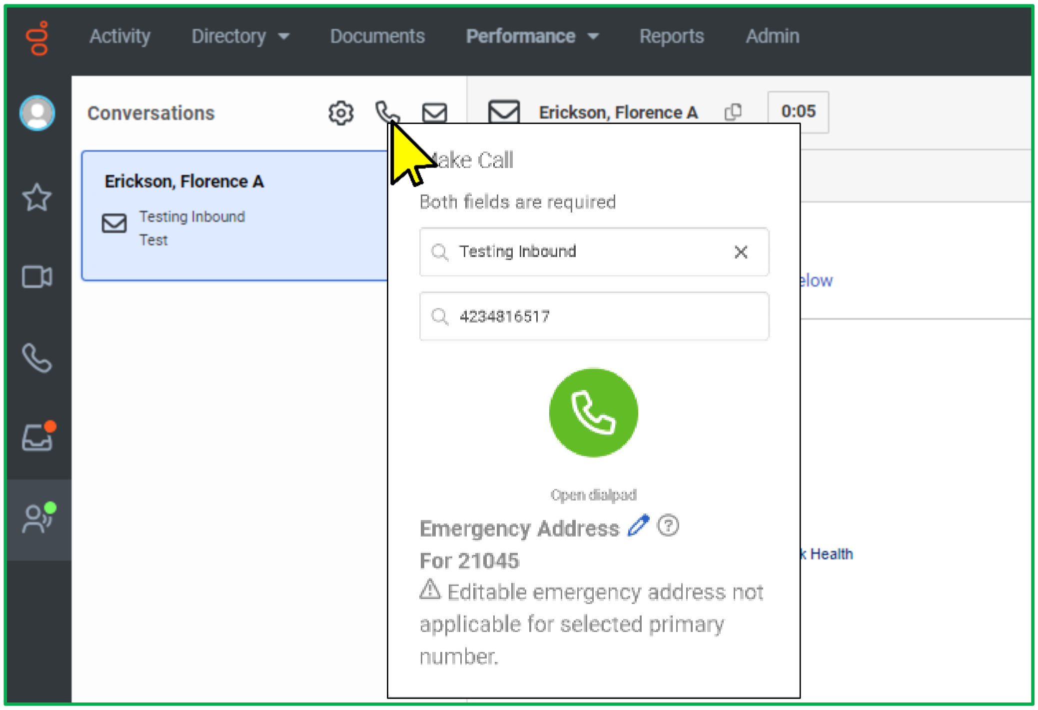
4. Review the Patient's chart:

- Check the Alerts, Notes, and Encounters listed in the chart:
- You can filter notes and encounters using the options on the left panel.
- A list of medications, allergies, and the patient's Care Team is located on the panel to the right.
- Patient Eligibility / Engagement status can be seen in the chart's heading.



5. Call the Patient / Caregiver:

- Use the phone button to call the patient or caregiver.
- Remember to select the outgoing queue that best matches the patient's market or metro location.



6. Manage the Call:

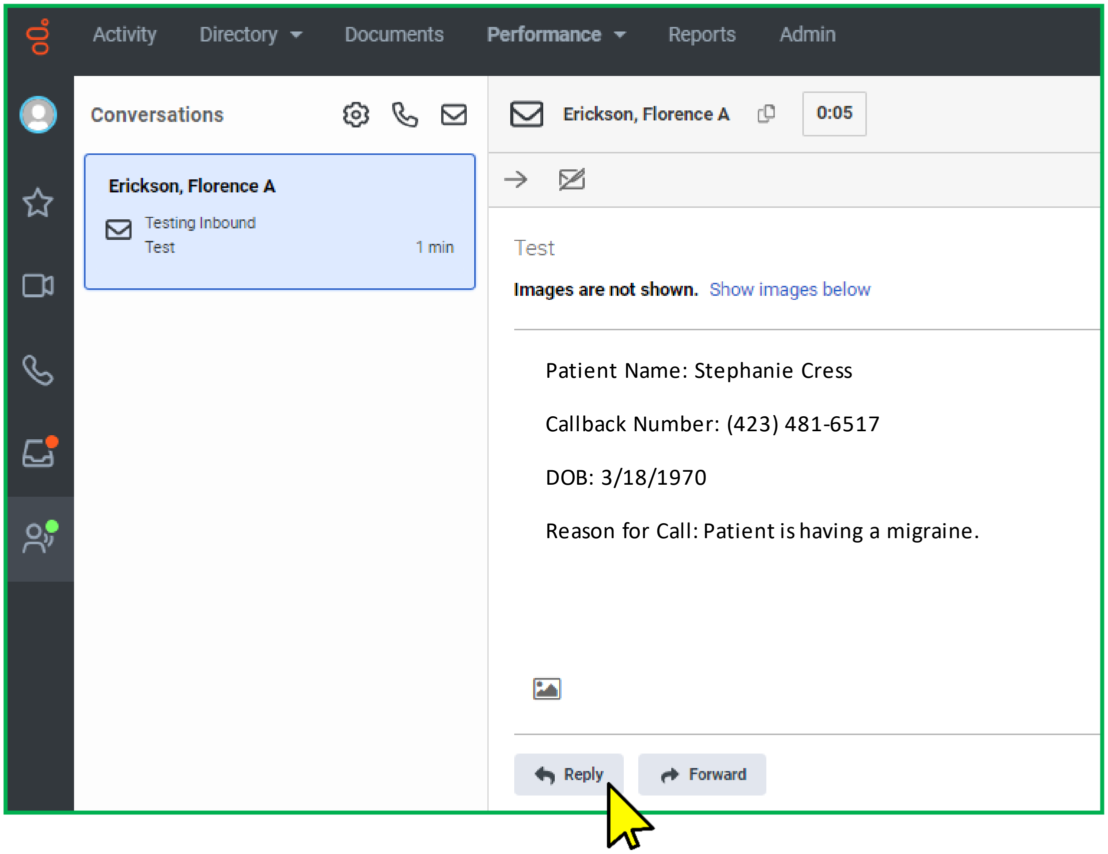
Use the clinical call flows provided in the Reference Documents, as well as your best judgement, to properly manage the call.

7. Complete Call Wrap-Up:

- Set your Call Status to ‘Busy’ if it is not set already.
- Complete the call wrap-up on the right side of your Genesys window.
  - Select the wrap-up code that best matches the call.
- Click the ‘Done’ button to continue managing the Triage message.

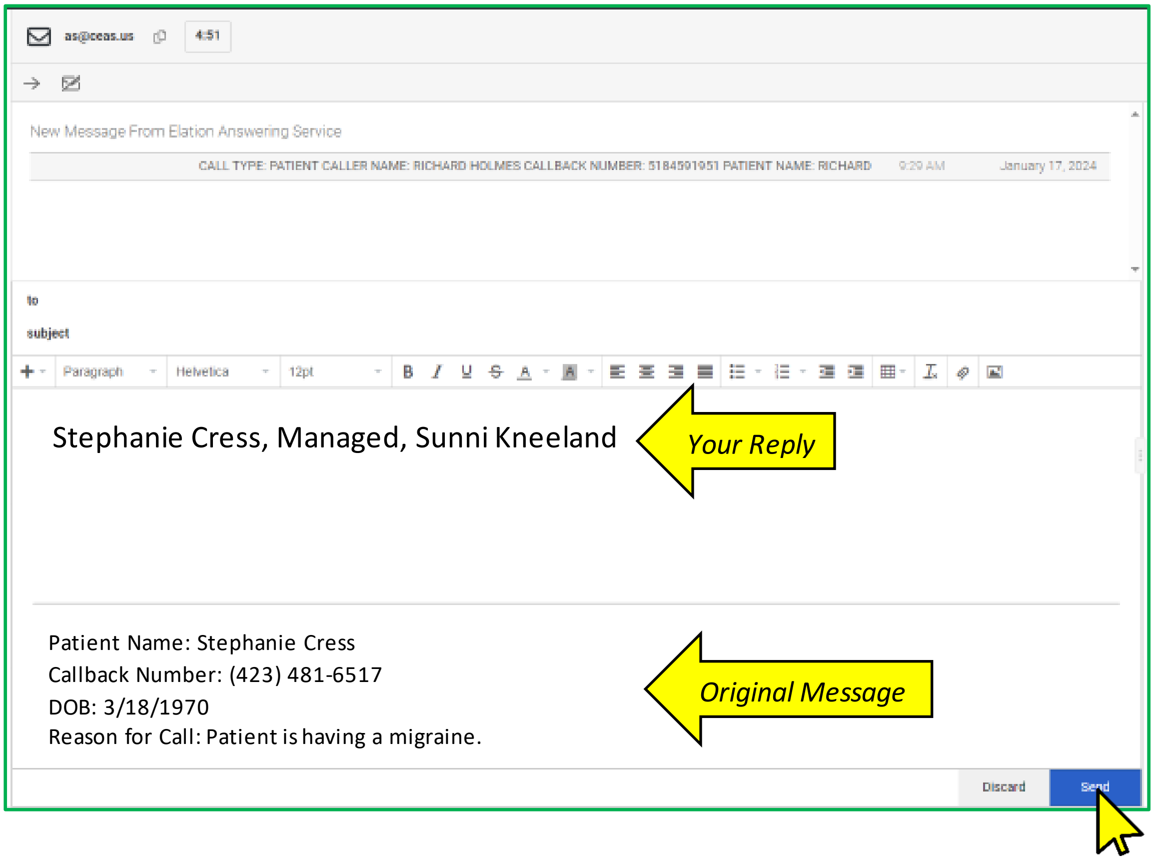
8. Reply to the Triage Email:

- At the bottom of the Triage message, you will see a 'Reply' button.
- **DO NOT** click the button. This will end the triage email with no reply.
- **DO NOT** forward the message unless you are not licensed in the patient's market.



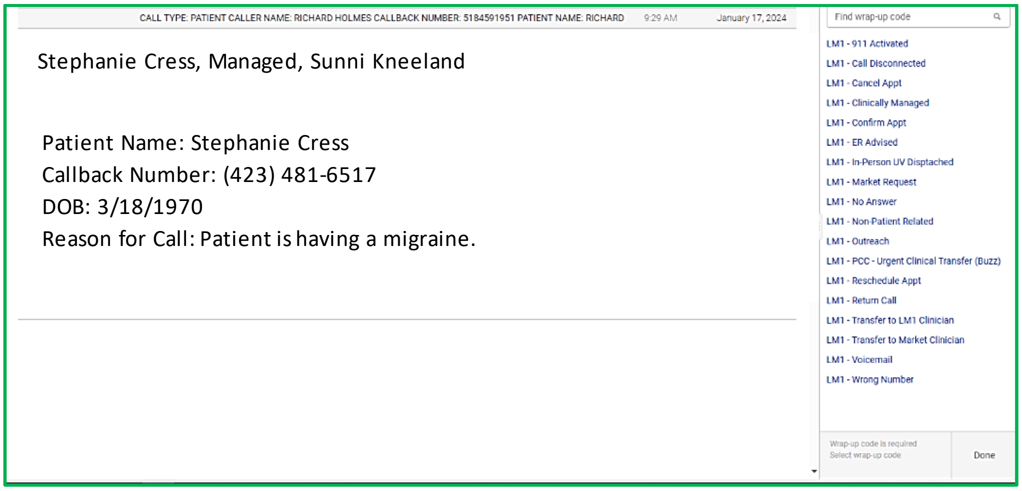
9. Complete Your Email Reply:

- Your emailed reply should follow this format:
  Patient's Name, *Plan of Care*, *Your Full Name*
- When finished, click 'Send'.



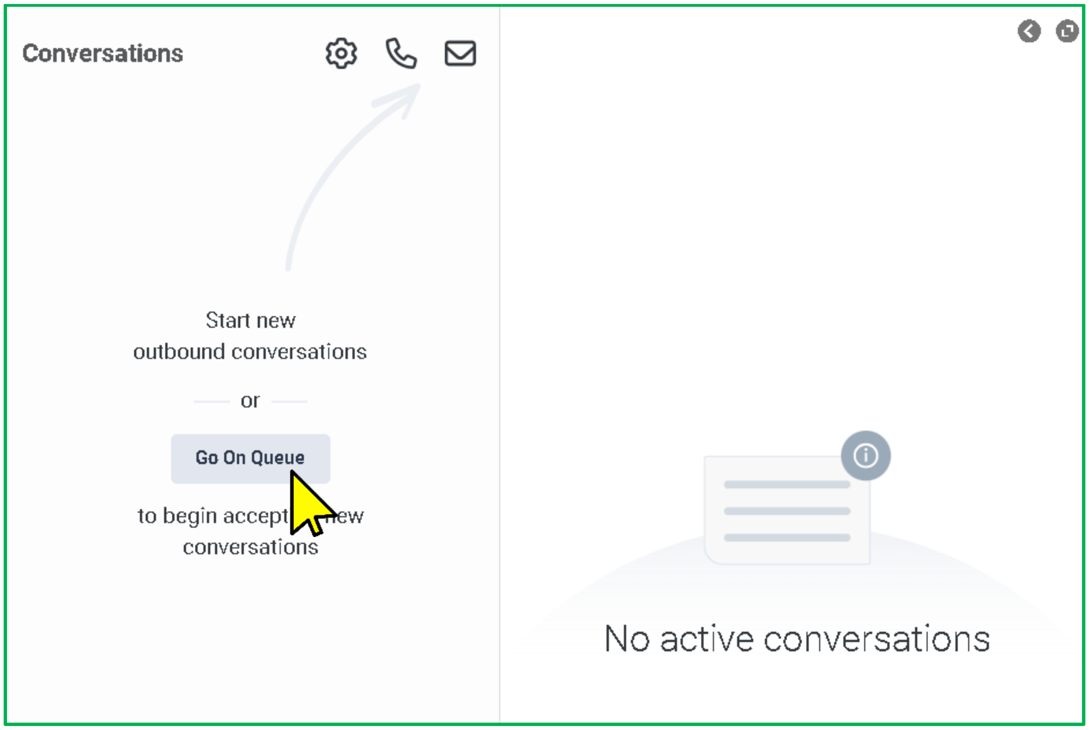
10. Set Your Email Wrap-Up:

- Similar to calls, any emails received will require a wrap-up code to complete.



11. Complete Documentation:

- You will remain in the busy status once your wrap-up is submitted. Use this time to complete any remaining documentation that is needed.
    - Document Ubiquity with a note detailing any follow-up actions taken on the patient's behalf.
    - If necessary, follow the correct steps to schedule a UEUV for the patient.
- When finished, change your call status to "On-Queue" from the Interactions pane.



Charting, Labs, Imaging, & Medication Data

Quick Links:

- Documenting Calls
- Note Documentation in Ubiquity
- Encounter Documentation in Ubiquity
- Creating & Using Hash Keys
- Meaningful Touch
- Offline Documentation
- APC Ordering Labs and Diagnostics
- Using the Quest Lab Portal
- Trident Care Referral Response
- Health Gorilla
- LabCorp
- NewCrop
- RightFax

Training Tip:

Landmark is not able to assist with picking up a specimen ordered by a community provider.

Training Tip:

PCCs will transfer the call to an available APC / RN or send an email triage if no one is available.

Training Tip:

Please review the additional video trainings linked above for more information on the various lab portals used by Landmark.

Documenting Calls

Links & Resources:

Refer to the linked Ubiquity tutorial to explore basic functions of the application, including documentation procedures.

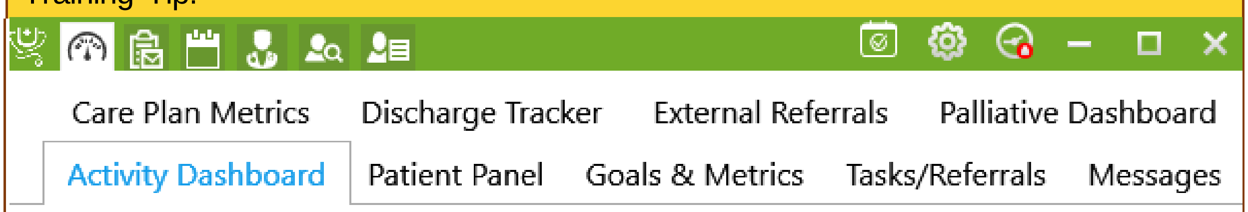
The Ubiquity application should be open and ready to search patients when an incoming call is received.

Link – Ubiquity Overview
Ubiquity.pdf

- Search patients
- Open charts
- Review patient engagement status
- Identify Alert Care patients
- Locate the patient's Landmark (Care) Team
- Create notes
- Finalizing a note
- Accessing chart documents
- Managing appointment schedules

Link – Ubiquity HPSI Tab Overview
Ubiquity - HPSI Tab.pdf

Training Tip:



You can review any open notes pending finalization using the speedometer icon in the upper-left side of the window. Check this section before signing out at the end of your shift

All calls associated with Landmark patients require documentation in Ubiquity.

- Notes must follow a specific format:
  - Font: Calibri
  - Font Size: 11 pt

Standard Note Template:
Patient verifications completed: Name, DOB, call back number, visit address
Acuity/Intensity:
Last seen face to face/Reason:
Pertinent Medical Hx:
CC:
HPI:
Assessment: OLDCARTS (onset, location, duration, character, alleviating/aggravating, radiation, time, severity)
Pertinent positives:
Pertinent negatives:
Attempted/outcomes:
Vitals:
Plan:
Patient advised to call Landmark Health anytime with any additional questions or concerns. Call 911 with emergent symptoms.

A note should be entered after each phone call on the patient's behalf and include:

- The category of phone call
- Patient's reason for calling
- Any actions you took to resolve the patient's request
- Any APC or provider who accepted a warm transfer

When to use Notes & Encounters:

Documentation Type:	Who can Create:	Why:
Notes	Entire LM1 Team	• Notifications triage • documenting callbacks without answering
Encounters	NP, PA, DO, MD	Clinical management of the patient

Note Documentation in Ubiquity

Notes can be clinical or nonclinical in nature. Notes are going to be created for every patient interaction UNLESS an encounter is required (see ‘Encounter’ below).

Call Center Notes Reports get generated and sent to the markets.

- From there, the NCMs will review the reports and follow up as necessary. This takes the place of having to send an email to the markets.

Attention – Telephonic UV Encounter Documentation
If a Telephonic UV encounter is subsequently created and finalized during the same call by the APC for the same chief complaint, the note should be deleted.

Non-Clinical

Appointment Cancellations
Provider ETA Requests

UB Note Category

Landmark First Patient Call
Administrative

Clinical

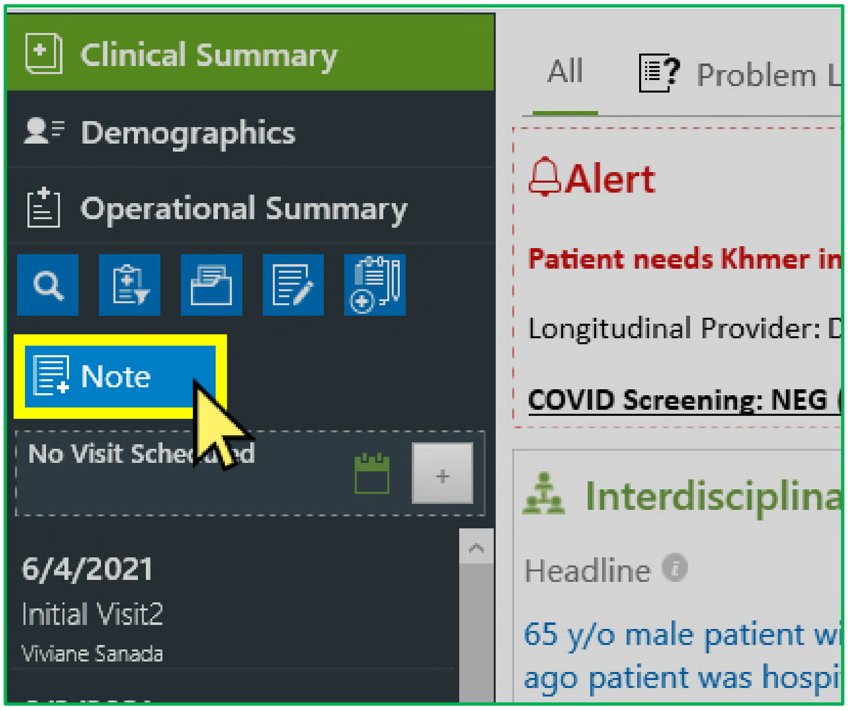
Triage and handoff to market to manage
(Without providing management / Treatment)
Callbacks that do not answer
Unengaged patient with a clinical concern
Follow-up calls with consultants / family
Family / Caregiver call with patient not present

UB Note Category

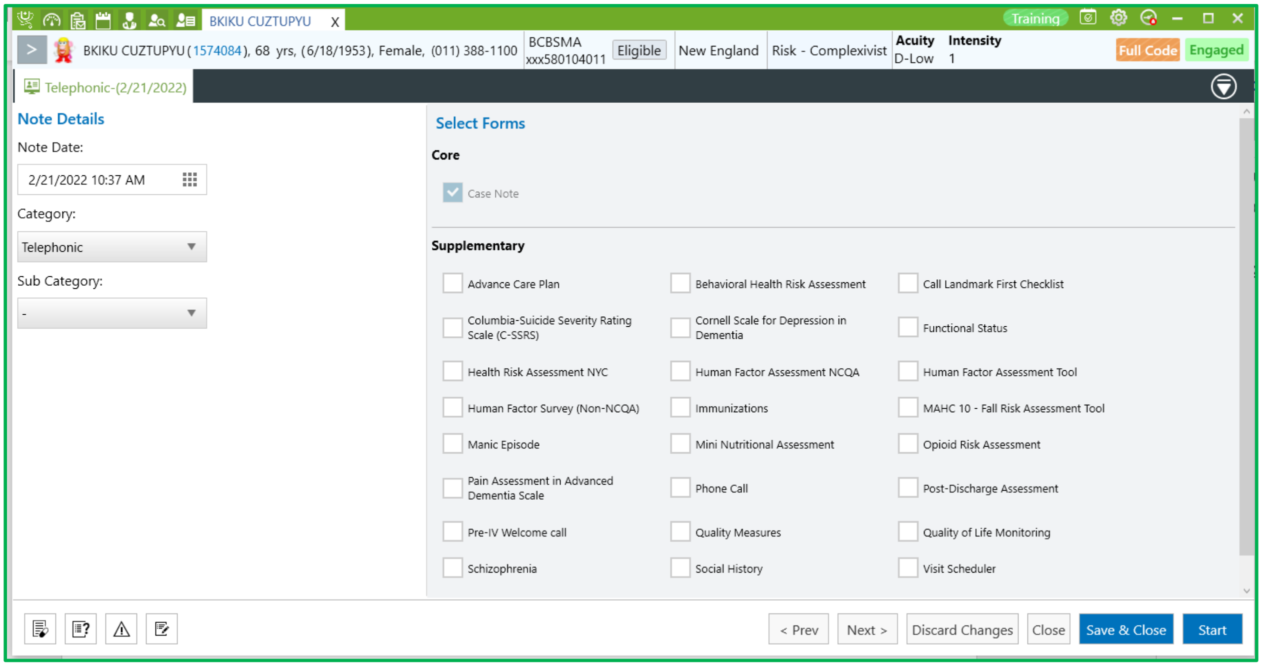
Landmark First Patient Call
Clinical

Creating a Note:

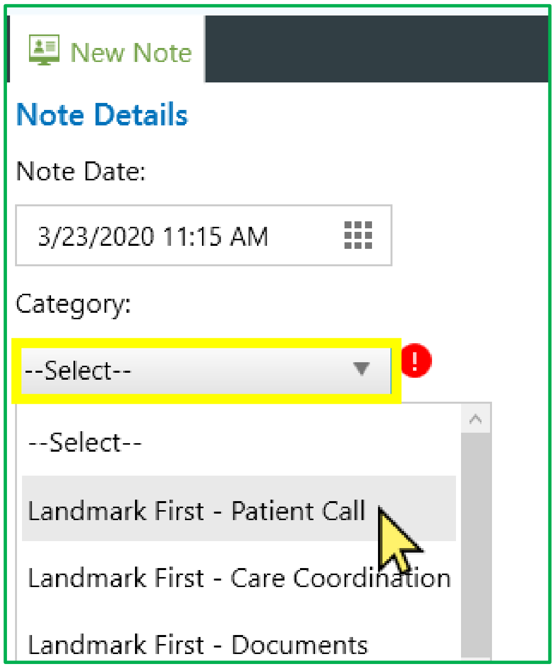
1. Open the patient’s chart and select the blue “Note” button from the left-side panel.

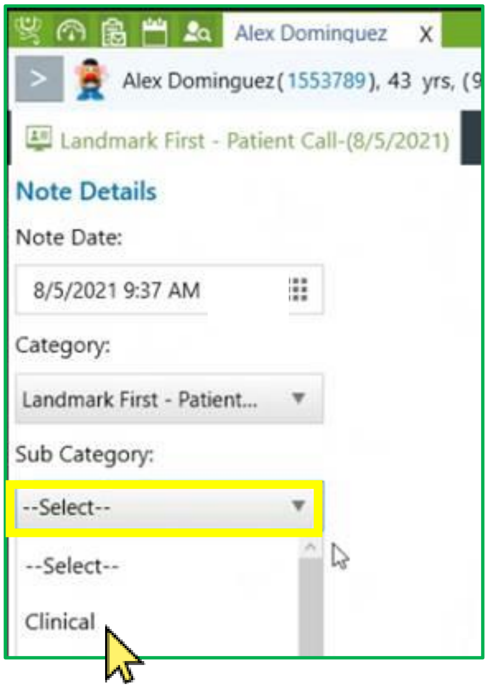


You will be directed to select a category and subcategory for your note. Additional supplementary information should be checked based on the nature of the call.

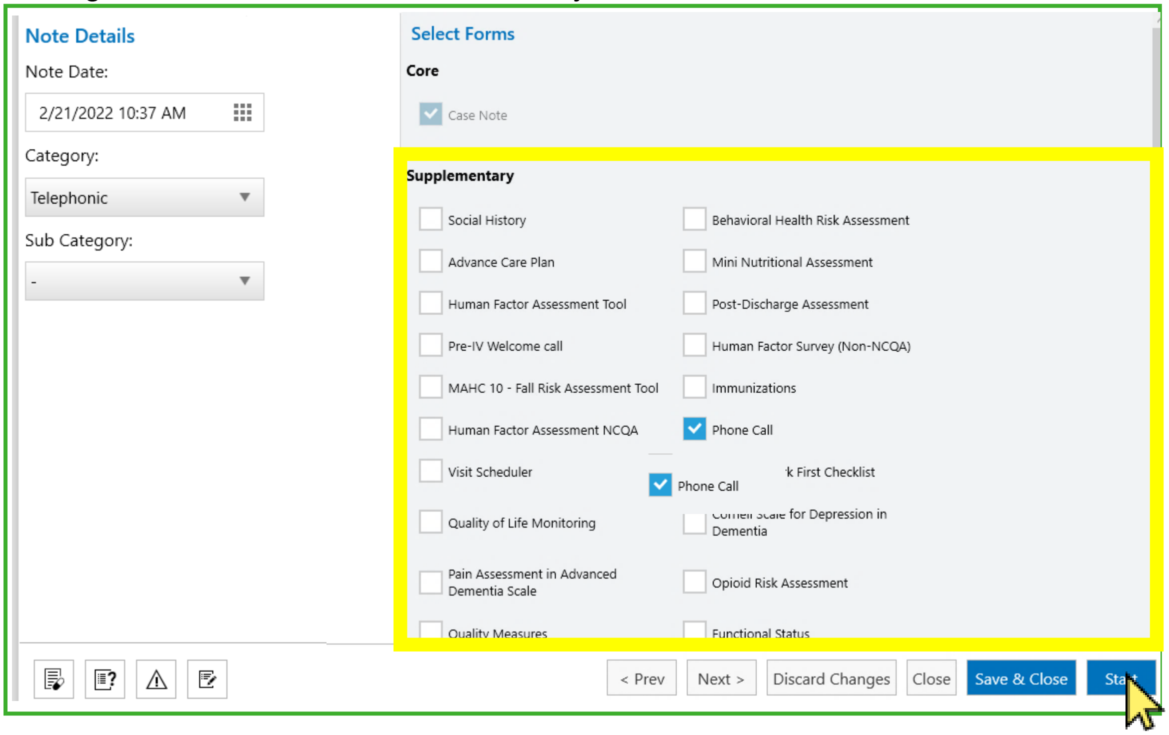


2. Select "Landmark First – Patient Call" as your note category.
    - Select "Clinical" as your subcategory.

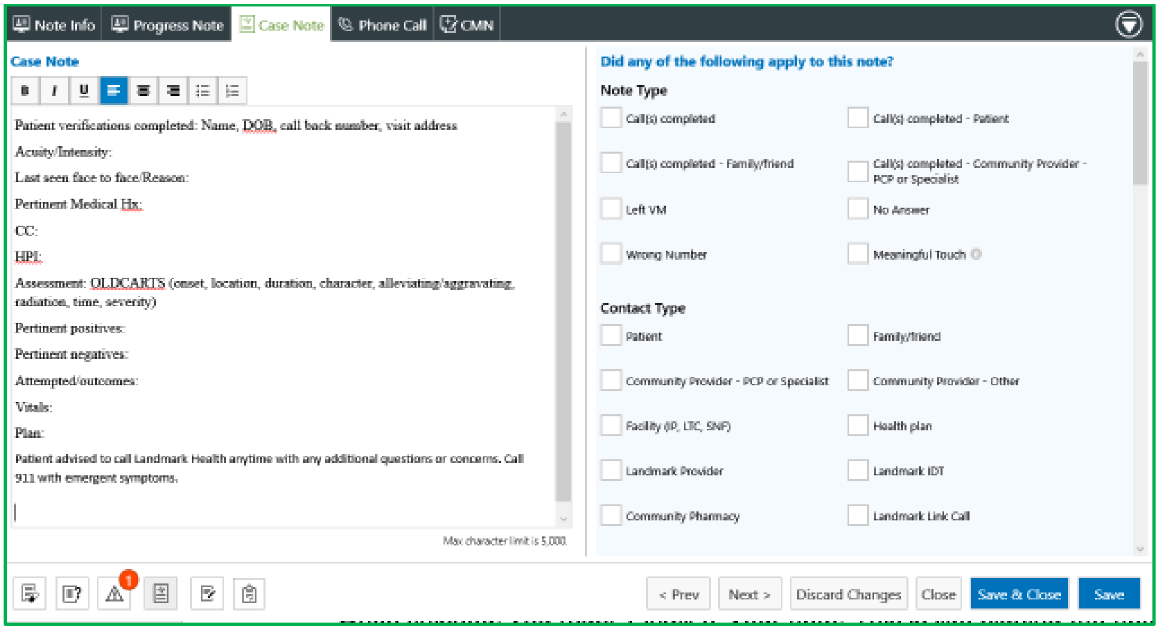




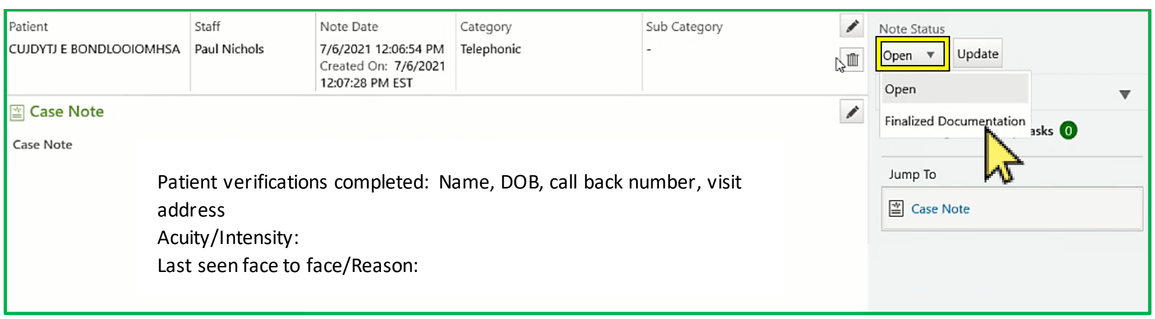
3. After selecting your category, check appropriate supplementary information on the right side of the window. When ready, click 'Start'.



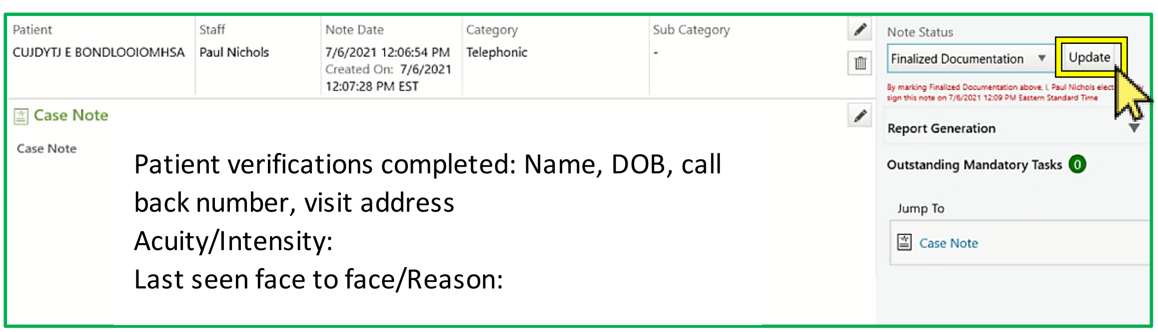
4. Complete your documentation according to the templates provided in this section. When finished, check the appropriate "Note Type" and "Contact Type" boxes and click "Save and Close".



5. Once finished, you must 'finalize' your note. This is like signing the note.
   - On the right panel, click the dropdown list under 'Open' and select 'finalized documentation'.



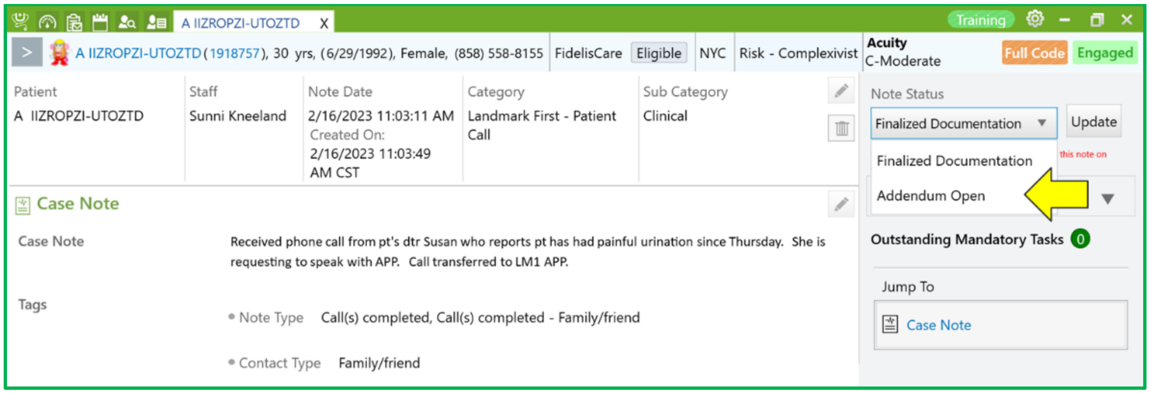
Click 'Update' when finished.



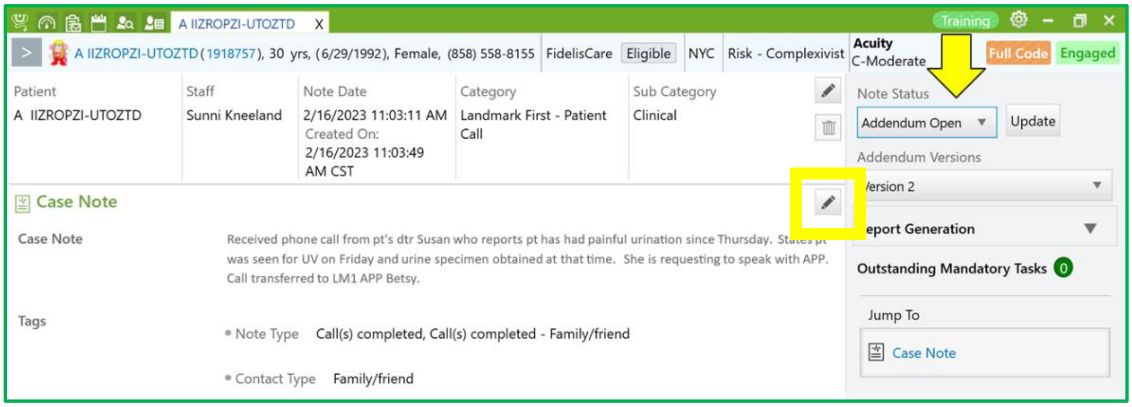
Opening an Addendum:

Addendums can only be made in notes. If an addendum needs to be made to an encounter, provider will need to request the encounter to be sent back to them emailing the Coding Department at hbmc_landmarkcoding@optum.com.

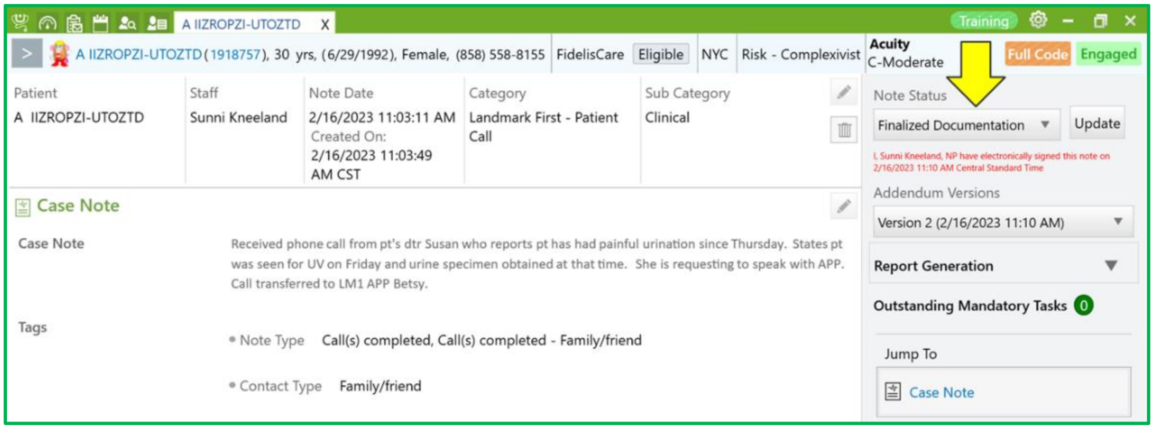
1. Select appropriate note.



2. Click on "finalized documentation" and choose "Addendum Open."
   - Once this is done, the note can be edited.



3. Once edits are completed, chart will need to be finalized again. Click "finalized documentation" and then "Update."



Encounter Documentation in Ubiquity

Encounters will be used any time you are practicing medicine, making medical decisions, or making a new recommendation to an existing plan of care. Creating an encounter will subsequently create an Episode of Care which will trigger an alert to the patient's care team that there has been an acute change in the patient's baseline and will require follow-up. Below are some situations where an encounter will be used:

- LM1 APC is providing treatment/medical management.
- Starting new medications.
- Sending RX to patient's pharmacy, including bridge refills.
- Manipulation of a current medication.
  - Holding of medication.
  - Giving additional dose of medication.
  - Changing dosage.
  - Medication bridge refill.
- Sending patients to the ED – opens UEOC.
- You are using your advanced degree to practice medicine.
- Urgent or emergent test results that need follow-up.
- Updating or implementing a new plan of care.
- Follow up on vitals, including blood glucose.
- Adding a new diagnosis.

Urgent Visit Types & Documenting Them:

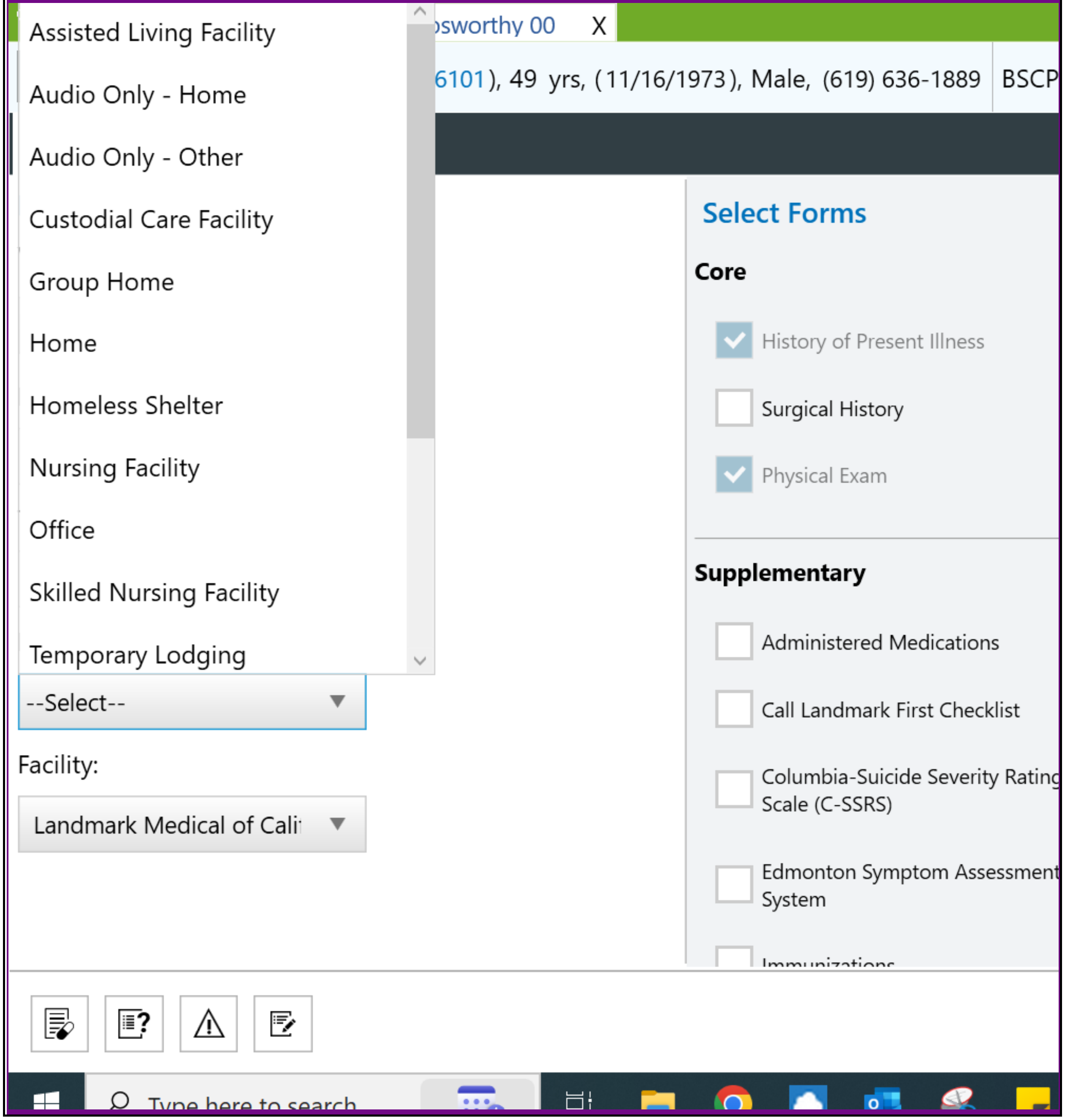
Telemedicine Encounter with Abbreviated Documentation

✔ Home Audio Only	✘ Telemedicine Video
• Phone only • No UE	• Video visit without UE

Same Encounter as Face-to-Face

✔ Urgentivist Extender Telephonic	✔ Urgentivist Extender Video
• Video unavailable	• UE hired or contracted • Visit facilitated with video

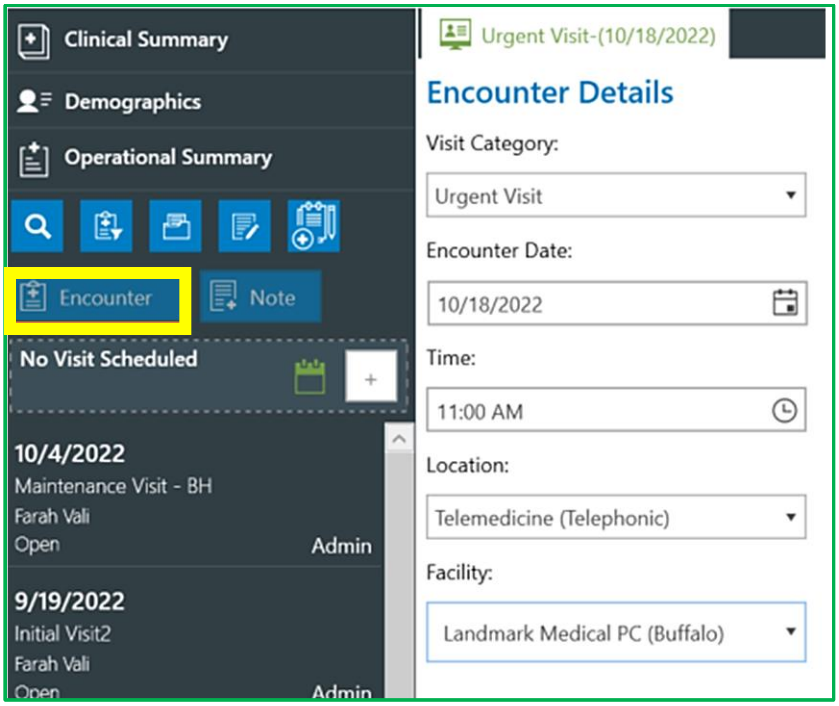
Example – Urgent Visit Types Selection in Ubiquity



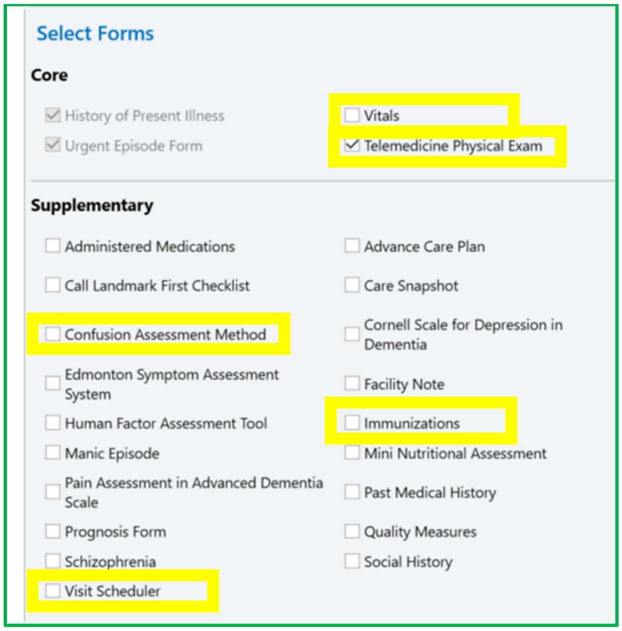
Creating an Encounter for UEUV or Telephonic UV (TeleUV):

An encounter can be opened in Ubiquity from the left-side panel above recent notes:

- When prompted to select a location, do not select "Telemedicine Video".
- The facility is auto-populated and should never be changed.



Similar to creating a note, you will need to add supplementary information to the encounter as well:

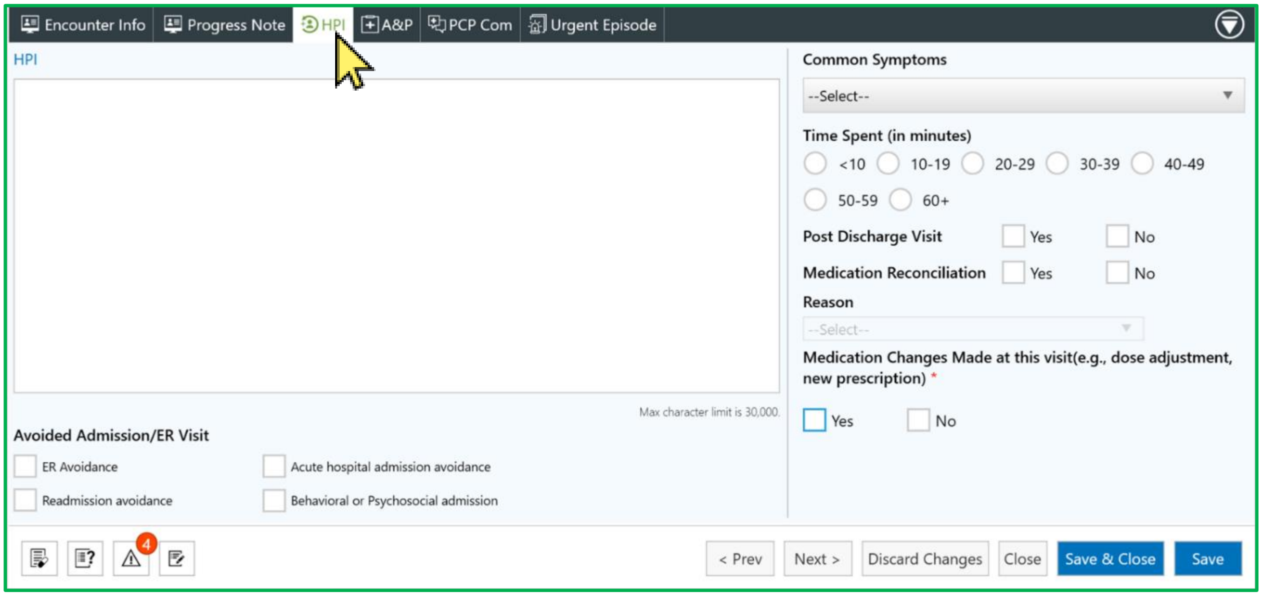


Supplementary Checks:

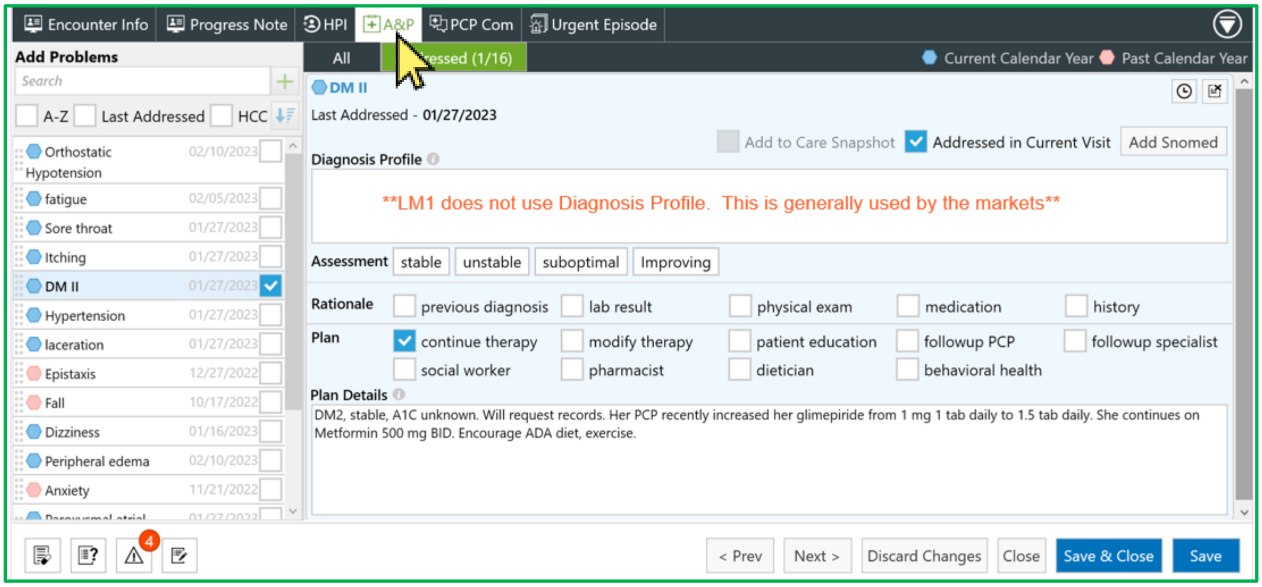
- Telemedicine – Physical Exam
- Check "Visits" patient reports BP, Temperature, O2, Glucose, Pulse
- Check "Confusion Assessment Method" for patients with AMS.
- Check "Immunizations" if updating.
- Check "Visit Scheduler" if scheduling a visit or if the market needs to schedule.

You can go back to add supplementary checks if you discover more information.

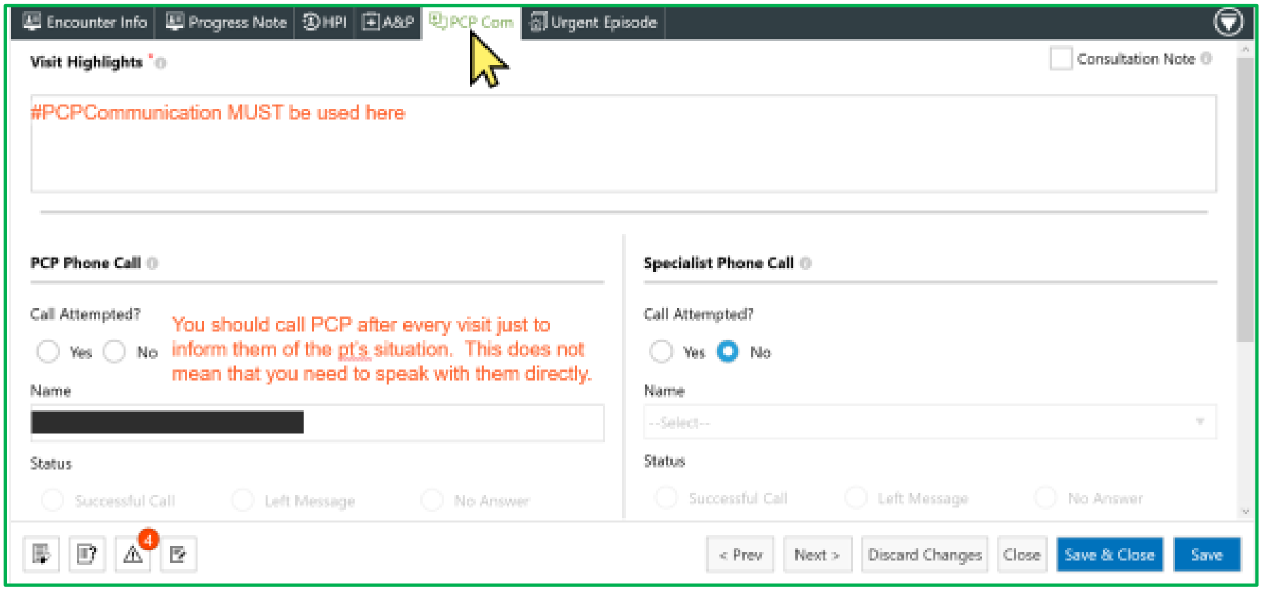
HPI:



Assessment & Plan (*A&P*):

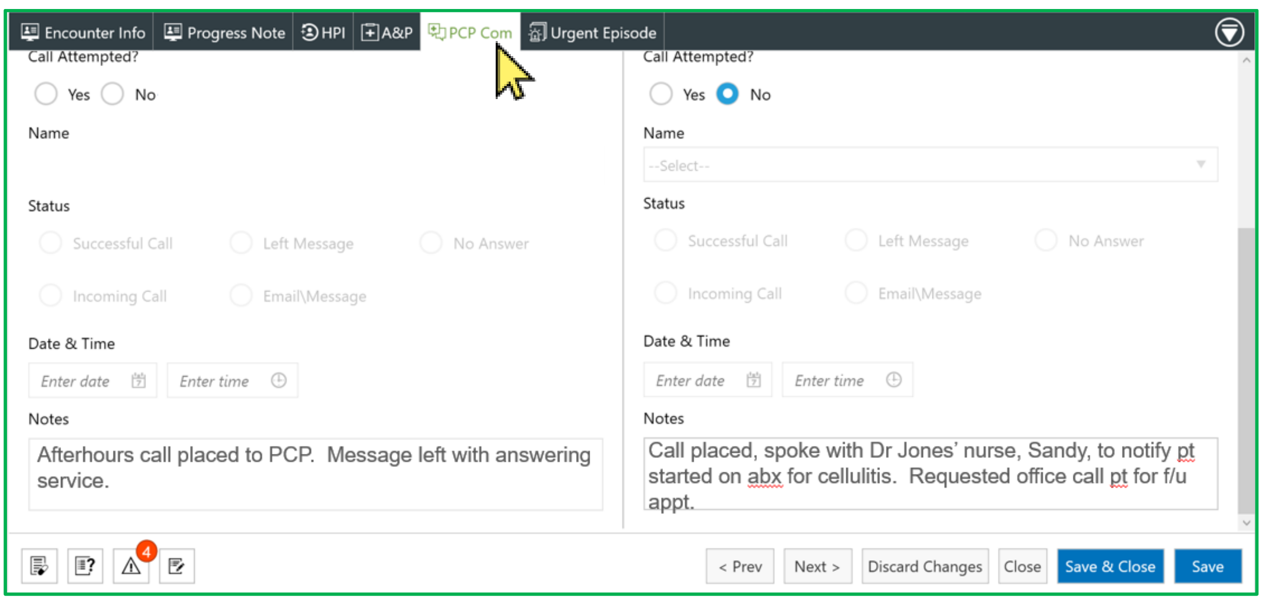


PCP Communication:

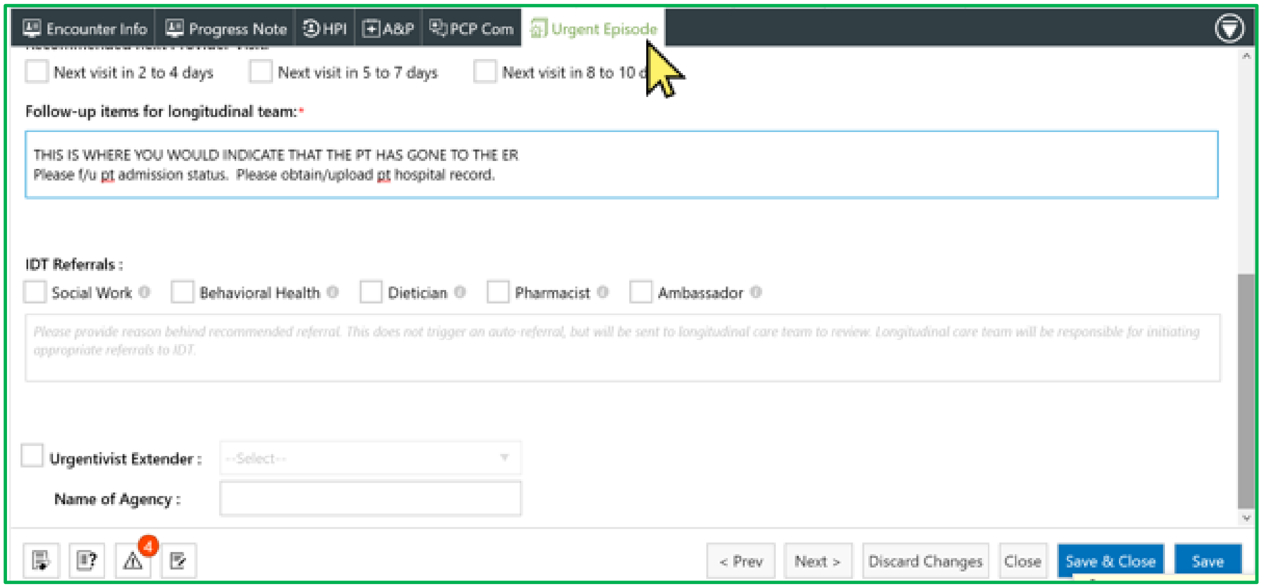


PCP Communication (Call Attempted):

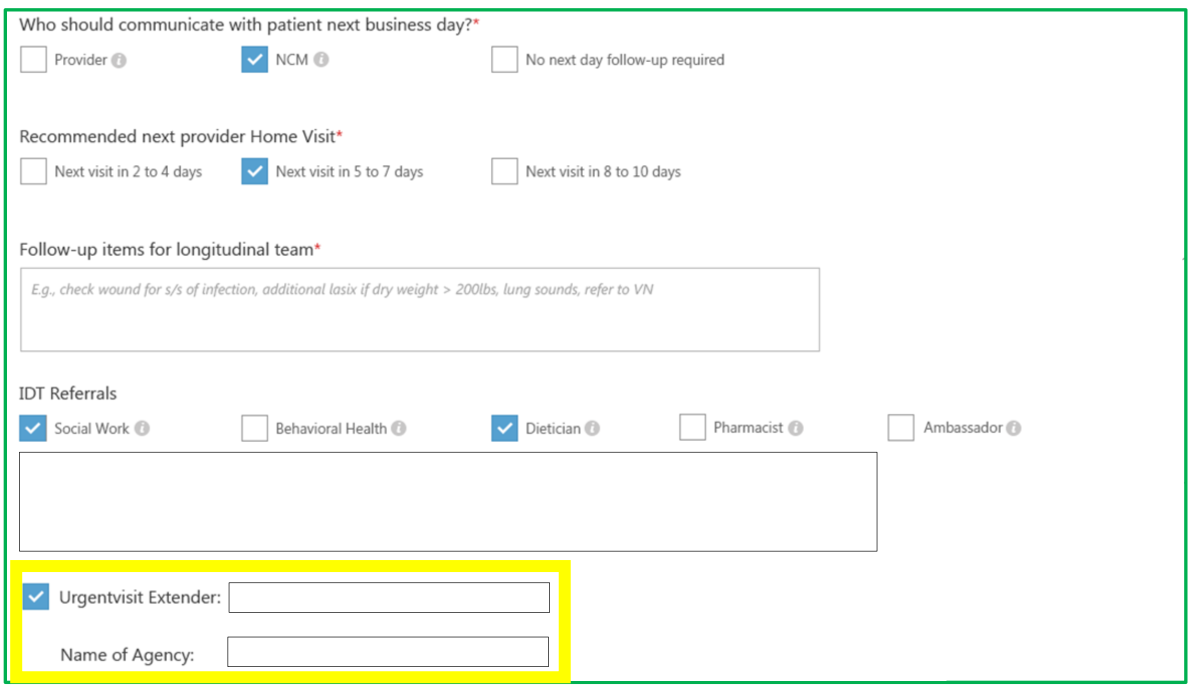
- If "No", then document why a call was not attempted. Examples include:
  - Holiday
  - Weekend
  - No PCP Listed
  - After Hours



Urgent Episode of Care:



Visit completed by:



Do not fill in both text fields:

- If a Landmark hired UE, leave the “Name of Agency” field blank.
- If a contracted agency, type the name of the agency, but leave the “Urgentivist Extender” field blank.

TeleUV Physical Exam Form:

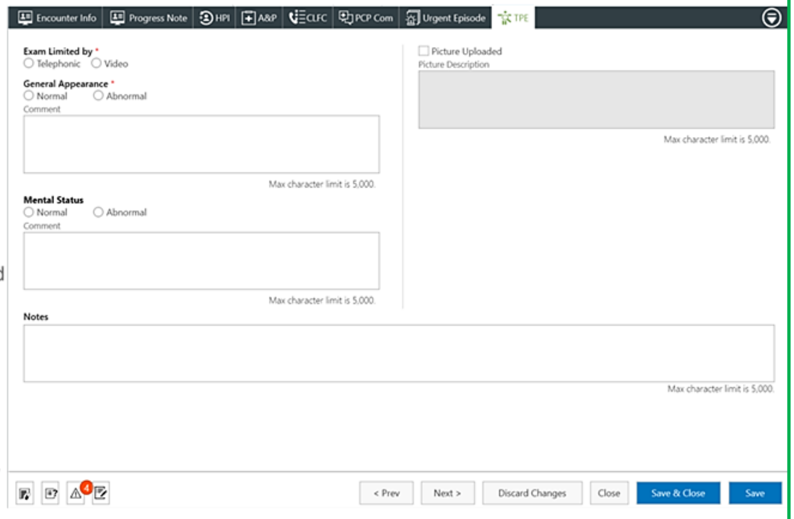
Exam Limited by
- Telephonic
- Video

General Appearance
- Normal – unable to visualize d/t telephonic assessment
- Abnormal

Mental Status
- Normal – speech clear, answering/asking questions appropriately, seemingly alert and oriented
- Abnormal

Picture – describe what the picture is that has been uploaded to pt's chart.

Notes – Respirations unlabored. No audible wheeze/cough noted during conversation. Pt able to complete full sentences without difficulty or shortness of breath. Speech clear and concise. Seemingly alert and oriented.

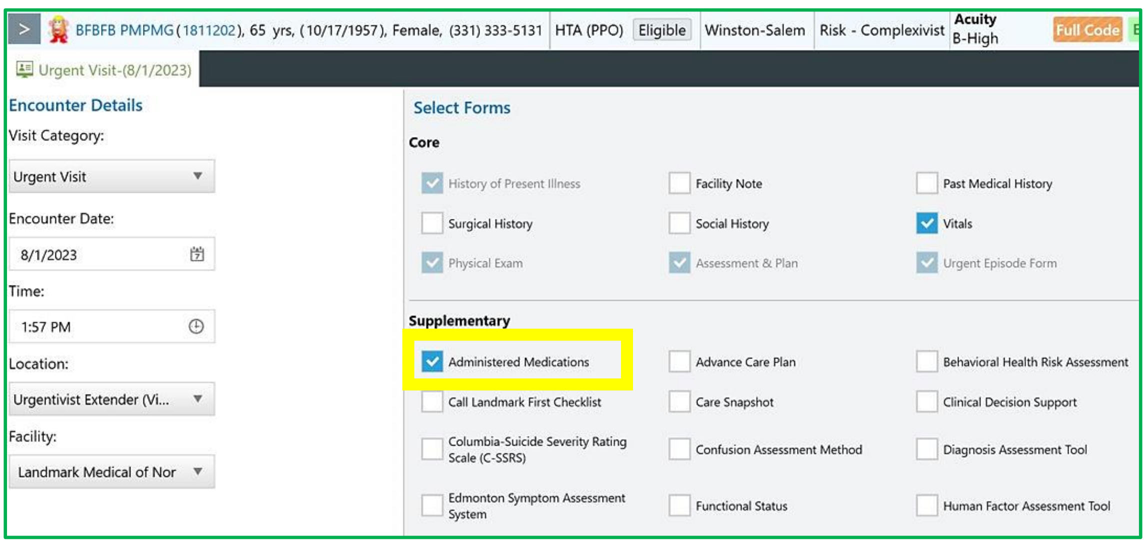


Adding Medication Administration Forms to an Encounter:

Link – Medication Administration and NDC Form Training

https://landmarkhealth.sharepoint.com/:p:/r/sites/LM1APPs/_layouts/15/Doc.aspx?sourcedoc=%7BE8962AB4-A978-4102-8CC0-EFEF0CDEE50A%7D&file=Medication%20Administration%20and%20NDC%20training.pptx&action=edit&mobileredirect=true&DefaultItemOpen=1

1. Open an encounter.
   - Any supplementary form can be added to the encounter at any time by clicking the "Encounter Info" tab immediately under the patient's name.



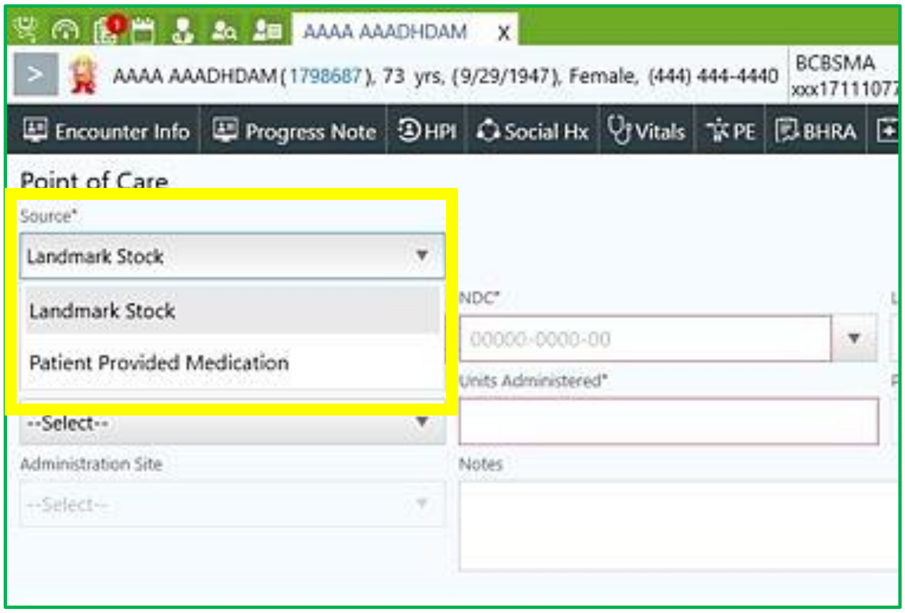
2. Two source options will be available on the form:
   - ***Landmark Stock:***

     A medication was administered from your UE medication box.

     (Example – Administered an injection of Solu-Medrol)
   - ***Patient Provided Medication:***

     A medication from the patient's own stock was administered.

     (Example – extra dose of patient's furosemide)



Landmark Stock:

- Medication
- Required fields
- NDC
- Lot #
- Expiration Date
- Med Unit of measure
- Unit Administered
- Route (*required for some medications*)

Optional:

- Problems Addressed
- Notes

Patient Provided Medication:

- Medication
- Unit Administered
- Route (*required for some medications*)

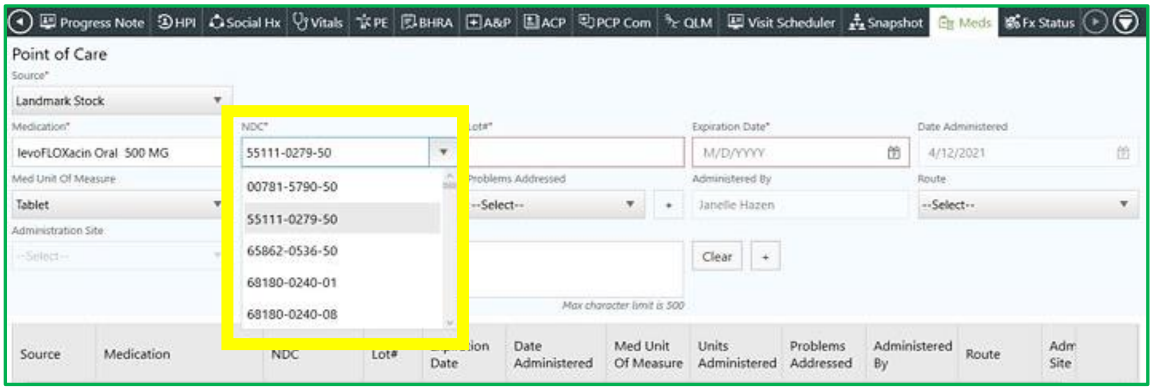
Optional:

- NDC
- Lot #
- Expiration Date
- Problems Addressed
- Notes

3. NDC Documentation:
   - After selecting a medication, the most common NDC will populate.
   - You will need to verify this NDC is correct.
   - If the NDC is does not match up:
     - ❖ Select the correct NDC from drop down menu, or;
     - ❖ Type in the correct NDC.
   - If the NDC is not list on the medication package, select the default NDC.

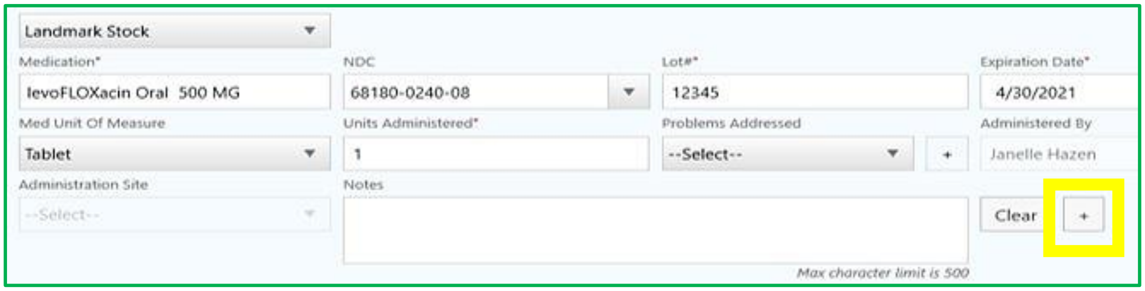
Additional Guidelines:

- NDCs should be located on each medication:
- All NDCs are 11 digits:
  - ❖ 5-4-2 format.
  - ❖ Sometimes, the NDC on the medication doesn't include 11 digits and zeros need to be added.
    - ➢ XXXX-XXXX-XX = 0XXXX-XXXX-XX
    - ➢ XXXXX-XXX-XX = XXXXX-0XXX-XX
    - ➢ XXXXX-XXXX-X = XXXXX-XXXX-0X

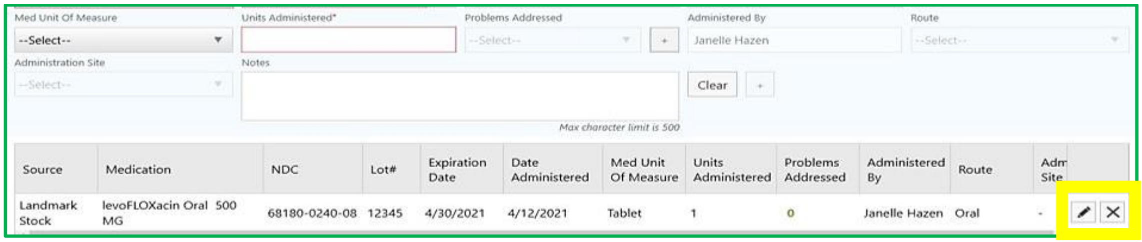


Example – NDC Entries in Ubiquity	
NDC on the medication	*What to type in Ubiquity*
9877-2339-01	09877-2339-01
45534-843-03	45534-0843-03
35766-2443-1	35766-2443-01

4. After all the information is entered, select the "+" to add the medication.

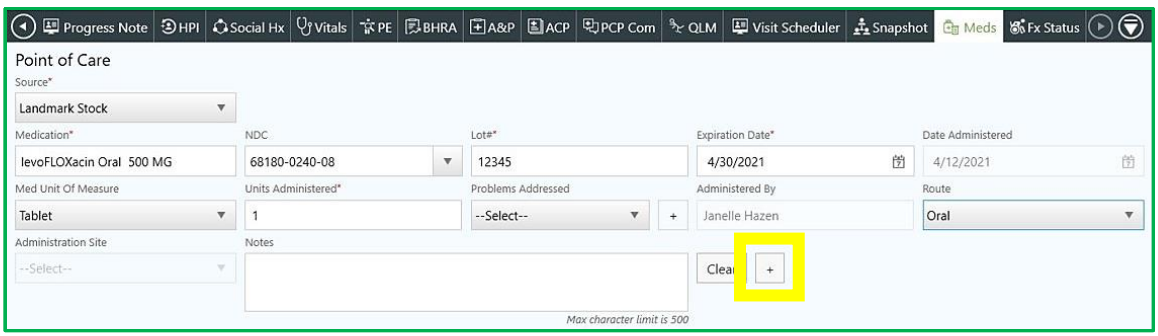


Entries can be edited and deleted using options to the right side of the medication name:



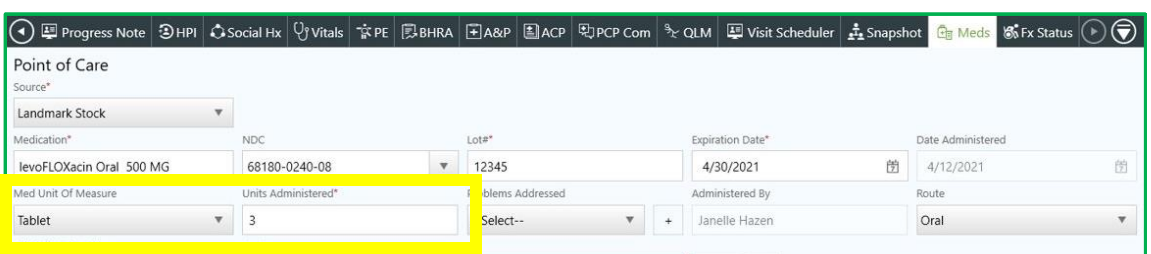
How do I document that I gave more than 1 medication to a patient?

Selecting "+" will allow you to add additional medications.

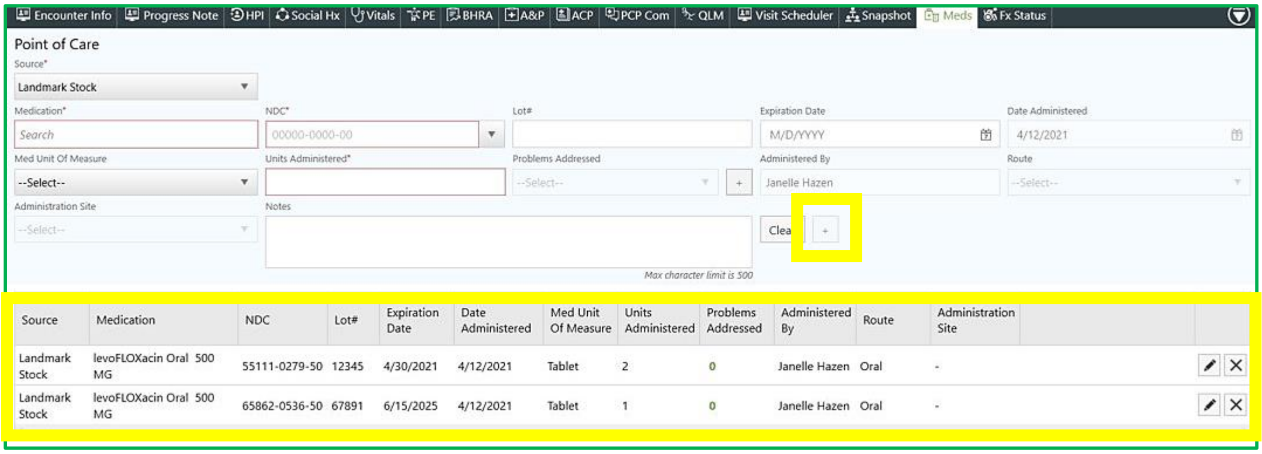


How do I document that I gave 3 tablets of levofloxacin with the same lot number to a patient?

Select the correct med unit of measure and type 3 under units administered.



How do I document that I gave 3 tablets of levofloxacin with a different lot number to a patient?

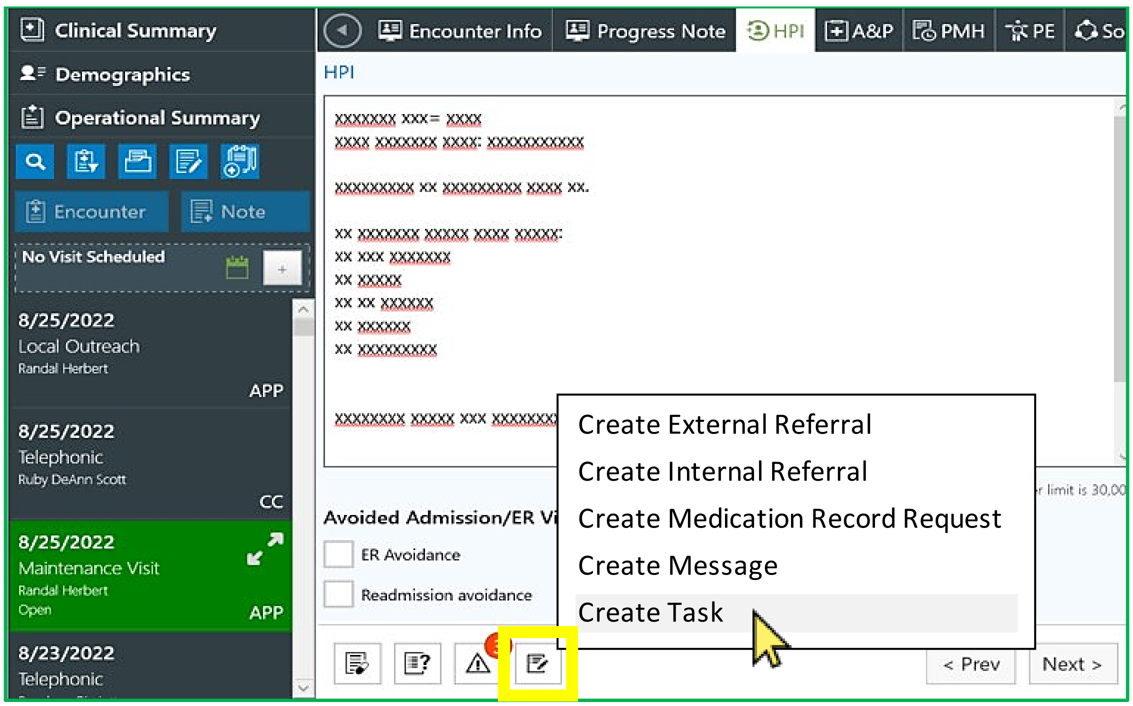


Can I edit the medications once the encounter is closed?

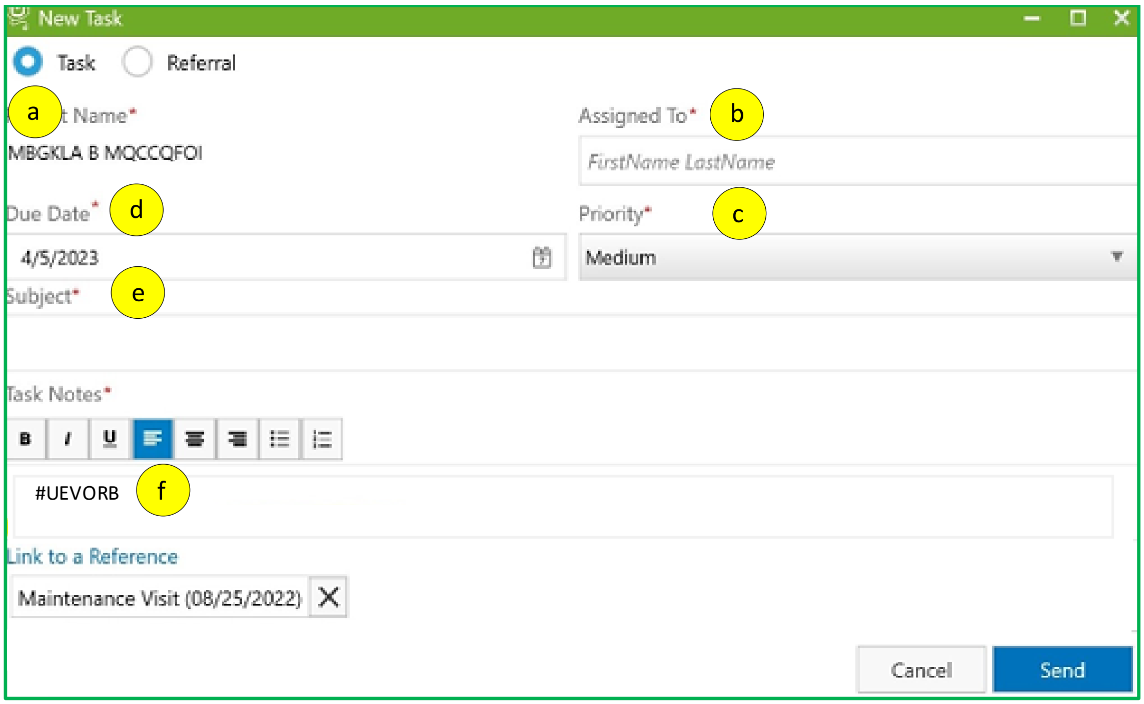
No, once the encounter is closed you will not be able to edit the medications administered to the patient. In order to edit the medications, an addendum must be submitted.

How to Create a New Task:

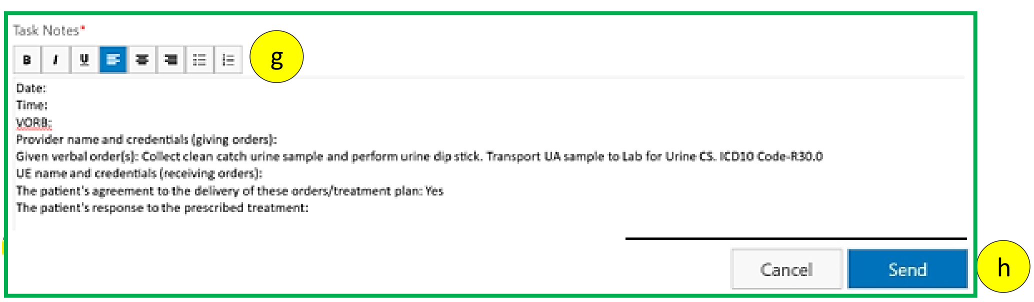
1. Open an encounter in Ubiquity. From the options at the bottom of the window, select the 4th icon which resembles a document and pencil:



2. Complete the New Task form:
    a. The form will default to “Task”.
    b. Enter the UE’s name in the “Assigned To” box.
    c. Select “High” from the “Priority” dropdown menu.
    d. The “Date” field will default to the current date.
    e. Fill in the Subject.
    f. Input the #UEVORB Hash Key.



    g. Complete the Hash Key Note.
    h. When finished, click “Send”.



The new task will link to the UEUV encounter and the UE will receive the task in their Ubiquity’s Task Inbox.

Attention – Tasks Within Encounters
Do not open a task outside of the encounter as it will not be sent to the UE.

Creating & Using Hash Keys:

Hash Keys are used to assist with documentation:

- Hash Keys should be applied to all patient notes and encounters to improve documentation and patient outcomes.

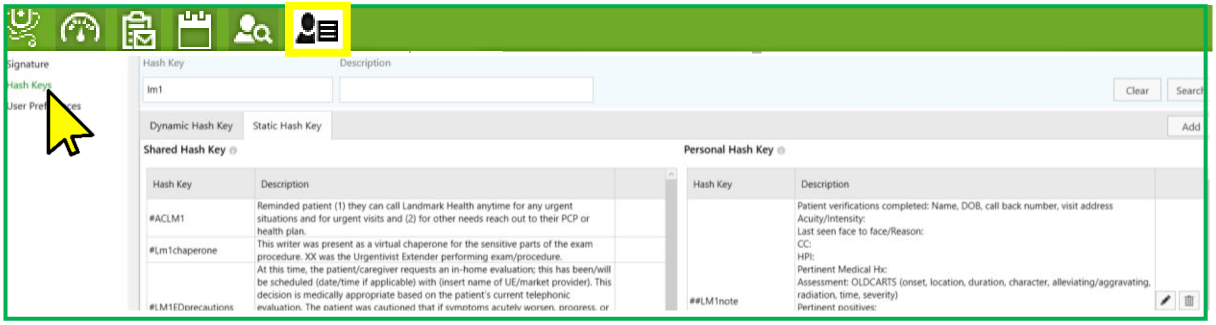
Shared Static and Dynamic Hash Keys:

Created by Landmark First leadership, most begin with "#LM1".

Personal Static Hash Keys:

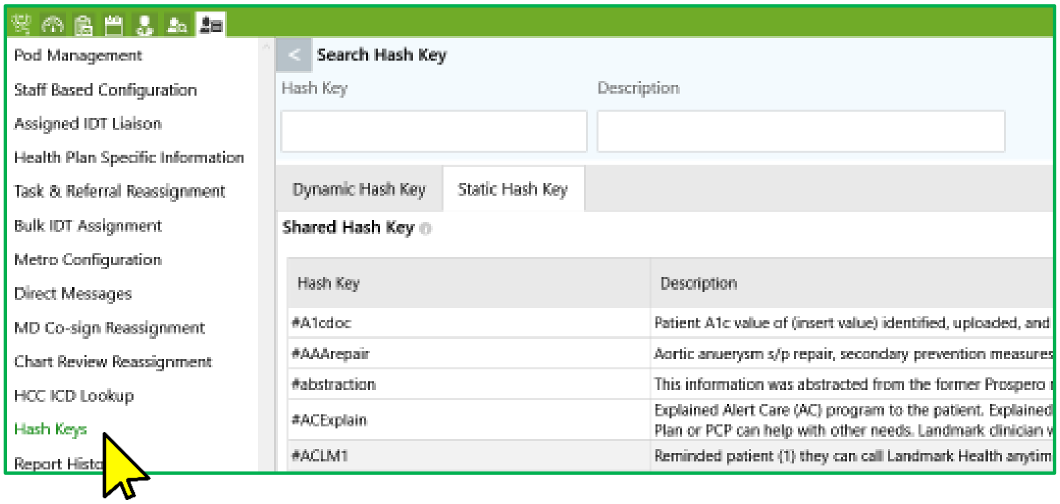
These hash keys are only able to be used by the creator, they all begin with "##".

A list of Static, Dynamic, and Personal Hash Keys can be found in Ubiquity:

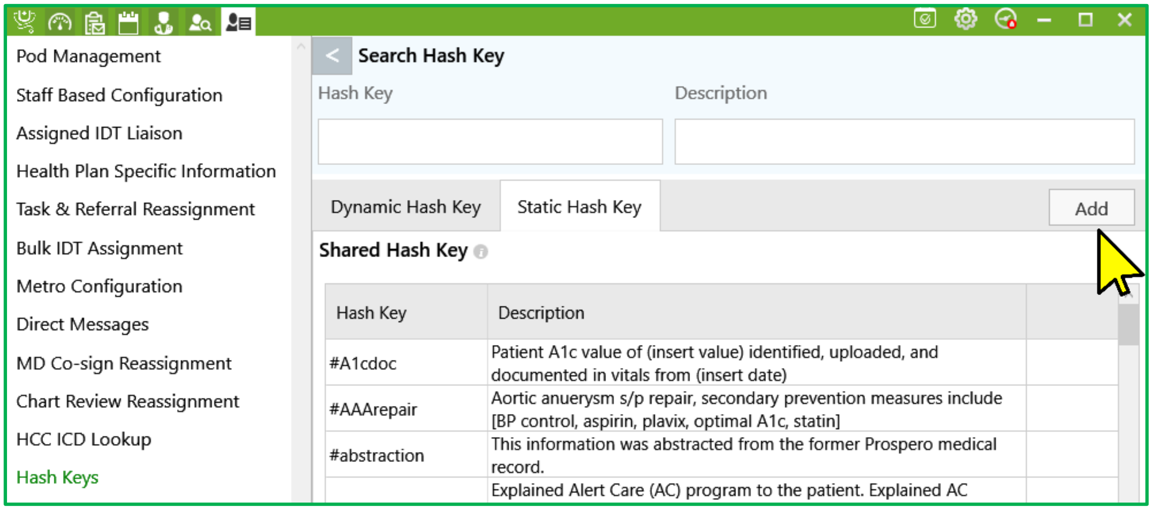


Create a Personal Hash Key:

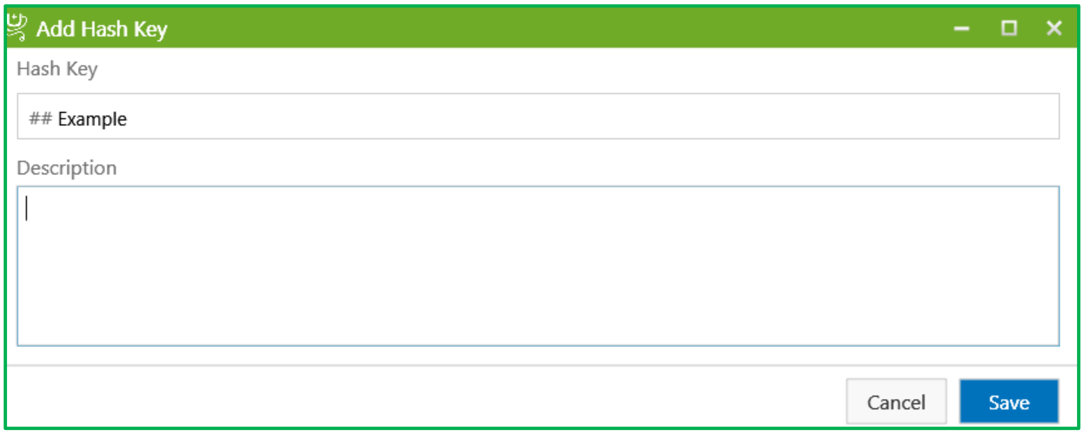
1. Select Hash Keys on the far-left side.



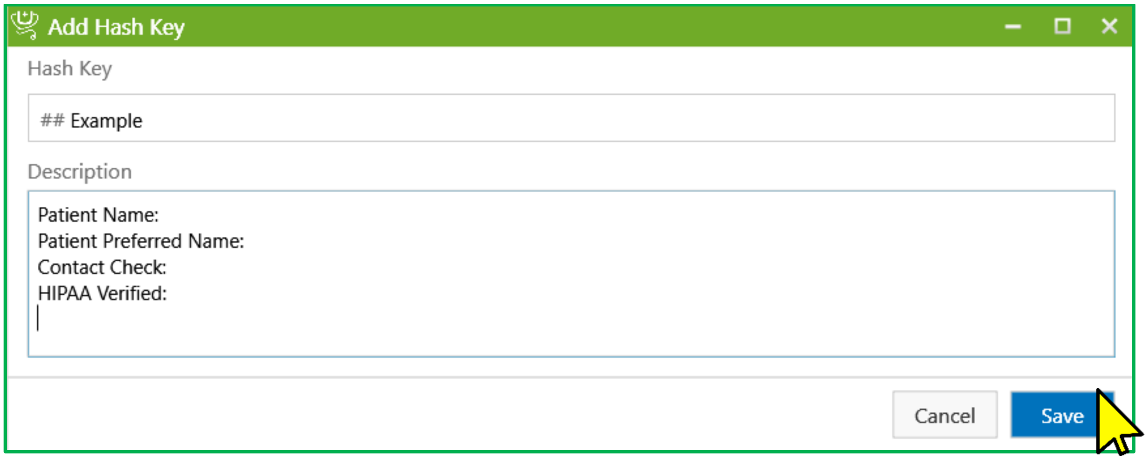
2. Select “ADD” on the right side:



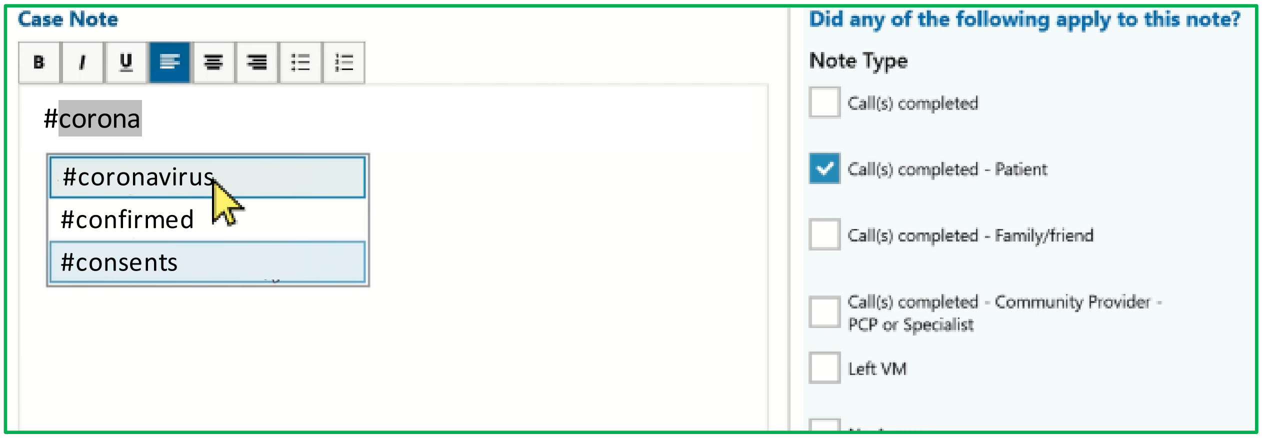
3. Create your hash key title (this will always automatically begin with “##”)



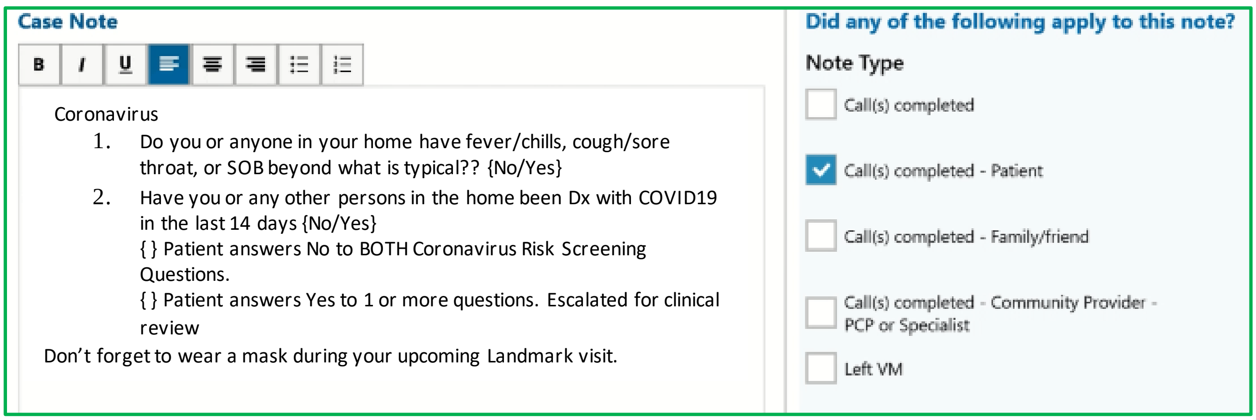
4. Enter the text as it should be displayed when using the hash key. Click Save when finished:



To use a hash key in a note, begin typing “#” to view a list of Static / Dynamic hash keys and “##” to view a list of personal hash keys:



Selecting the correct option will auto-fill the note with the desired content:



Meaningful Touch

A meaningful touch is a successful and purposeful contact directly with a patient, family, or friend.

- Meaningful touches keep our patients actively engaged, which is the most effective way for us to influence their care.
- Meaningful touch documentation directly impacts patient retention and passive disengagement.
- When: Anytime s/w pt. or family member present with pt. that involved treatment, education, f/u communication.
- Why: Helps Markets keep track of how ALL team is actively engaging pt.

Link – Meaningful Touch Presentation
https://landmarkhealth.sharepoint.com/sites/LM1clinicalleadership/Shared Documents/onboading APP/DAY 2 Part III APP ONBOARDING/Meaningful Touch Training.pdf

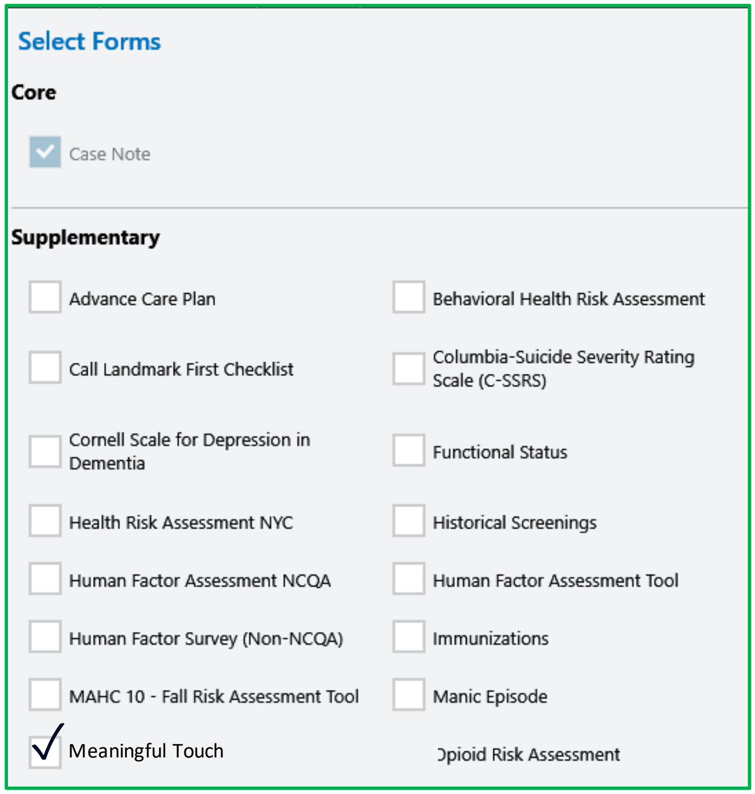
Link – Patient Retention Annual Training
Patient Retention Refresher Training.pdf

Meaningful Touch Logic:

Meaningful touches are captured via completed notes:

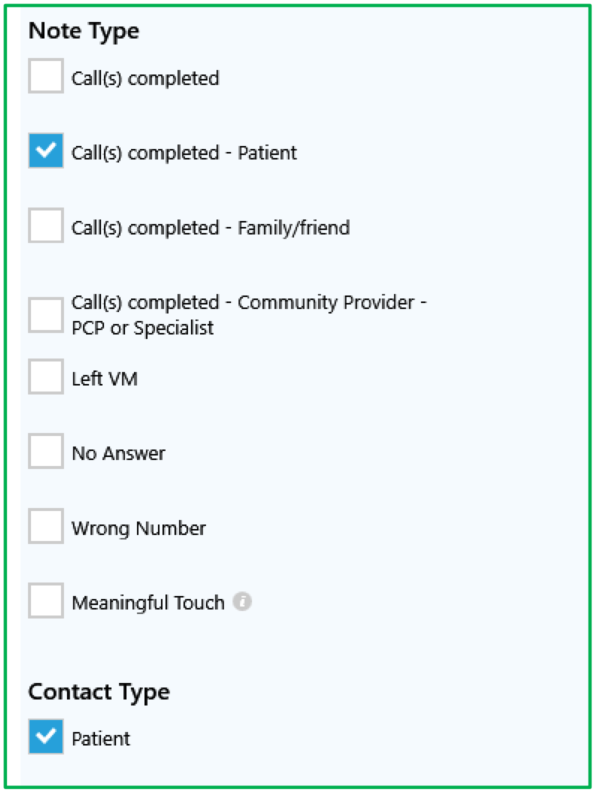
- Users must select the following tags to properly document meaningful contacts.
- When completing a meaningful call with a patient, use the following:
  - Note Types:
    - Meaningful Touch (NEW)
    - Call(s) completed – Patient
- When completing a meaningful call with a patient’s family member or friend, use the following
  - Note Types:
    - Meaningful Touch (NEW)
    - Call(s) completed – Family / friend

- The “Meaningful Touch” tag must be checked for the note to be considered a meaningful touch.
- “Call(s) completed – Patient” or “Call(s) completed – Family/friend” tags alone will NOT count as a meaningful touch.
- Note Type : “Call(s) completed” or Contact Type: “Patient” or “Family/Friend” will NOT count as a meaningful touch.
- The Meaningful Touch tag should only be used in cases where there was a successful contact with a patient, family or friend.



Successful Contacts Should Be:

- Meaningful in nature which would include completed conversations with a patient, family, or friend.
- Significant touch and more than a pure reminder call.
- Where we are giving or receiving information to determine course of care for the patient, providing health/wellness education and identifying patient needs.



Meaningful Touch FAQ:

1. ***Do I need to create multiple notes if I complete multiple contacts for the same patient in one day?***

   No, you should continue to combine all contacts associated with the same patient in a day into one note as long as you check the correct tags / note types.

2. ***If I complete multiple meaningful contacts with a patient in one day, do they count as multiple touches?***

   No, only one note per patient will count towards the touch logic per day *(regardless of the number of tags)*.

3. ***Do contacts with community providers, PCP or specialist count as meaningful touches?***

   No. Although theses external contacts are critical for taking care of our patients, they are considered a part of case management and do not count as meaningful patient touches.

4. ***Do reminder calls count as meaningful touches?***

   - A pure reminder call to a patient is not considered a meaningful touch.
   - A pure reminder call should be documented using the "Reminder/confirmation call" tag (but not the "Meaningful Touch" tag).
   - However, if you had a substantial and meaningful conversation with the patient or family/friend about care in addition to the upcoming visit reminder, this contact would count as a meaningful touch.
     - Please use the "Meaningful Touch" tag along with any other tags that reflect your contact (flu education, tuck in call, care plan updated, referral, etc.).

Offline Documentation

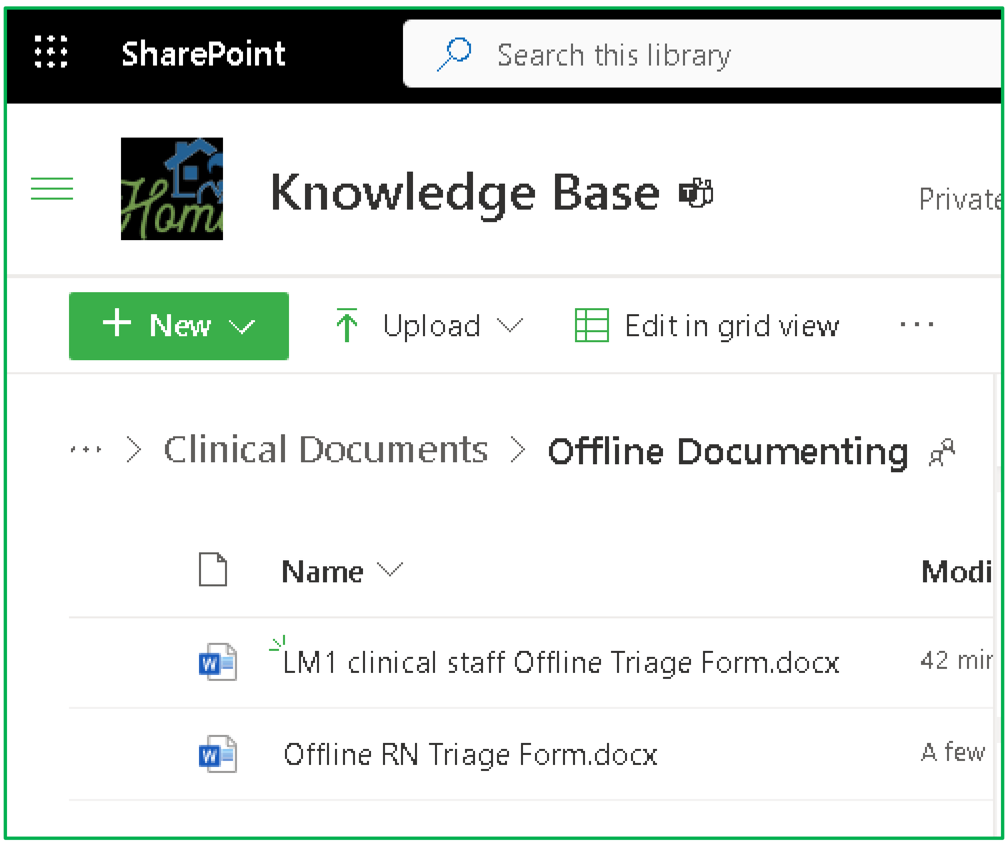
Documentation ***MUST*** be completed for every call regarding our patients. This means that any service or connectivity interruptions in Ubiquity ***DOES NOT ABSOLVE*** any LM1 employee from the responsibility of documenting.

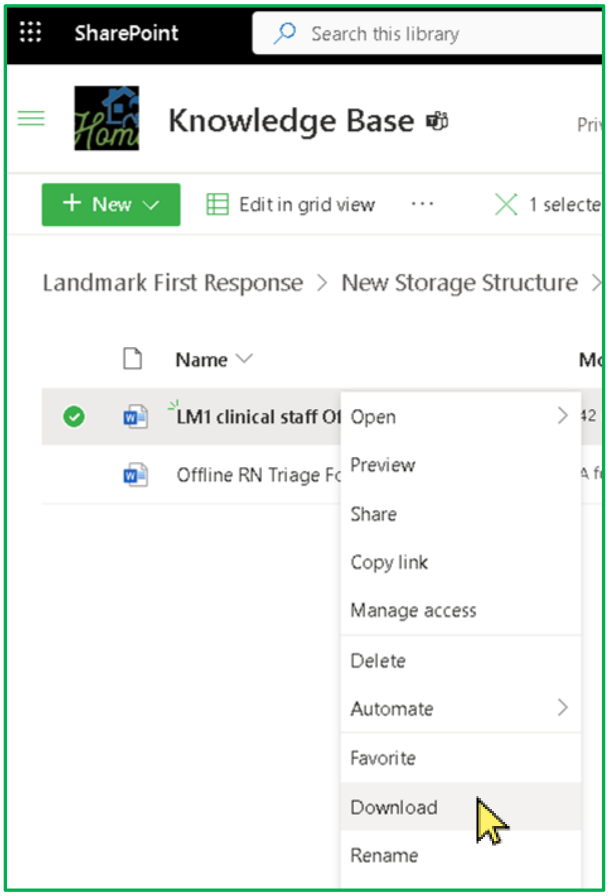
To that end, there are offline documentation resources available to use if Ubiquity ever goes offline.

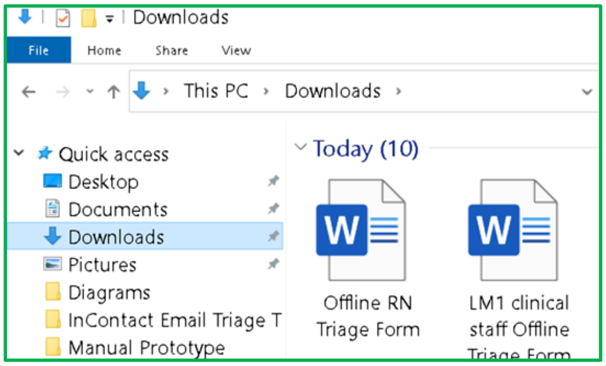
Where to Locate Offline Forms:

- Use the following link to download the Offline Triage Form Folder on the Knowledge Base:
  - A new copy of the tracker should be downloaded each time Ubiquity is offline.

Link – Offline Triage Forms Folder
Offline Documenting







- Right click on the appropriate file and download it to your desktop.
  - By default, the file will appear in your system's "Downloads" folder.

- Use template each time a call is received whenever Ubiquity is down.
- Manage similarly to Urgent care / ER model.
  (*You know nothing about the patient and must obtain all of their pertinent information*)
- No medical history or medical records to review.
- When Ubiquity is back online you will:
  - Place yourself in documenting status.
  - Copy and paste notes in charts.

APC Ordering Labs and Diagnostics

Considerations:

- Landmark cannot draw or complete orders that were given by community providers (ex: specialist or PCP).
- It is appropriate to order labs IF they are pertinent to that UEUV but need to keep in mind:
  - Will ordering the labs / imaging or results change the outcome for the patient?
  - Keep in mind that even if ordered STAT, results often take more than 24 hours to be received by Landmark.
- LM1 APCs do not order routine labs.

Attention – Assessing Patient Need
If you feel that an order needs to be completed STAT, the patient likely needs to be seen in urgent care or ER.

Diagnostics:

- In-home diagnostics are very poor quality.
- In-home imaging may not be available due to geography and / or the number of steps into the patient's home (cannot be more than 3 or 4 depending on the company).
- If not emergent and the patient is able to ambulate, consider sending an order to the local imaging center.
- If diagnostics indicated:
  - Coordination with the market is necessary. You will need to provide them with the following: Indication / ICD10, Provider NPI#, specify mobile v. imaging center.
  - ***During Business Hours:***
    The request should be placed in the appropriate UEUV thread (where the visit was initially requested/scheduled
  - ***After Business Hours:***
    collaborate with on call provider

Using the Quest Lab Portal

Links & Resources:

Link – Quest Portal
https://www.questdiagnostics.com/

Link – Quest Portal Training Video
LM1 Quest Training complete.mp4

Link – Quest Portal Training Attestation
https://forms.office.com/Pages/ResponsePage.aspx?id=AeMqzqu1Qkm-ZInpHCG1XT0L6Vew3GROkxMc7uxzdzRUNThWS0hLUVNPTzdTQ0M1WDZOV1FJRjVYVS4u

Link – Specimen Collection Policy
Lab Specimen Collection FINAL 6-16-2023.pdf

Link – Specimen Handling
lab specimen handling policy FINAL 6-16-2023.pdf

Link – Critical Results Review
Critical Lab Results FINAL 6-16-2023.pdf

Portal Navigation & Operations:

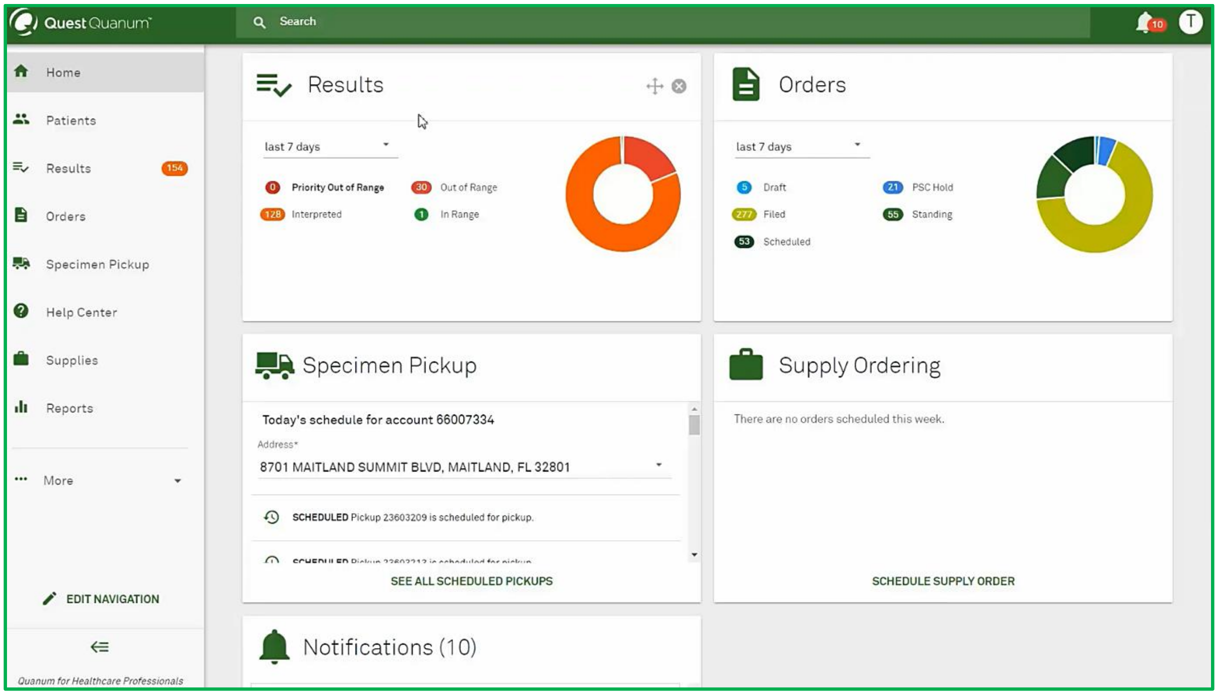
Use the Quest Lab Portal if Quest is a resource available in the patient's market:

- If the Quest Lab Portal is ***NOT*** available, then follow the process below:

  During Business Hours, After Hours, Holidays, and Weekends:

  - Collaborate with the UE to determine if there are lab drop off locations outside of normal business hours prior to collecting the specimen.
  - Provide information to the UE for requisition form:
    - Provider Name and Title
    - ICD10 Code
    - Test Name

Dashboard:

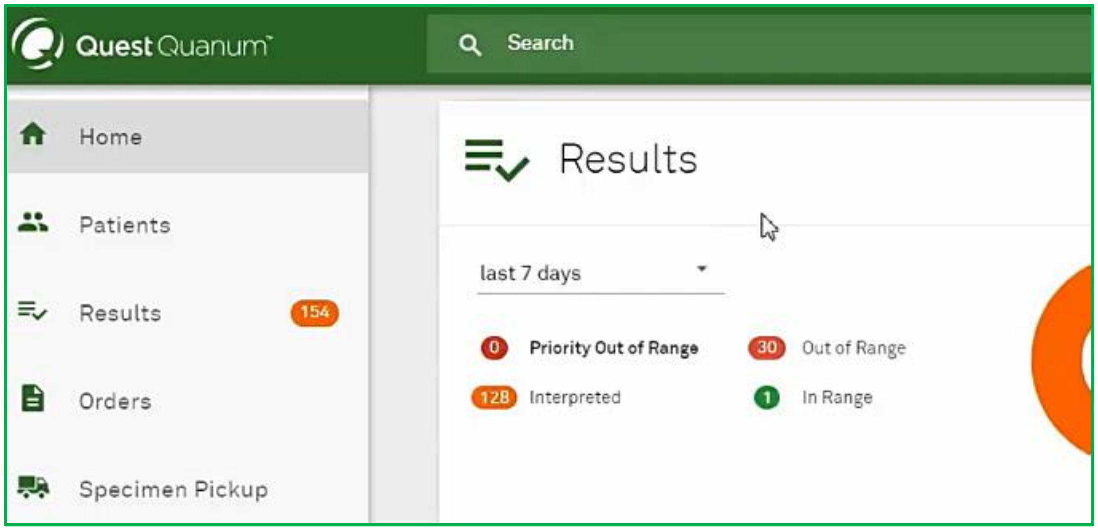


Use the dashboard to view metrics of recent orders.

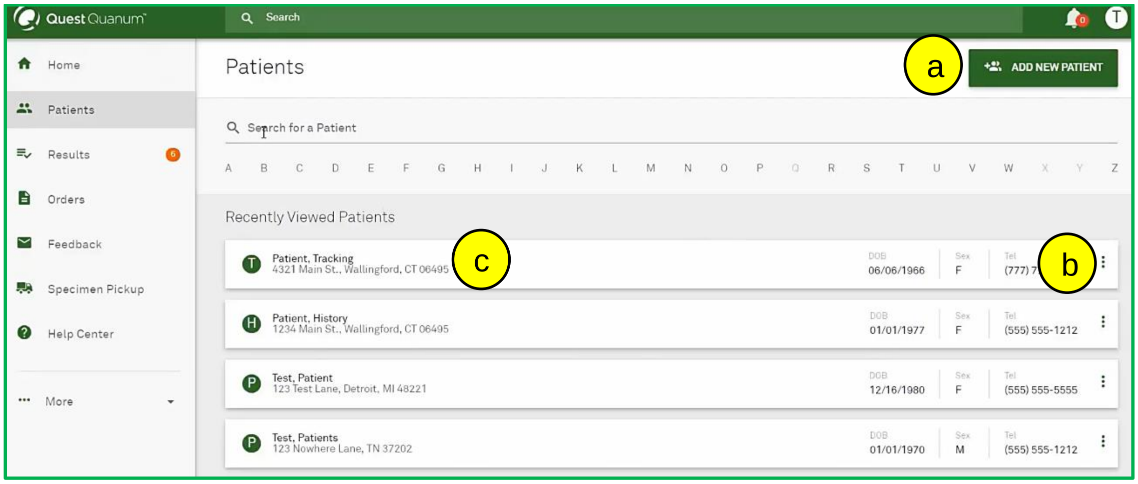
- Use the quick links to view result details.
- View scheduled specimen pickups and orders.
- View recent lab notifications.

Find a Patient:

1. Use the search bar at the top of the window, or the "Patients" option from the menu on the left.



2. Locate the patient from the search results provided:
    a. You can also add new patients by clicking the "Add New Patient" button to the right.
    b. Click the three (3) vertical dots to the far right of the patient's name to start a new order.
    c. Click the patient's name to view a patient details screen,



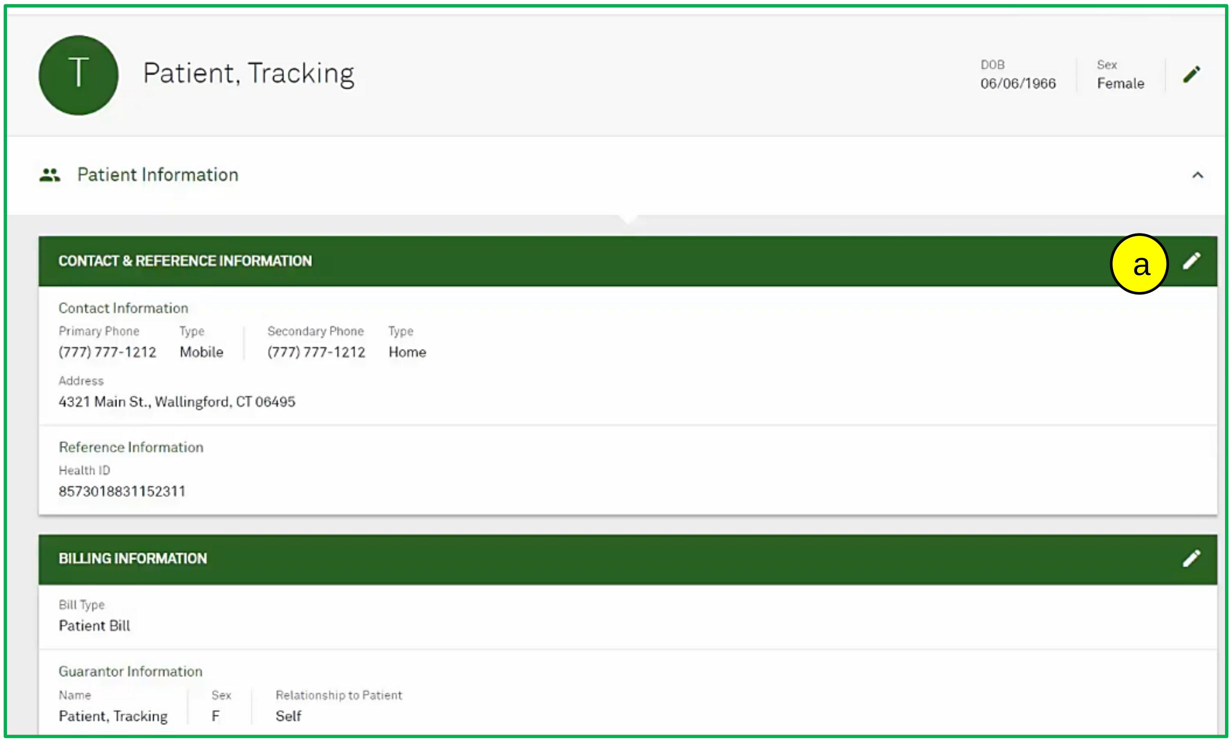
Patient Details:

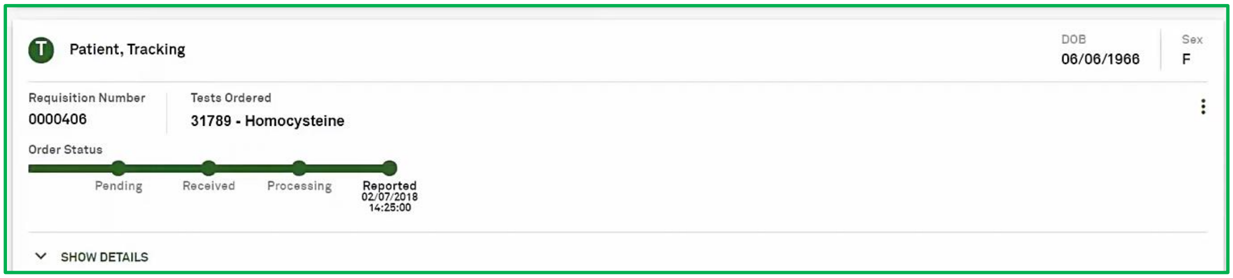
Contact and demographic information can be found in the details pane.

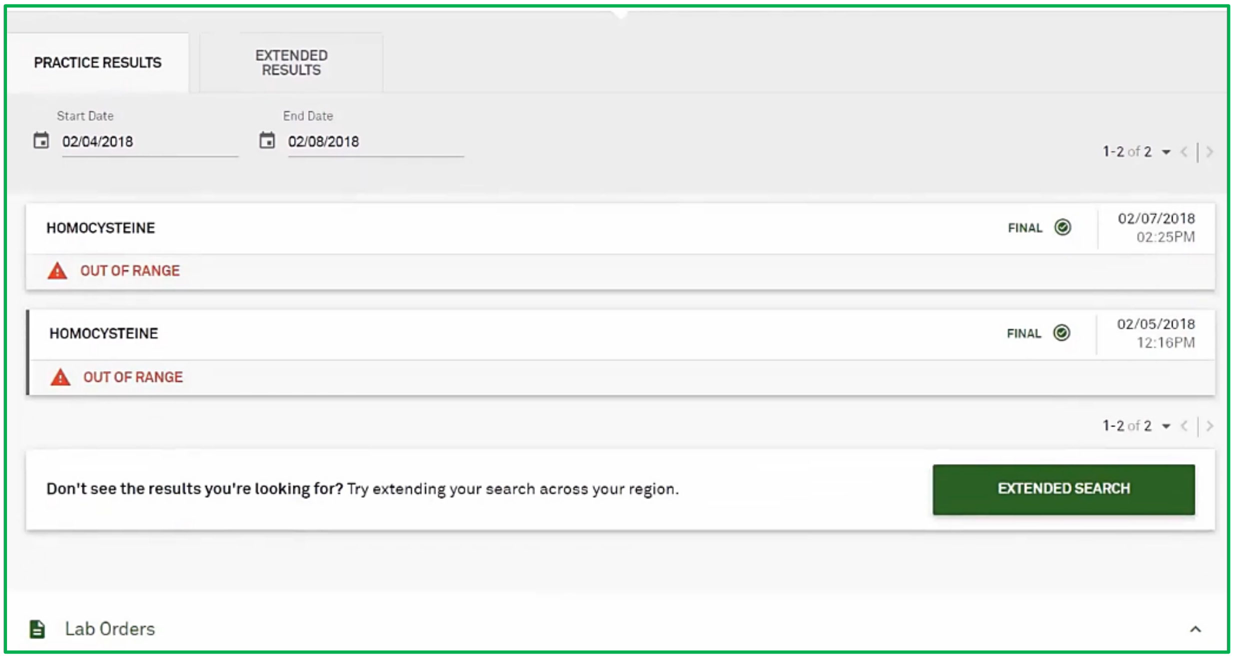
- If a patient's demographic / contact information changes, it can be edited by clicking the pencil icon to the right.

By scrolling down this window, you can view the patient's:

- Billing
- Specific Diagnosis
- Patient Comments
- Lab Orders
- Results
- Patient Tracking

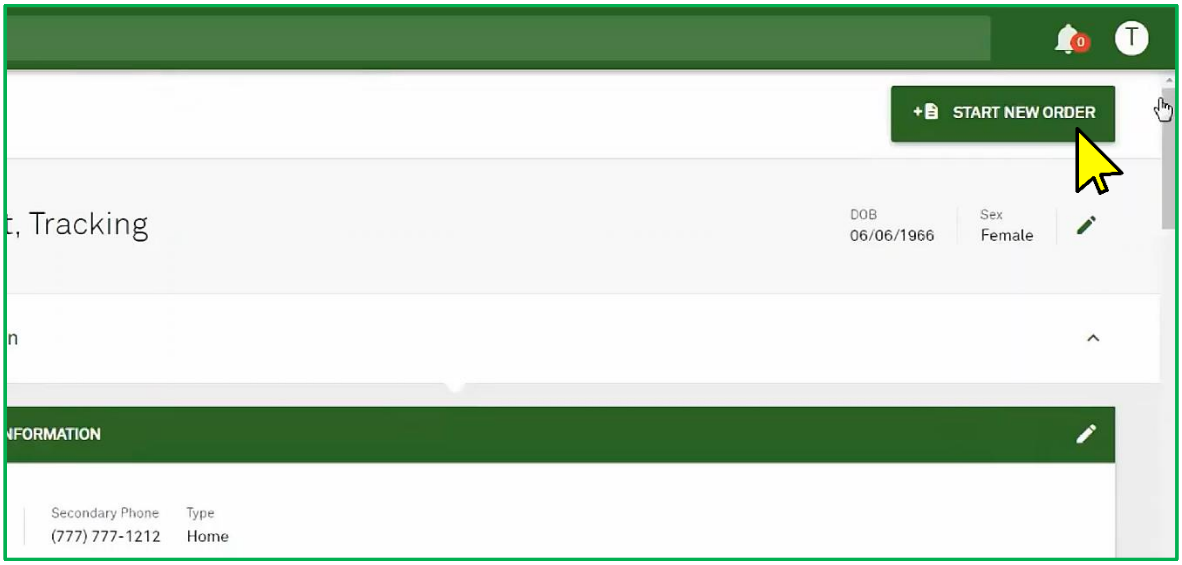






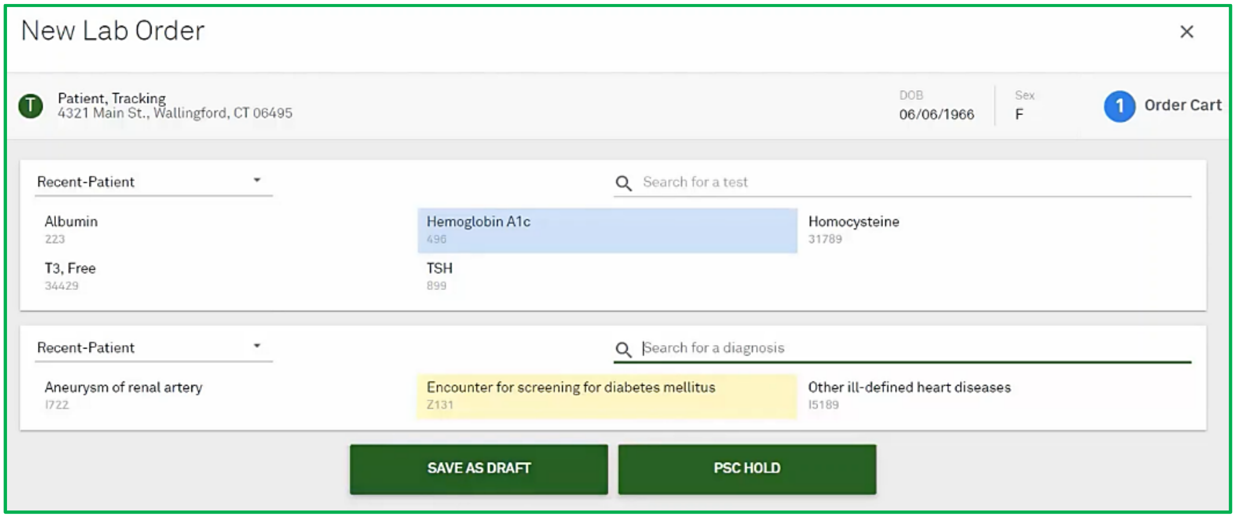
Starting a New Order:

Click the “Start New Order” button.



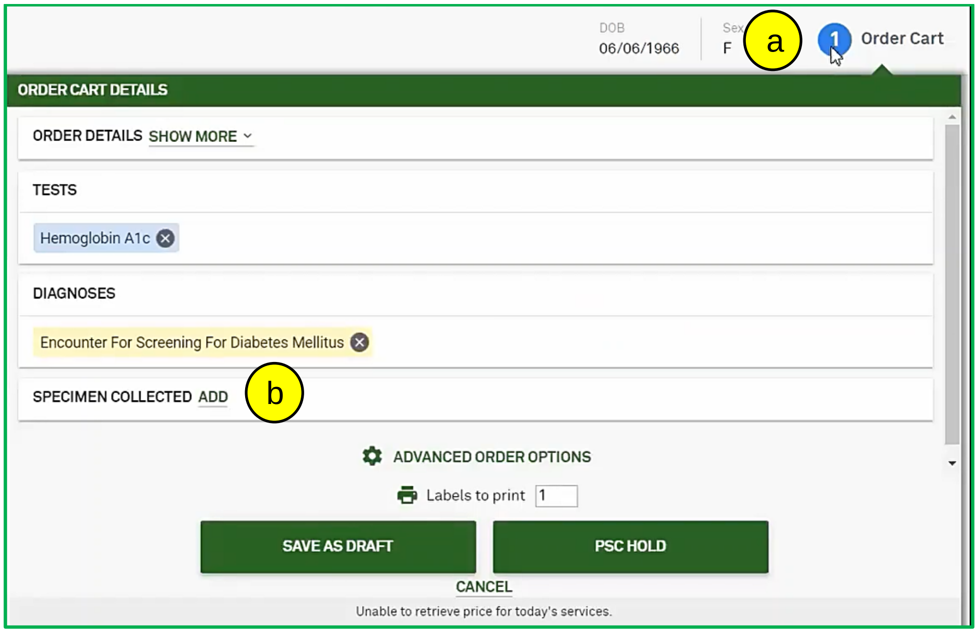
Fill out the information on the provided form:

a. You can select a test or diagnosis from a list of recent options or use the search bar in each category to locate the desired listings.
b. If you need to step away from the order, click the "SAVE AS DRAFT" button located at the bottom of the form.
c. If the patient is visiting a Quest facility, select the "PSC HOLD" button.
d. The selected items will be added to the patient's cart.

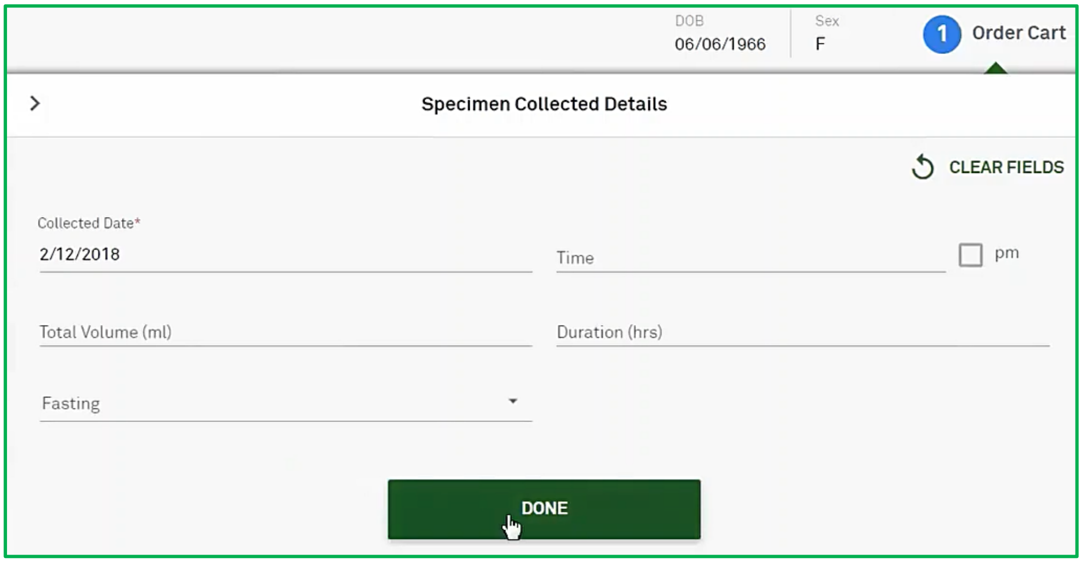


If the sample is being collected in the patient's home:

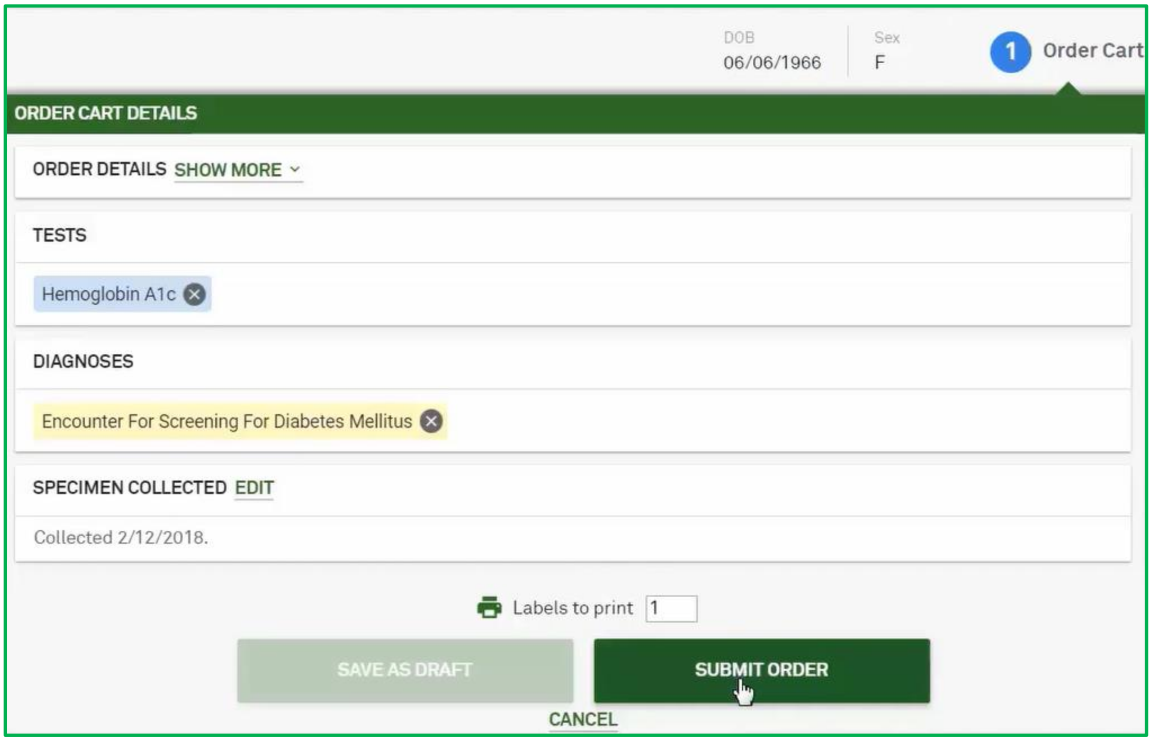
a. Select the patient's cart.
b. Choose the "SPECIMEN COLLECTED <u>ADD</u>" option.



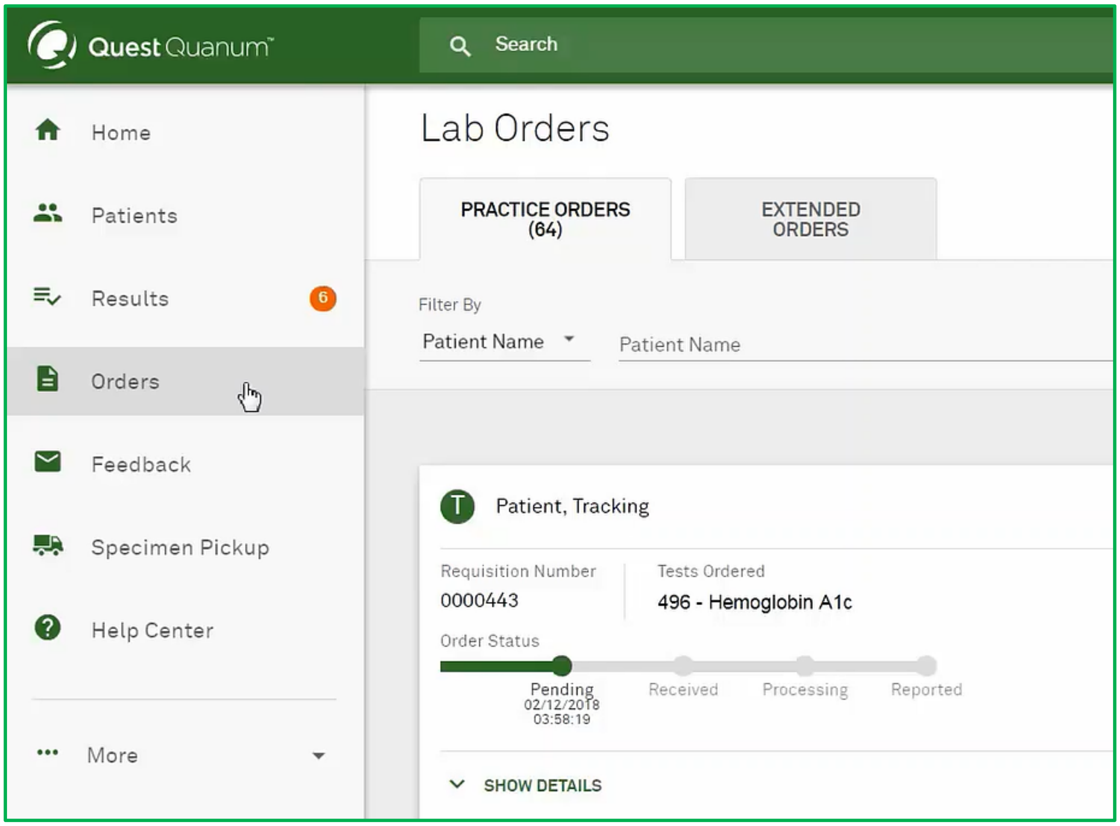
c. You will be prompted to select specific dates for specimen collection. When finished, click the "DONE" button to return to the patient's cart.



d. If you are finished with the order, click the "SUBMIT" button.

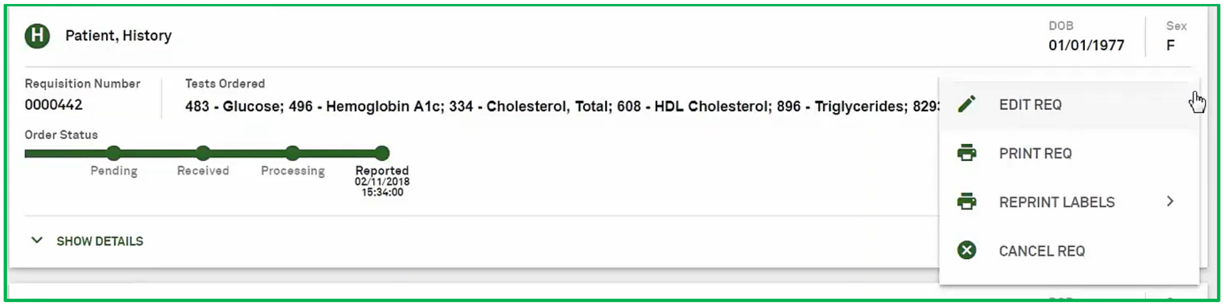


e. You can keep track of submitted orders via the patient details pane or from the "Orders" tab on the menu to the left.



Edit or Cancel a Lab Order:

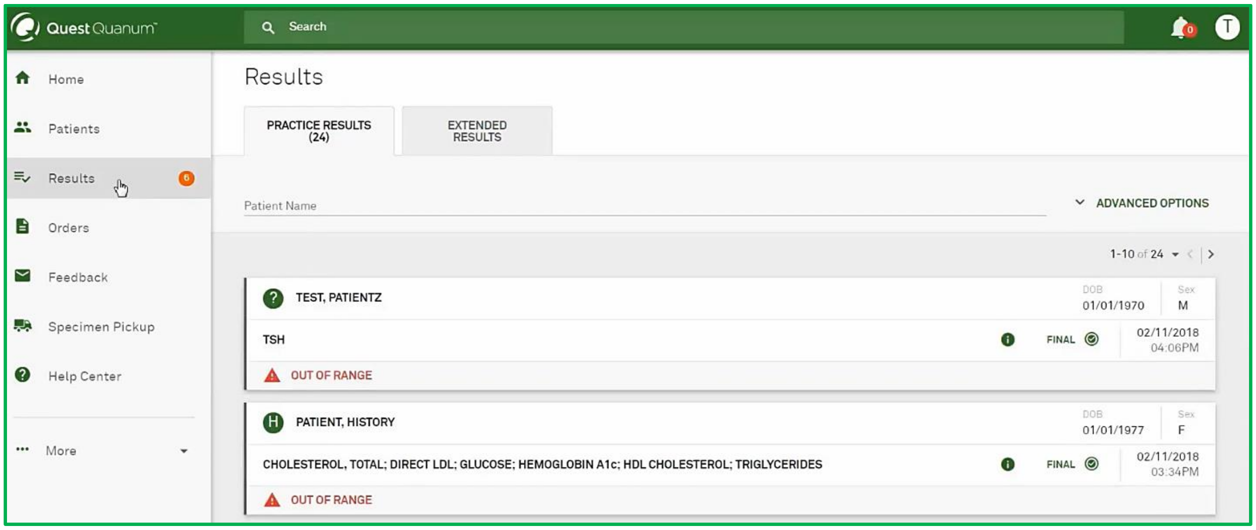
To edit or cancel a lab order, locate the order listing and click the three (3) vertical dots located to the far right of the order name. This will open the appropriate options menu.



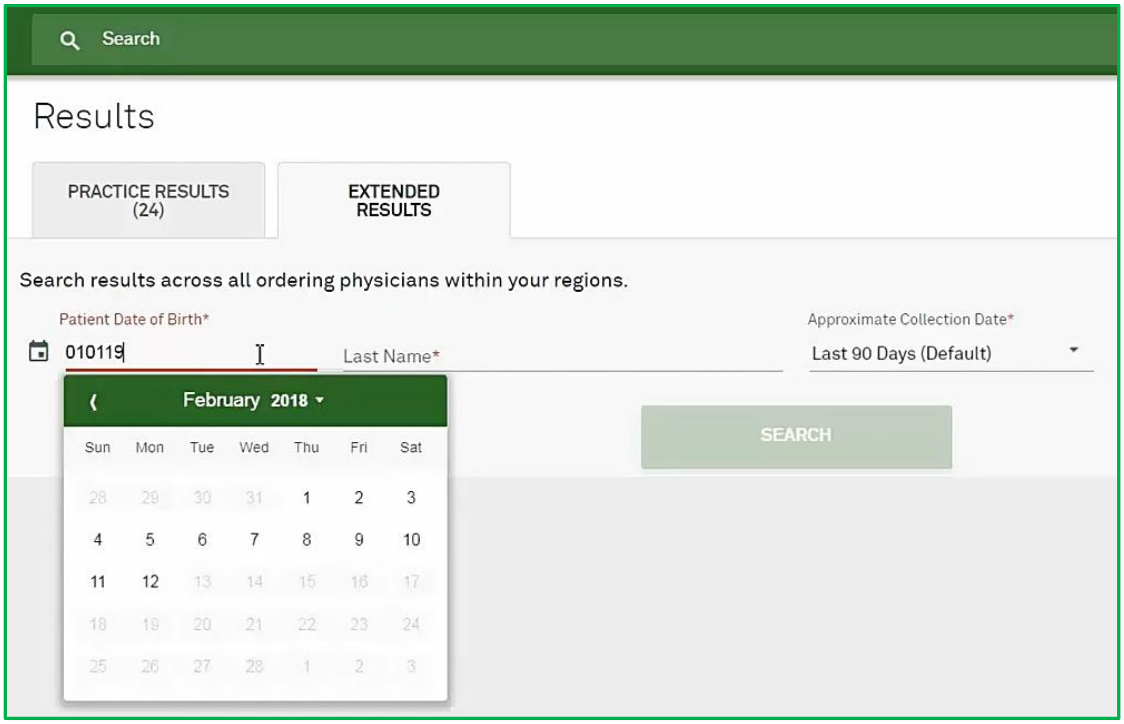
View Lab Results:

Selecting the “Results” tab on the menu to the left will show the most recent seven (7) results obtained that you ordered. You can also search for specific results if they are not found in this list.

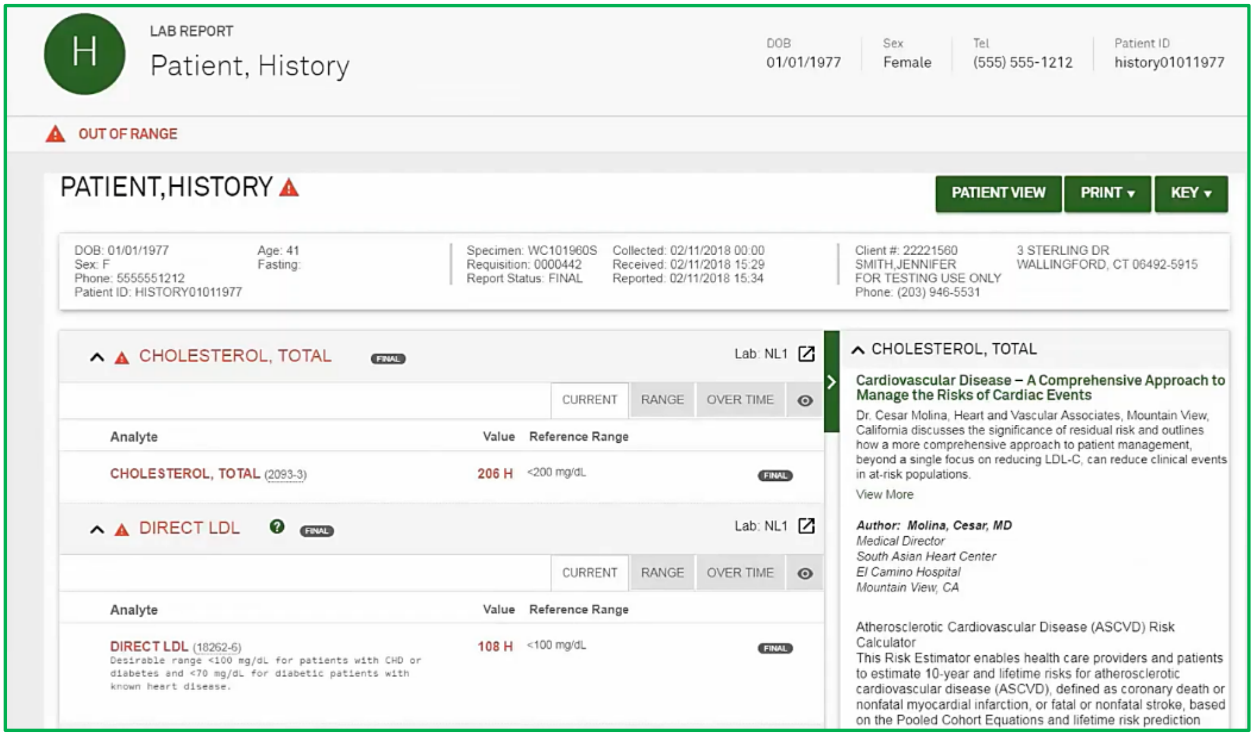
Click on any result to view it:



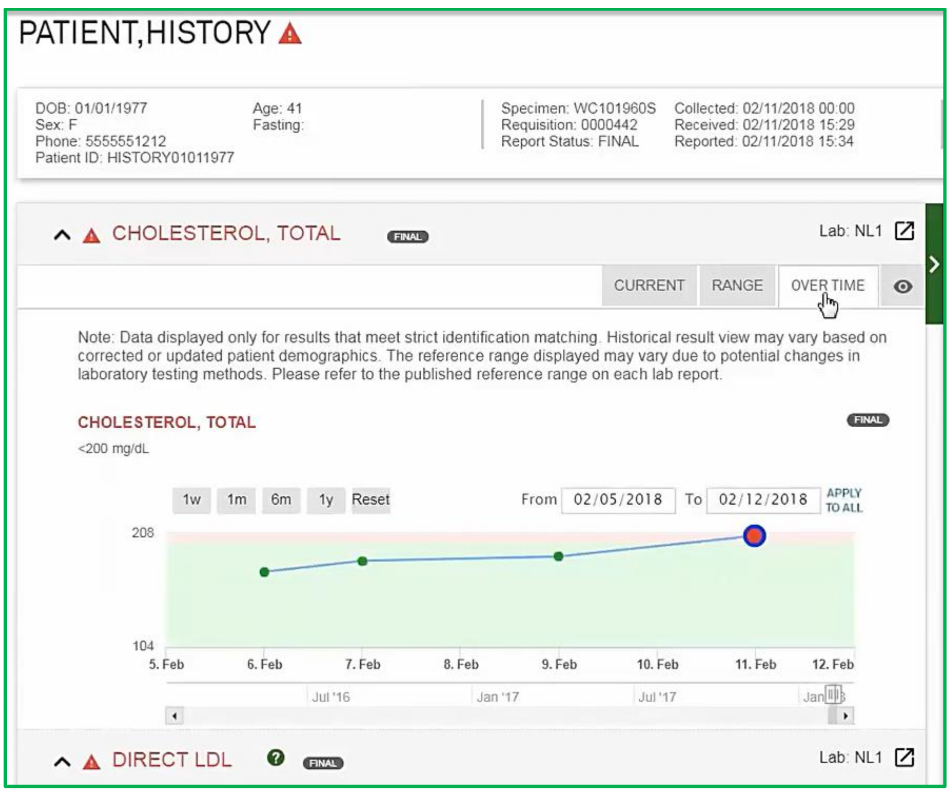
The Extended Results tab can be used to find lab results that were requested by providers who are not employed by Landmark:



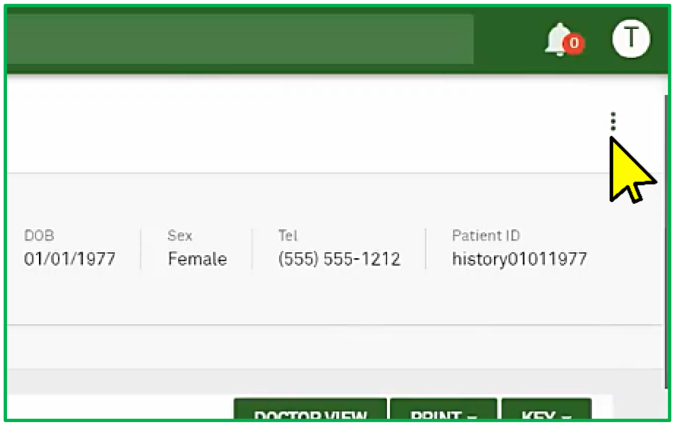
Out of range results will appear at the top of this section.

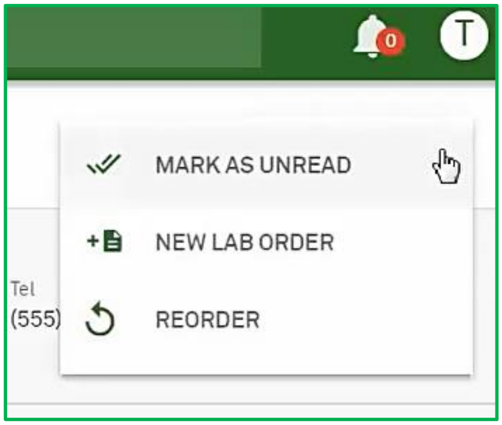


Results may be viewed in a range to allow comparisons between the current results with previous recorded data:



If additional testing is necessary, click on the three (3) vertical dots at the top-right of the results page to submit an order.





Trident Care Referral Response

Links & Resources:

Link – Trident Portal
https://connectonline.tridentcare.com/

Link – Trident Portal Tutorial Video
Tridentcare video-20220317_215549-Meeting_Recording.mp4

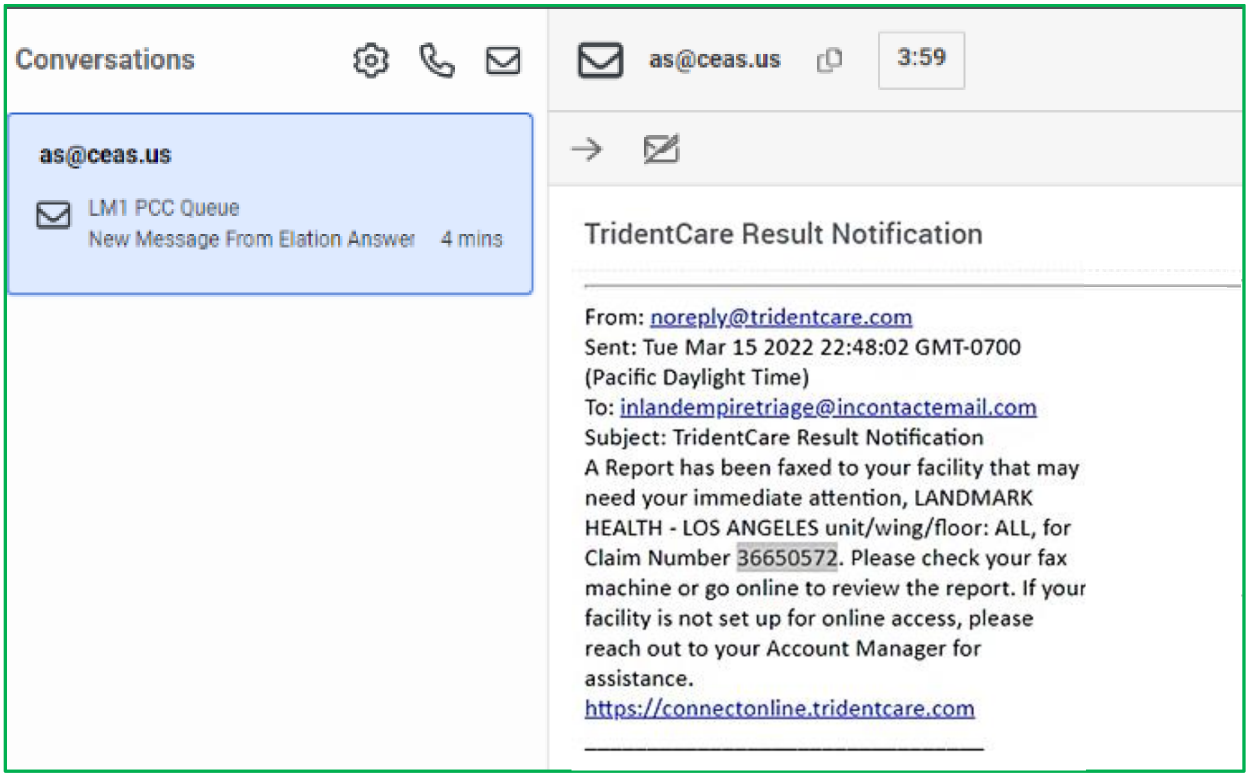
Link – APC Trident Referral Response
LM1 APP Process for responding to Trident Care referrals.pdf

Link – APC Trident Referral Response
Triage RN Process for responding to Trident Care referrals.pdf

Those with accounts will need to log in once weekly to Tridentconnect to keep their account active.

Referral Response Procedure & Portal Navigation:

Trident referral notifications may be received though the Interactions pane in Genesys. Like triage emails, they will first ring as an incoming notification which must be answered within 15 seconds.



During Business Hours (8:30 AM – 5:00 PM Local Time)

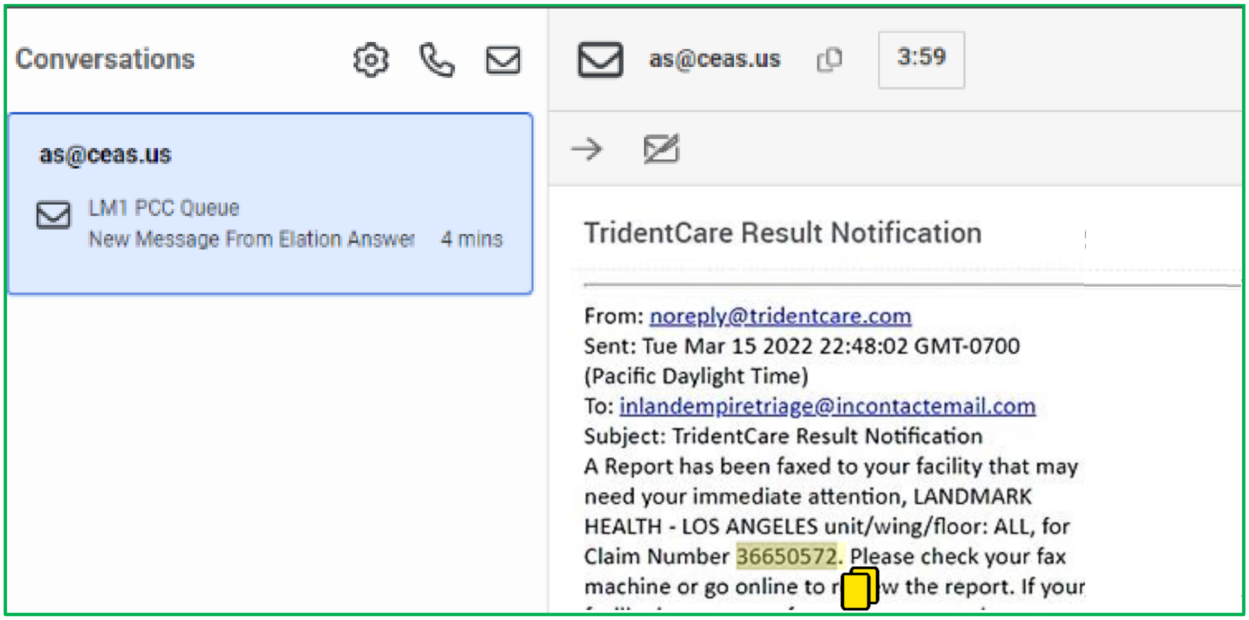
Complete a note in Ubiquity with the following:

- "Imaging Results Received – Uploaded to Ubiquity"
- "Will defer to Market Team to follow-up"

The patient's Market Team will then be notified by the Notes Report data and follow up with the patient.

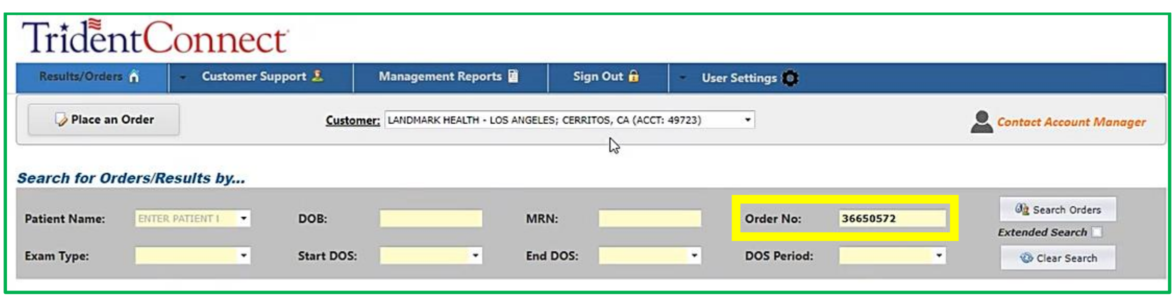
After Business Hours (5:00 PM – 8:30 AM Local Time)

Locate and copy the Claim Number noted in the referral:



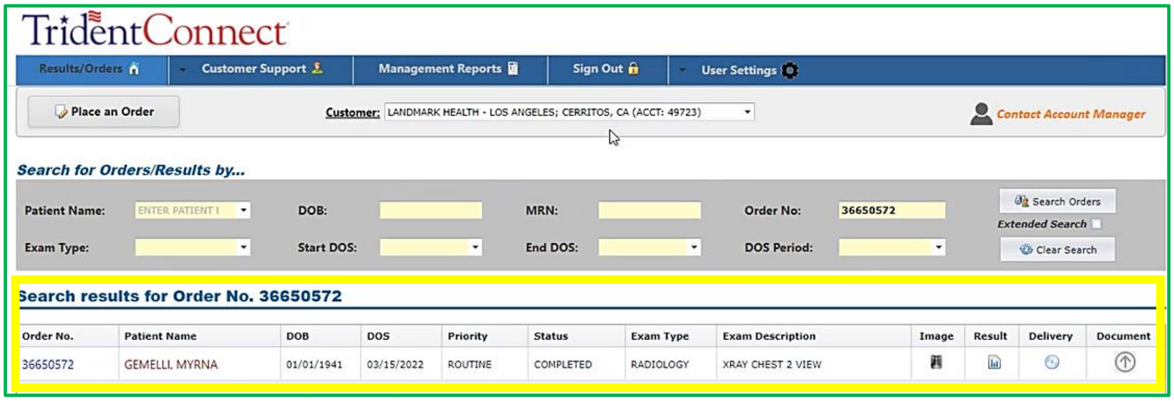
Open the Trident Portal and select the correct market from the drop-down "Customer" menu:

Paste the Claim Number into the Order Number search field and click the "Search Orders" button:



From the result that displays below the search fields, you can view imaging results, the type of labs requested, and the order's current status.

- Note the patient's name and DOB
    - Ensure that you can locate the patient in Ubiquity.
    - Review recent Notes and information.



You will now need to download the result to your computer and upload it to Ubiquity's "Documents" section.

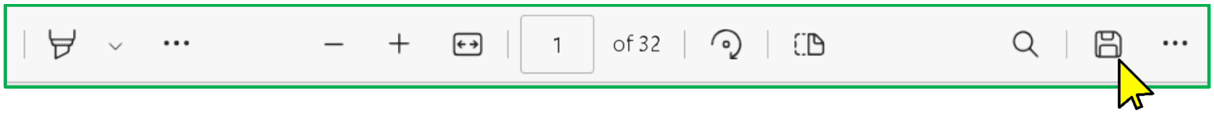
Click the option to view the result. It will then open in a new tab.

Save the result to your computer:

- Please save this document to a folder you will remember and have easy access to as it will need to be referenced in the next step.

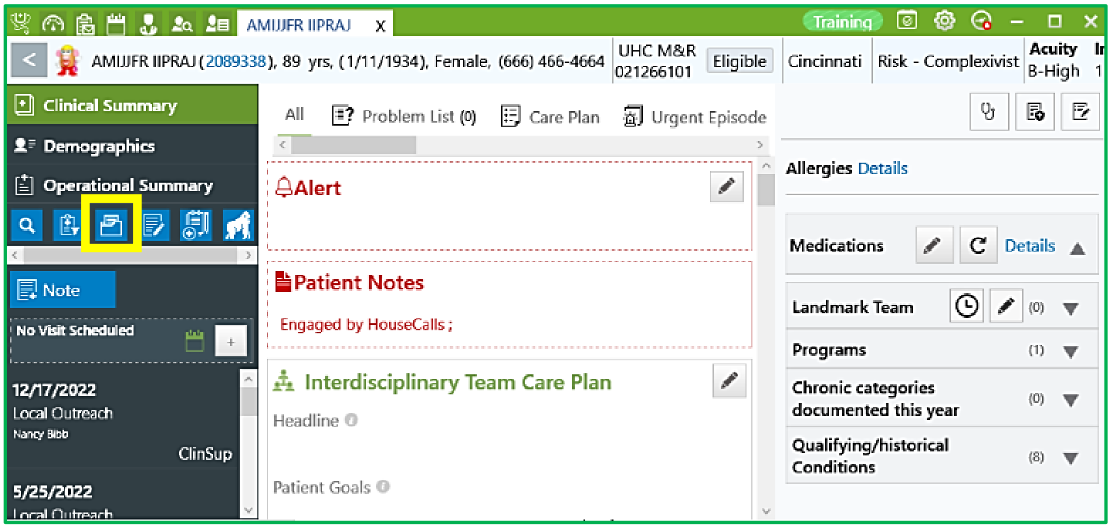
If Opened in Chrome:

If Opened in Microsoft Edge (default on Optum devices):

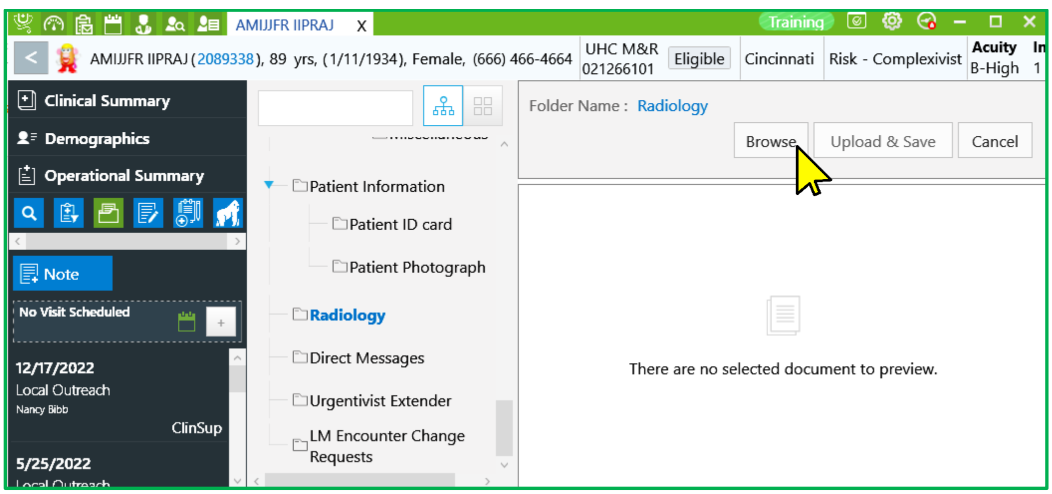


Once saved, upload the results to the "Documents" section.

- Once the patient's chart is opened, click the "All Documents" icon above the Notes and Encounter Listings.



- Navigate to the "Radiology" folder and upload the saved lab results to Ubiquity.
  - Click "Browse" and locate the results file stored on your computer.
  - Once uploaded, a preview will appear in the Radiology folder.
  - If you are satisfied with your upload, click "Upload & Save."



Next Steps:

Once the results are uploaded to Ubiquity, call the patient to reassess symptoms and make a plan of care:

- Follow the Receiving Triage Emails Through Genesys guidelines for accepting the email, setting the appropriate statuses, contacting the patient, and follow-up documentation.

Health Gorilla

Links & Resources:

Link – Health Gorilla Provider Portal
https://www.healthgorilla.com/login

Link – Health Gorilla Login Instructions (Attestation)
https://forms.office.com/Pages/ResponsePage.aspx?id=AeMqzqu1Qkm-ZInpHCG1XT0L6Vew3GROkxMc7uxzdzRUNFpRTkZEWkdLR1FSSlZVVVRIOVhPSjNEMy4u

Overview:

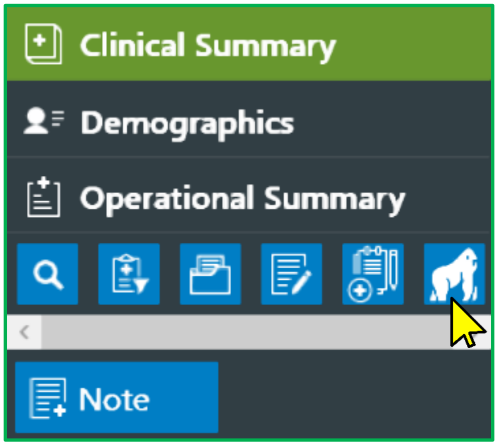
Landmark has partnered with a software company, Health Gorilla, to improve our access to patient records. Health Gorilla takes information from Health Data Exchanges set up in many states to coordinate medical records between institutions and aggregates it into one common portal.

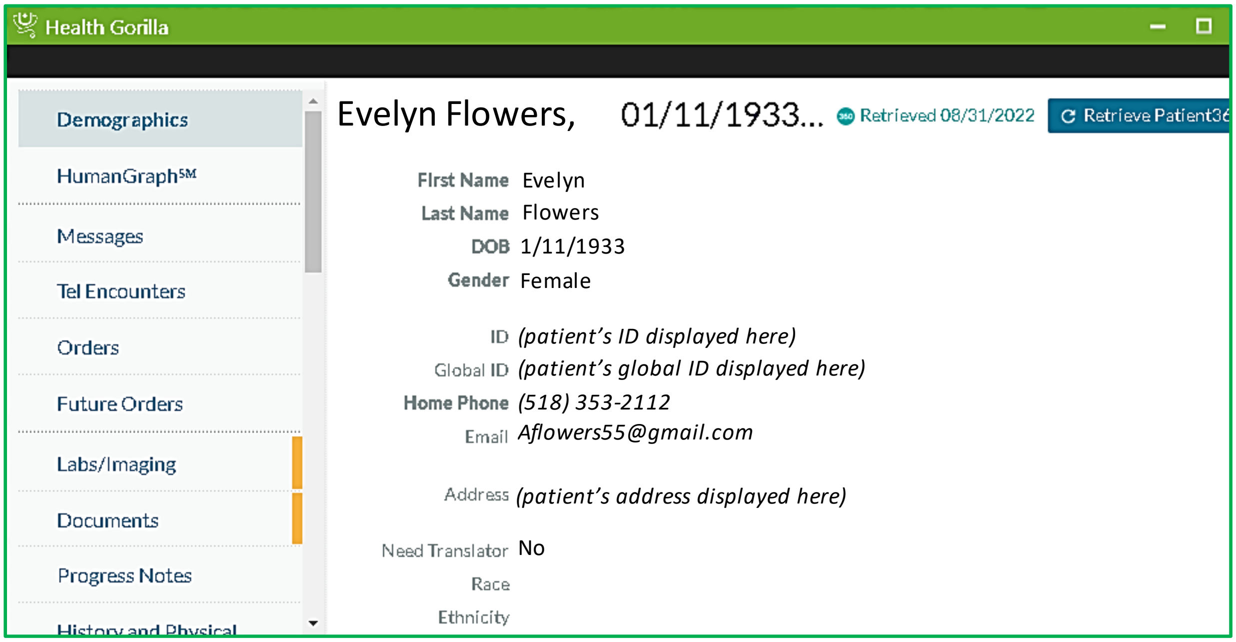
The system is very intuitive. This integration will significantly streamline your workflow and enhance patient care by allowing you to seamlessly access patient charts in Health Gorilla directly from the Ubiquity platform.

We believe that this Health Gorilla integration will significantly improve your efficiency, enhance care coordination, and ultimately lead to better patient outcomes. We encourage you to explore the integrated features and provide us with your valuable feedback and suggestions.

Access In Ubiquity:

1. Open a patient's chart in Ubiquity.
2. Find the Health Gorilla microtabs on the left-side notes and documents panel.
3. Clicking the Health Gorilla button will open a popup window for you to quickly navigate the Heath Gorilla portal information.
    - First time users must agree to Health Gorilla's terms and conditions before proceeding.





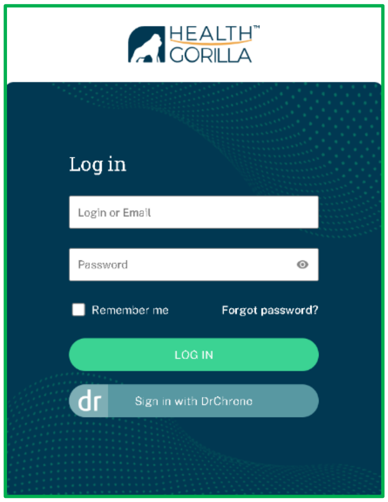
- Access to Health Gorilla will now be seamless and automatic, eliminating the need for access forms or manual sign-up requests.
- This integration eliminates the need for manual navigation between different platforms, saving you time and effort.
- You can efficiently review patient information, access medical records, and manage care coordination tasks all within one integrated system.

Browser Login Instructions:

1. Open your web browser and visit https://www.healthgorilla.com/login.
2. Enter your login credentials (email and password) to access your account.

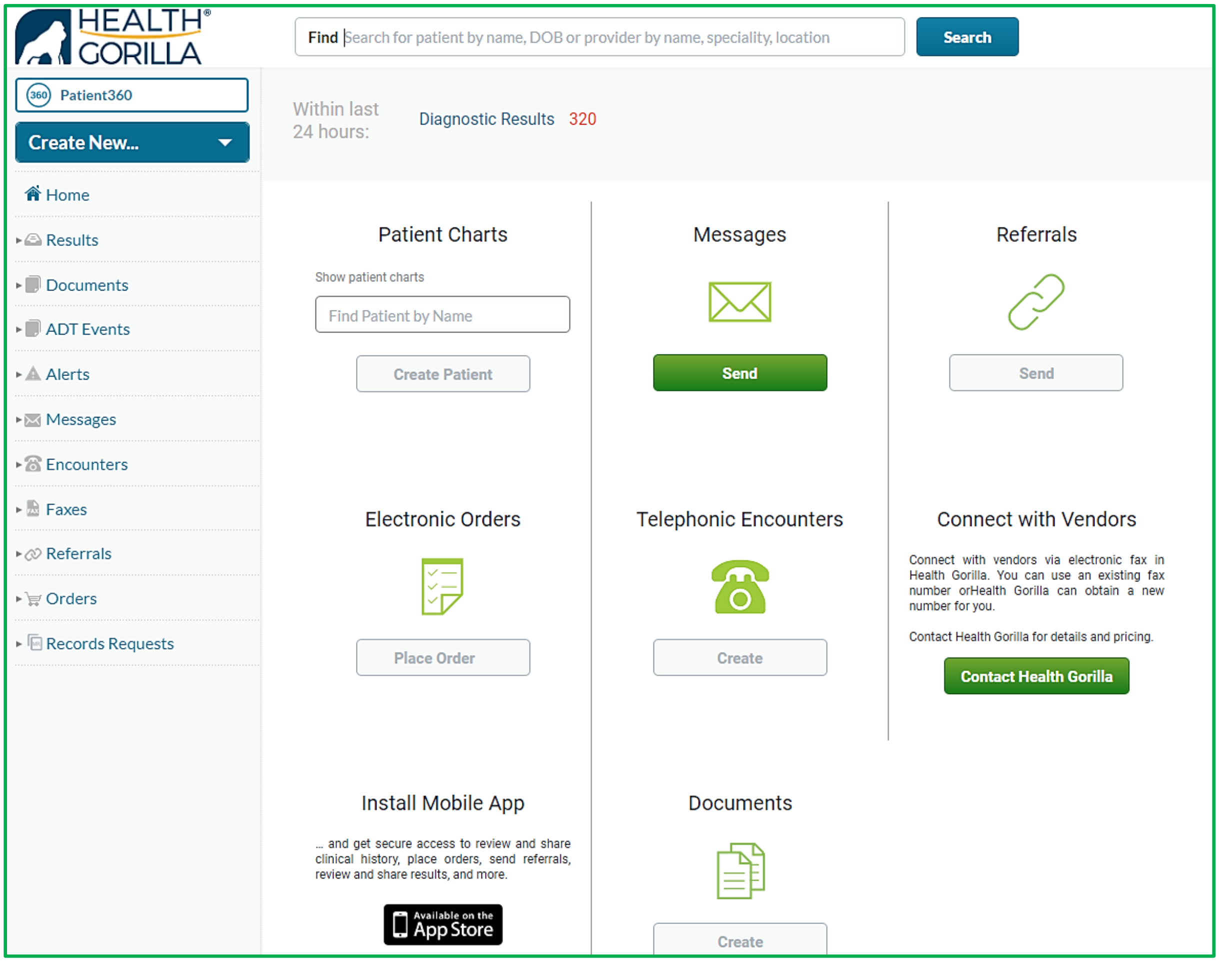
Attention – Health Gorilla User Names
The username format **firstname.lastname** no longer works. • Instead, use your email address in its place.

3. Once logged in, you will have full access to all the features and functionalities of Health Gorilla.



Portal Navigation:

Upon logging into the Health Gorilla Provider Portal, you will be directed to the portal's dashboard.



Frequently Asked Questions (FAQ):

Will this access be available to all team members outside of New York?

Yes, all team members (providers, care coordinators, ambassadors, etc.) outside of New York, who have access to view charts in Ubiquity will be able to utilize this integration.

What if I have access issues?

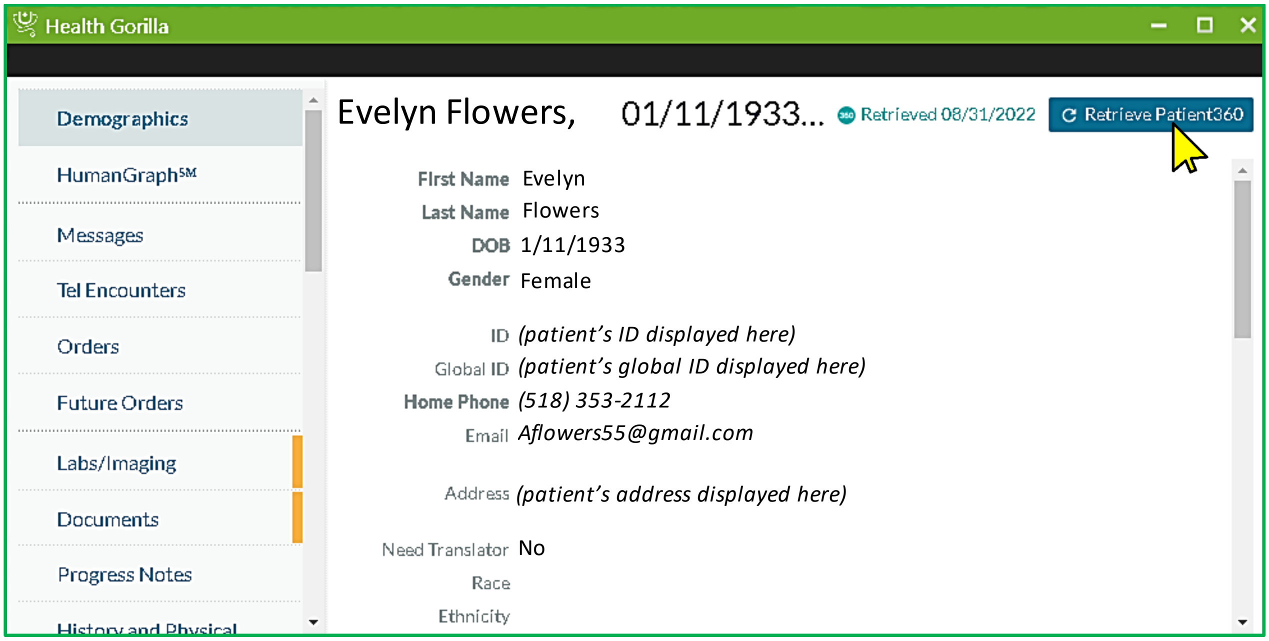
Users will be set up automatically. If you need additional IT support, you will be able to submit a ticket to the Optum Service Desk who will then route you to the appropriate team to troubleshoot access issues.

Where can I get training materials?

Job aids and video instruction will be available on Landmark Way

Do we still need to refresh the chart with the retrieve button?

Yes, in the Health Gorilla popup, you will need to continue refreshing the chart using the "Add to Patient360" button to ensure it stays updated.



LabCorp

Links & Resources:

Link – LM1 APC Management of Labs and Imaging Results
LM1 APP Process for managing lab and imaging results.pdf

Link – LM1 Triage RN Management of Labs and Imaging Results
Triage RN Process for lab and imaging results triage requests.pdf

Labs and Imaging Results Management:

LM1 APCs and RNs may receive calls / emails from patients or their caregivers requesting their lab / imaging results.

- These calls / emails can sometimes come from labs or imaging centers to give results.
- ”Change in condition” is abbreviated using the acronym CIC.

Overview of Lab Diagnostics / Results Review Workflow:

1. Complete a brief triage:
    - Use Health Gorilla to access results.
    - Assess any change in condition (CIC) after the Urgent Visit and any emergent symptoms present.
        - ❖ If emergent, follow the emergent call flow.

1. Determine next steps:
    - LM1 Triage RNs determine need next steps such as Tele-UV, UEUV, or UV.
        - ❖ If a critical value is present, transfer immediately to a LM1 APC.
    - LM1 APCs will manage the patient.

If No CIC or New Information Listed in Health Gorilla:

During Business Hours:

Attempt a warm transfer to the market NCM listed in the patient's chart.

- If there is no response from the Market NCM, send an email to the patient's Care Team requesting follow-up.
    - CC the Longitudinal APC and Market Call Center in the email.

After Business Hours (Next Day is a Business Day):

Send an email to the patient's Care Team requesting next-day follow-up.

- CC the Longitudinal APC and Market Call Center in the email.

After Business Hours (Next Day is NOT a Business Day):

Send an email to lm1followup@optum.com requesting LM1 APC follow-up.

- CC the Longitudinal APC and Market Call Center in the email.
- Tag the APC in the "LM1 Full" Teams group.

NewCrop

NewCrop is the application used to be able to view and edit a patient's medication list, allergies, identify drug interactions, and to electronically prescribe medications.

Links & Resources:

Link – How to Document NKDA
https://support.newcroprx.com/hc/en-us/articles/5858561242132-Document-No-Known-Drug-Allergies-NKDA-

Link – How to Add / Edit Allergies
https://support.newcroprx.com/hc/en-us/articles/360056496272-Record-and-Manage-Patient-Allergies

Link – How to Add Medications
https://support.newcroprx.com/hc/en-us/articles/360058174471-Record-a-Medication

Link – How to Free-Text Allergies & Medications
https://support.newcroprx.com/hc/en-us/articles/5051156939412-Map-Free-Text-Allergies-and-Medications

Link – How to Edit a Prescription
https://support.newcroprx.com/hc/en-us/articles/360056815331-Edit-a-Prescription

Link – Create a New Prescription
https://support.newcroprx.com/hc/en-us/articles/360056804891-Create-a-New-Prescription

Link – How to Discontinue a Prescription

https://support.newcroprx.com/hc/en-us/articles/360057413912-Discontinue-a-Prescription

Link – How to Assign a Patient Pharmacy

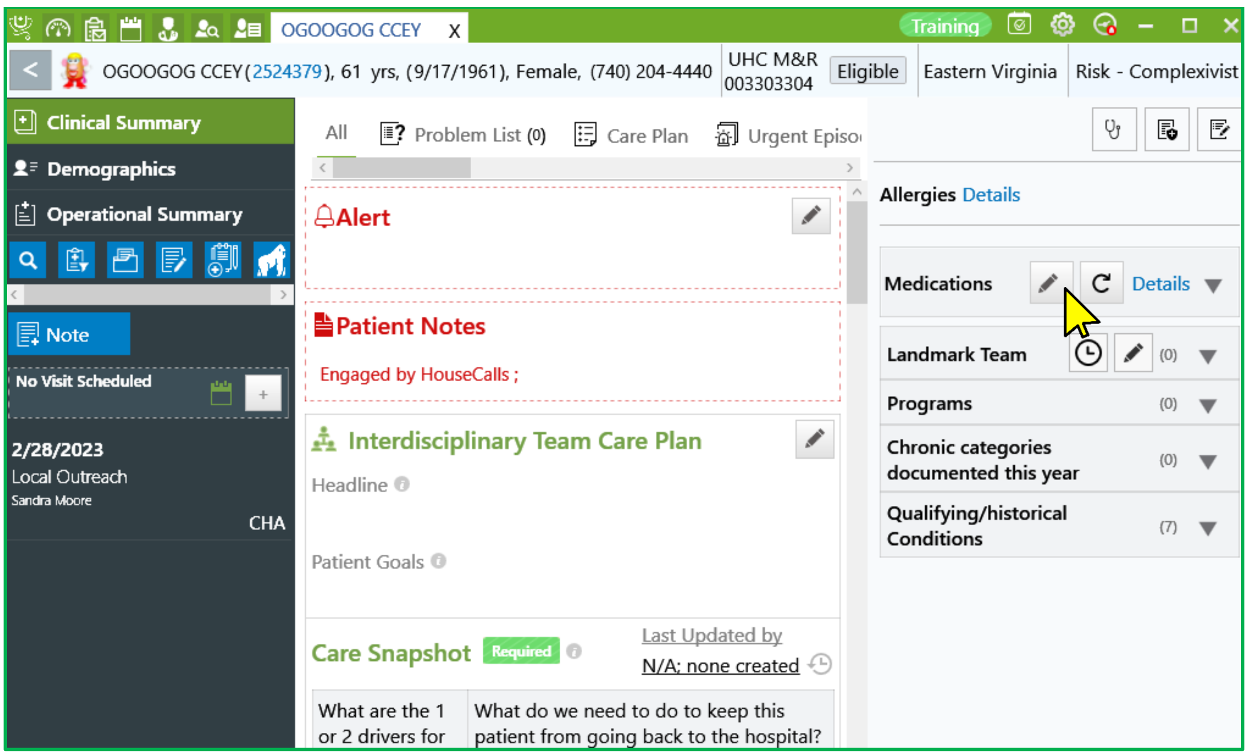
https://support.newcroprx.com/hc/en-us/articles/360056407172-Assign-Patient-Pharmacies

Link – Surescripts Tutorial

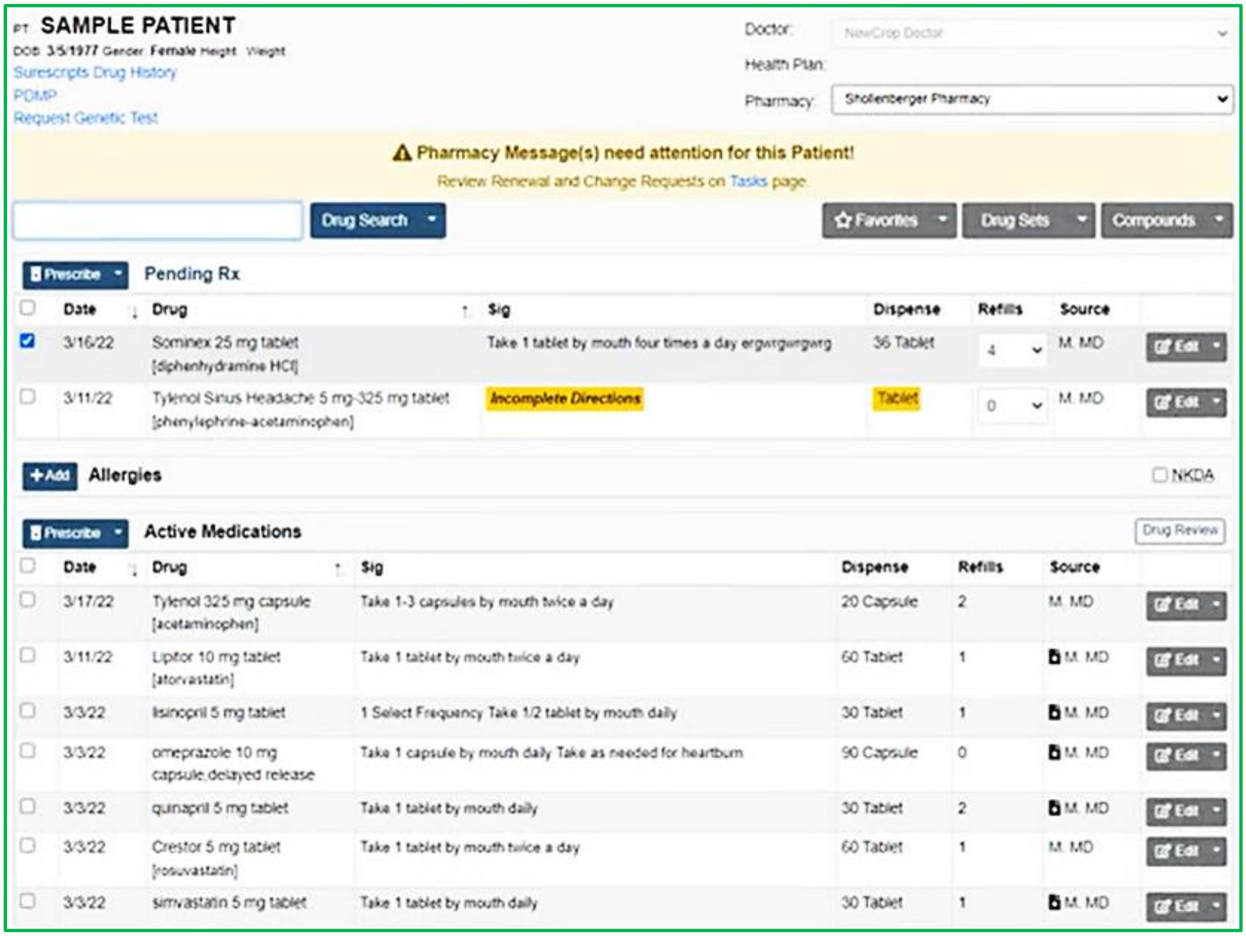
https://support.newcroprx.com/hc/en-us/articles/5739568847124-Surescripts-Drug-History

Accessing NewCrop Medication Lists:

Open a patient's chart in Ubiquity. The NewCrop platform may be accessed in a note or from the Clinical Summary window. Click the "edit" button above the list of medications on the right side of the window to view the NewCrop dashboard.



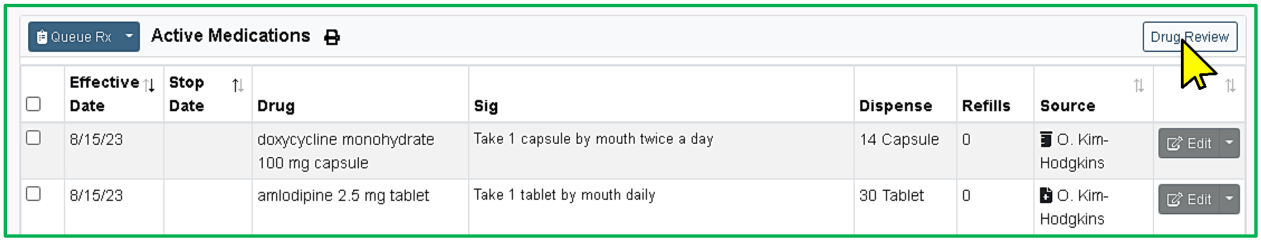
NewCrop Dashboard:



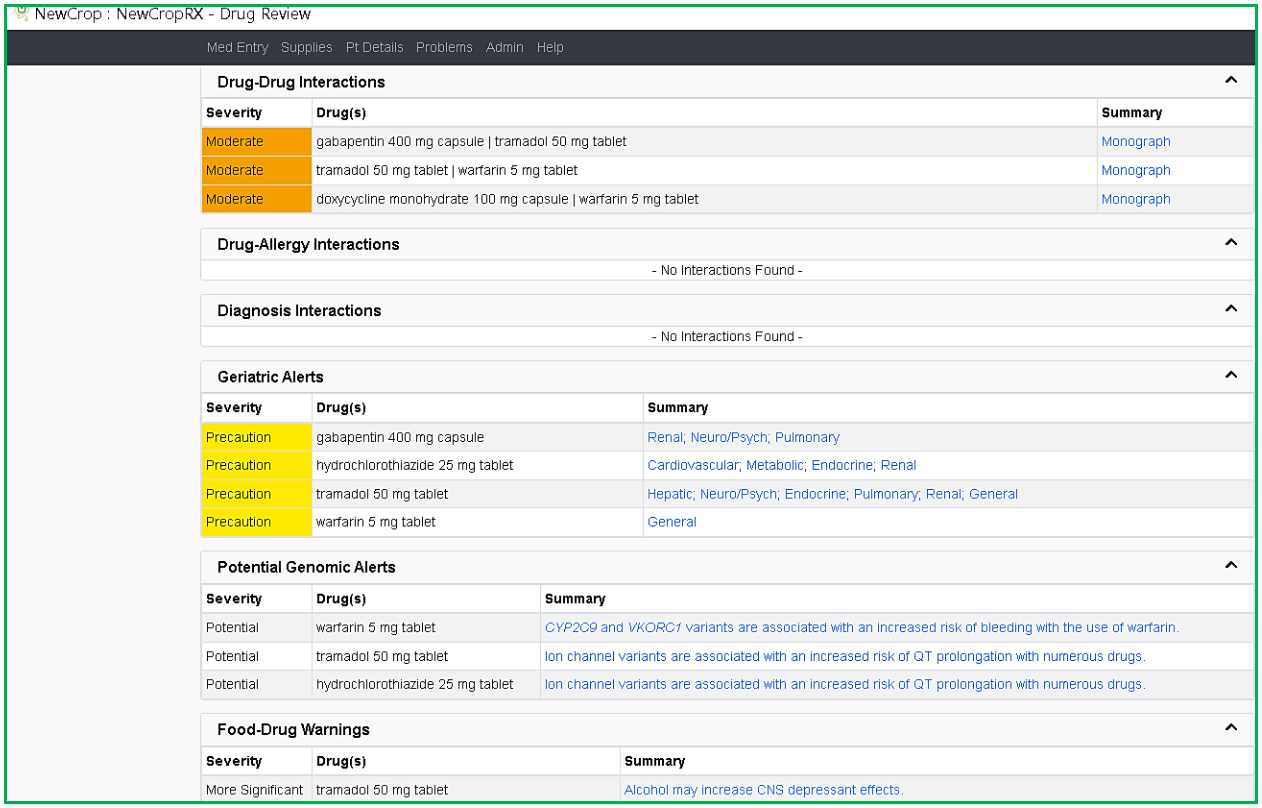
Attention – Closing NewCrop
You must close the NewCrop window before closing your note for the note to reflect any updates.

Drug Review:

The Drug Review option indicates how a patient's active medications will interact with one another:


Queue Rx | Active Medications | Drug Review

	Effective Date	Stop Date	Drug	Sig	Dispense	Refills	Source	
☐	8/15/23		doxycycline monohydrate 100 mg capsule	Take 1 capsule by mouth twice a day	14 Capsule	0	O. Kim-Hodgkins	Edit
☐	8/15/23		amlodipine 2.5 mg tablet	Take 1 tablet by mouth daily	30 Tablet	0	O. Kim-Hodgkins	Edit


NewCrop : NewCropRX - Drug Review
Med Entry Supplies Pt Details Problems Admin Help

Drug-Drug Interactions

Severity	Drug(s)	Summary
Moderate	gabapentin 400 mg capsule | tramadol 50 mg tablet	Monograph
Moderate	tramadol 50 mg tablet | warfarin 5 mg tablet	Monograph
Moderate	doxycycline monohydrate 100 mg capsule | warfarin 5 mg tablet	Monograph

Drug-Allergy Interactions

- No Interactions Found -

Diagnosis Interactions

- No Interactions Found -

Geriatric Alerts

Severity	Drug(s)	Summary
Precaution	gabapentin 400 mg capsule	Renal; Neuro/Psych; Pulmonary
Precaution	hydrochlorothiazide 25 mg tablet	Cardiovascular; Metabolic; Endocrine; Renal
Precaution	tramadol 50 mg tablet	Hepatic; Neuro/Psych; Endocrine; Pulmonary; Renal; General
Precaution	warfarin 5 mg tablet	General

Potential Genomic Alerts

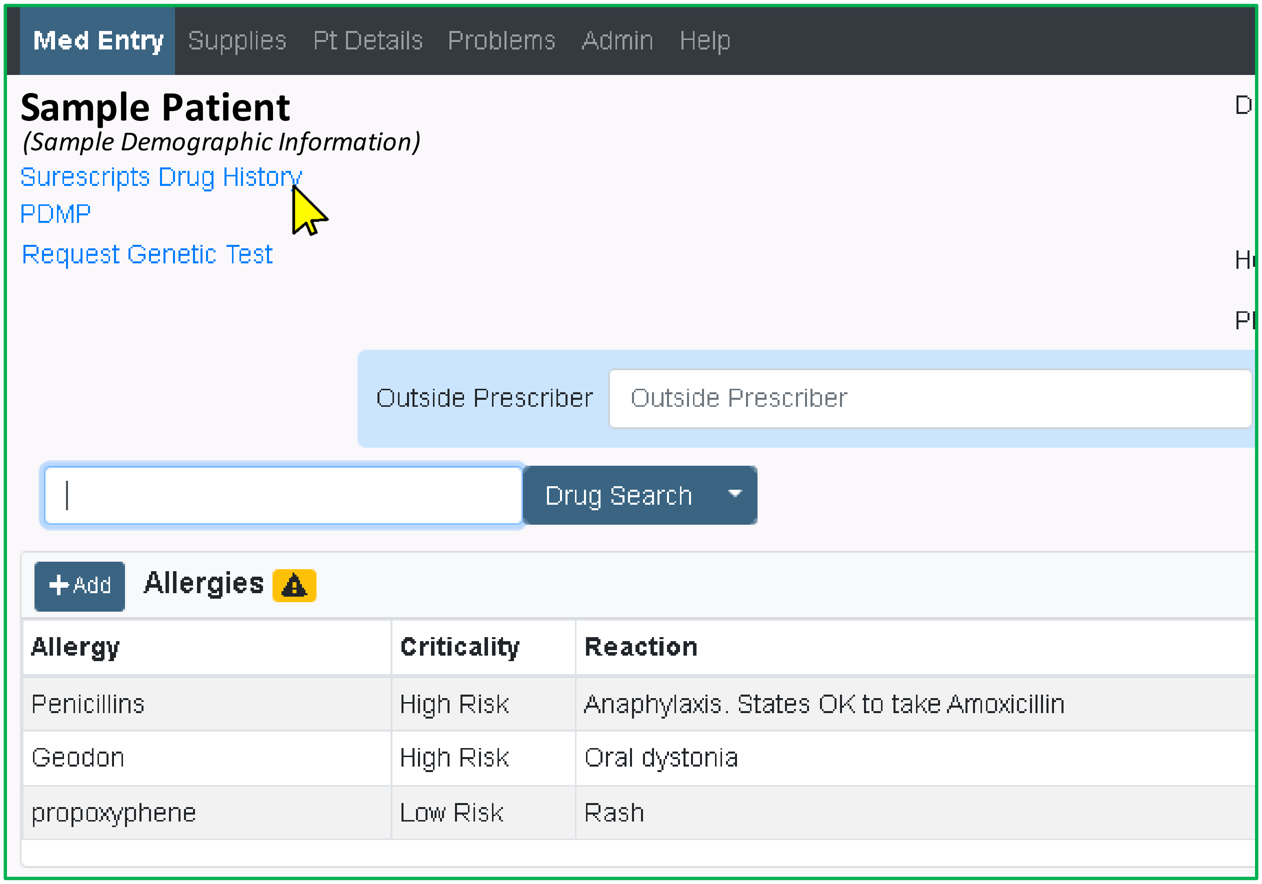
Severity	Drug(s)	Summary
Potential	warfarin 5 mg tablet	*CYP2C9* and *VKORC1* variants are associated with an increased risk of bleeding with the use of warfarin.
Potential	tramadol 50 mg tablet	Ion channel variants are associated with an increased risk of QT prolongation with numerous drugs.
Potential	hydrochlorothiazide 25 mg tablet	Ion channel variants are associated with an increased risk of QT prolongation with numerous drugs.

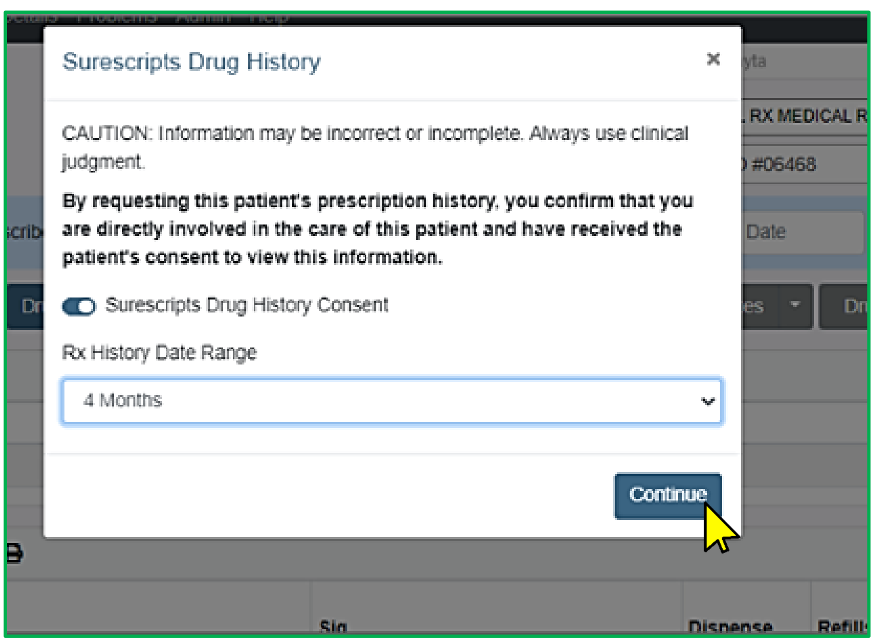
Food-Drug Warnings

Severity	Drug(s)	Summary
More Significant	tramadol 50 mg tablet	Alcohol may increase CNS depressant effects.

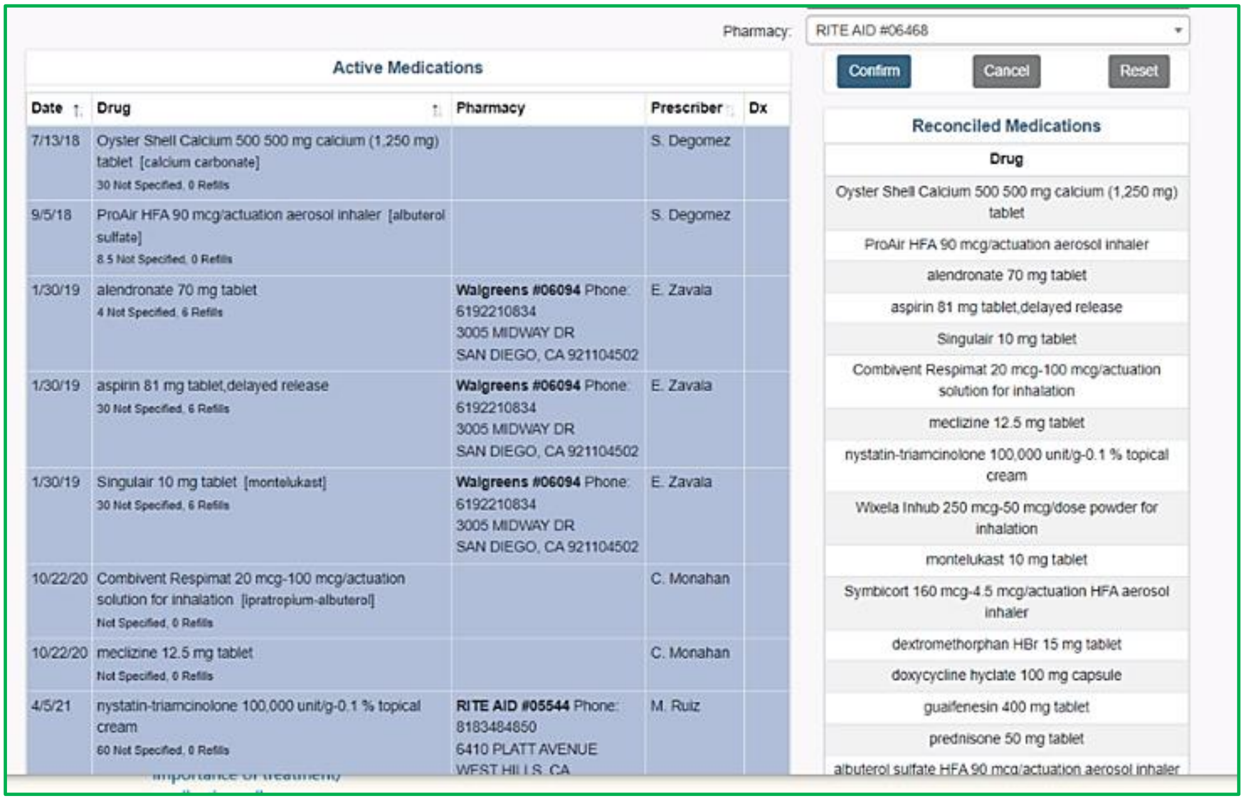
Surescripts:

Surescripts is the medication fill history database used by participating pharmacies that lists medications filled for patients within past 4, 6, or 12 months.





Select the timeframe you wish to view and click "Continue".



Pharmacy: RITE AID #06468

Confirm Cancel Reset

Active Medications

Date	Drug	Pharmacy	Prescriber	Dx
7/13/18	Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet [calcium carbonate] 30 Not Specified, 0 Refills		S. Degomez	
9/5/18	ProAir HFA 90 mcg/actuation aerosol inhaler [albuterol sulfate] 8.5 Not Specified, 0 Refills		S. Degomez	
1/30/19	alendronate 70 mg tablet 4 Not Specified, 6 Refills	**Walgreens #06094** Phone: 6192210834 3005 MIDWAY DR SAN DIEGO, CA 921104502	E. Zavala	
1/30/19	aspirin 81 mg tablet,delayed release 30 Not Specified, 6 Refills	**Walgreens #06094** Phone: 6192210834 3005 MIDWAY DR SAN DIEGO, CA 921104502	E. Zavala	
1/30/19	Singulair 10 mg tablet [montelukast] 30 Not Specified, 6 Refills	**Walgreens #06094** Phone: 6192210834 3005 MIDWAY DR SAN DIEGO, CA 921104502	E. Zavala	
10/22/20	Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation [ipratropium-albuterol] Not Specified, 0 Refills		C. Monahan	
10/22/20	meclizine 12.5 mg tablet Not Specified, 0 Refills		C. Monahan	
4/5/21	nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream 60 Not Specified, 0 Refills	**RITE AID #05544** Phone: 8183484850 6410 PLATT AVENUE WEST HILLS, CA	M. Ruiz	

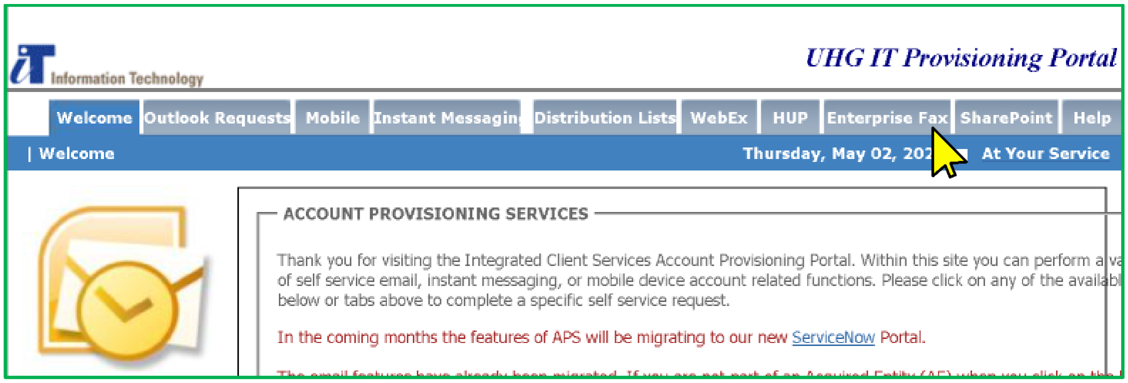
Reconciled Medications

Drug
Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet
ProAir HFA 90 mcg/actuation aerosol inhaler
alendronate 70 mg tablet
aspirin 81 mg tablet,delayed release
Singulair 10 mg tablet
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation
meclizine 12.5 mg tablet
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream
Wixela Inhub 250 mcg-50 mcg/dose powder for inhalation
montelukast 10 mg tablet
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler
dextromethorphan HBr 15 mg tablet
doxycycline hyclate 100 mg capsule
guaifenesin 400 mg tablet
prednisone 50 mg tablet
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler

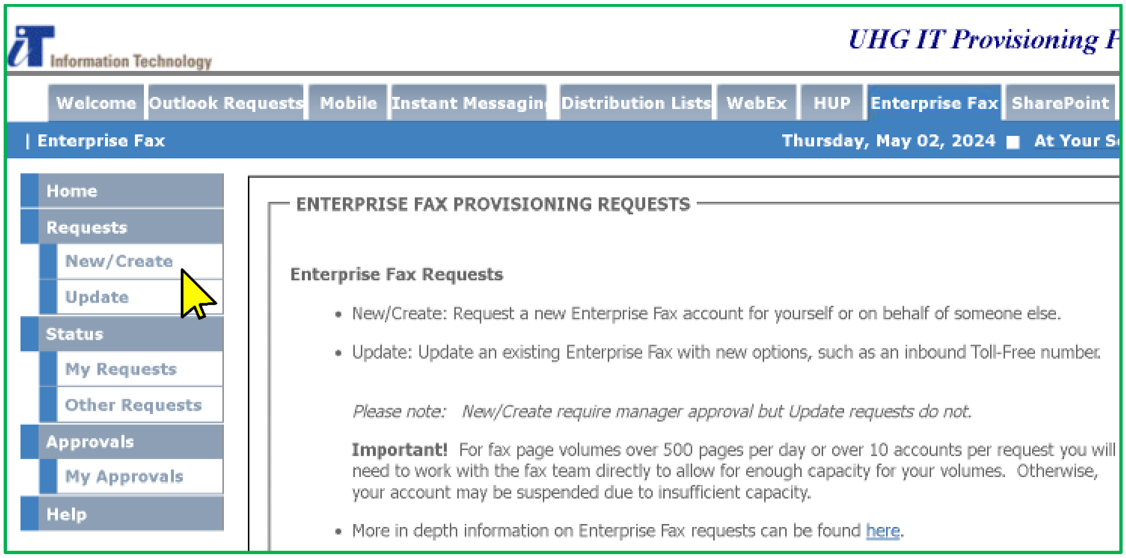
RightFax

Request Access to RightFax:

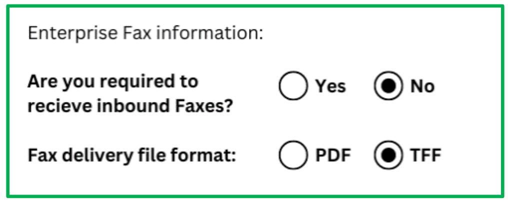
1. Navigate to: [UHG IT Provisioning Portal]
2. Click on "Enterprise Fax"



3. On the left side of the screen, click "New / Create" (or other option if applicable):



4. As you fill out the form.
5. Note the section named **Enterprise Fax Information**:

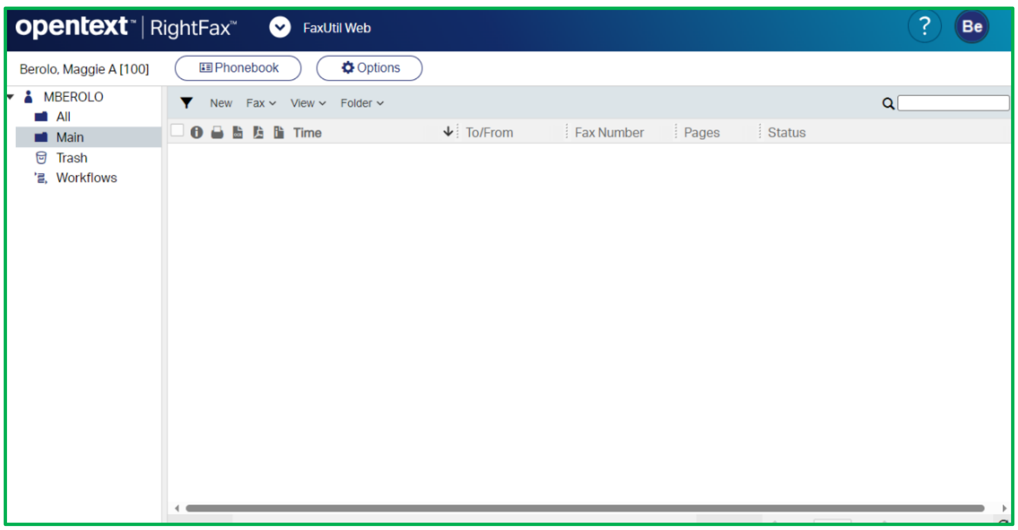


   - If you are NOT to receive inbound FAX messages, make sure to select the **No** radio button.

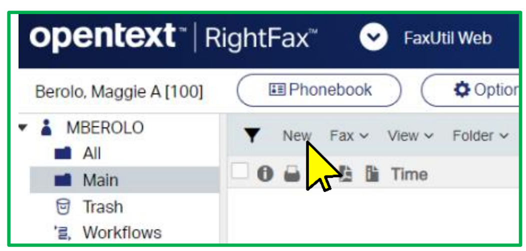
     Important! An inbound fax number is not required for you to have the ability to send electronic faxes.
   - Make sure that the **Fax Delivery File Format** you request is compatible with your Business Units needs.
6. Submit your request.

With Approved Access to RightFax:

1. Login using the following page: https://efxprodc.uhc.com/rightfax/user/
   - Save this page to your favorites / bookmarks for future use.
2. You will be directed to the main page once logged in:



To Fax:



1. Click “New”
2. Destination = Fax number
3. Name = named individual / facility name
4. Type cover sheet notes and add files/attachments as needed
5. Click Send

Urgent Calls + UEUV Workflows

Quick Links:

- Escalated Call Tree
- APC Responsibilities for Overseeing a UE
- Urgentivist Extender Urgent Visits (UEUV)
- Verbal Orders During a UEUV
- Medication Administration Cross Check
- Virtual Chaperone
- Palliative Pathway
- Tele-UV Call Flow
- Urgent Face-to-Face Request Call Flow
- Episodes of Care (EOC)
- Alert Care Patients
- United Health House Calls Patients
- KRS & Somatus Patients
- Historical Prospero Patients
- Medication Refill Criteria
- Patient Refuses ED Referral Workflow
- Patient Death at Home Call Flow

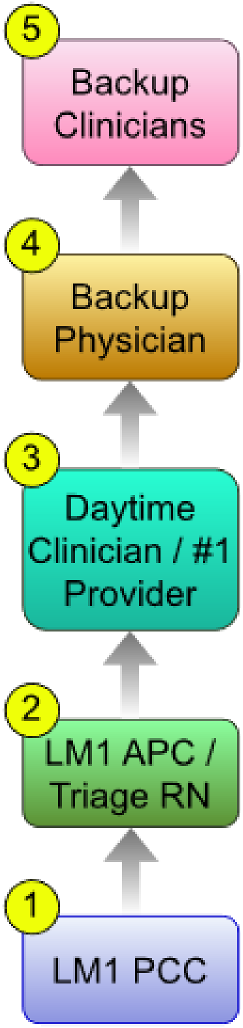
Training Tip:

You can learn more about managing specific appointments based on their type by reviewing the Managing Appointments section of our Administrative Call Flows document.

Training Tip:

You can view Market Cheat Sheets which provide information for scheduling UEUVs by selecting their links from the Markets Summary document, or visiting the Cheat Sheets document folder.

Escalated Call Tree



Escalate calls in sequence from 1 – 6 when applicable:

- Provider names will be listed in Humanity.
- If a provider does not answer, immediately move on to the next provider in the sequence to avoid delay in patient care.

LM1 Roles and Call Escalation:

- The LM1 RN may escalate a patient to an LM1 APC, on-call provider, or market physician.
- The LM1 APC may escalate a patient to the on-call provider or market physician for the following reasons:
    - If there is an urgent need.
    - Patient needs a face-to-face visit.
    - LM1 APC needs to collaborate with market provider.

During Business Hours (8:30 AM – 5:00 PM Local Time):

For UEUV requests:

1. Schedule UE in Ubiquity.
2. Post request on market's UV Teams page.
3. Send an email to lm1uehandoff@optum.com

To request a UV (no UEUV) post UV request to market UV Teams page.

After Business Hours (8:30 AM – 5:00 PM Local Time) + Weekends or Holidays:

If there is a UEUV working:

1. Schedule UE in Ubiquity.
2. Post request on market's UV Teams page.
3. Send an email to lm1uehandoff@optum.com

Needs UV before 11:00 PM:

1. Call the on-call provider.
2. Send a follow-up email to the provider.

After 11:00 PM + Needs UV and not urgent = can wait until AM.

Next day is a weekday = Post on UV Teams page.

Next day is a weekend or holiday:

Send an email to lm1followup@optum.com to request follow-up in the AM to verify patient still needs a visit.

APC Responsibilities for Overseeing a UE

- Be on Teams video and visible to the patient for the duration of the visit.
  - Unless IT issues inhibit video capabilities.
- Dress professionally from the waist up.
- APC to guide the pertinent physical exam while on video.
- Be in a clean, quiet environment, without interruptions.
  - HIPAA compliant.
  - You may utilize Team's backgrounds.
- Use the "Urgent Visit Oversight" status in Genesys.
- Use the "Urgent Visit Documentation" status in Genesys as needed.
- Document in real time.
- Communicate with the UV Team and UE in real time whenever possible.
- Guideline for time spent to complete UEUV is less than 45 minutes with up to 30 minutes for documentation, for a total of < 75 minutes.
- Complete an Urgentivist Extender evaluation once daily.

> **Training Tip:**
>
> You can review all of Landmark's expectations of self-presentation, office setting, HIPAA compliance, and more by reviewing the Company Policies & Guidelines section of the Administrative Process Manual.
>
> - Telecommuting Policy
> - Communication & Etiquette Policy

Overview:

Check	• Check the HPSI every time.
	• Check Humanity for scheduled UE every time based on HPSI information.
	  ○ If no UE is listed, call the on-call provider.
	  ○ Not all markets have UE on weekends.

Schedule	• Schedule patient for the first available UE time listed in Ubiquity.
	  ○ If they want a visit "when they get home" advise them to call back when available.
	  ○ Do not block UE schedules with preferred scheduling.

Post	• Post in the market's UV Teams:
	  ○ Tag the market and LM1 Oversight if UE oversight is needed.
	  ○ Always send handoff information to the LM1 dispatch team, even if you are managing oversight, just in case replacement is needed.
	  ○ Give a summary and avoid copy / pasting information.
	• ***After Business Hours:*** If an on-call provider is visiting the patient, do NOT post in teams. Send the on-call provider an email following your discussion.

Status	Go into "Urgentivist" statuses when the UE indicates they have made contact with the patient.
Reach Out	Reach out to a APC Lead Supervisor if you encounter difficulty with scheduling, overseeing, or any other aspects of this process.

APC Clearance for initial UEUV Oversight:

- APCs will need to have an LM1AMD ride along (RAL) for the 1st UEUV to be cleared to do them independently. (The AMD is there as a shadow)
- In the UEUV Teams post request the dispatchers match you with an AMD for clearance
    - If no one is available, post another request in subsequent UEUV requests.

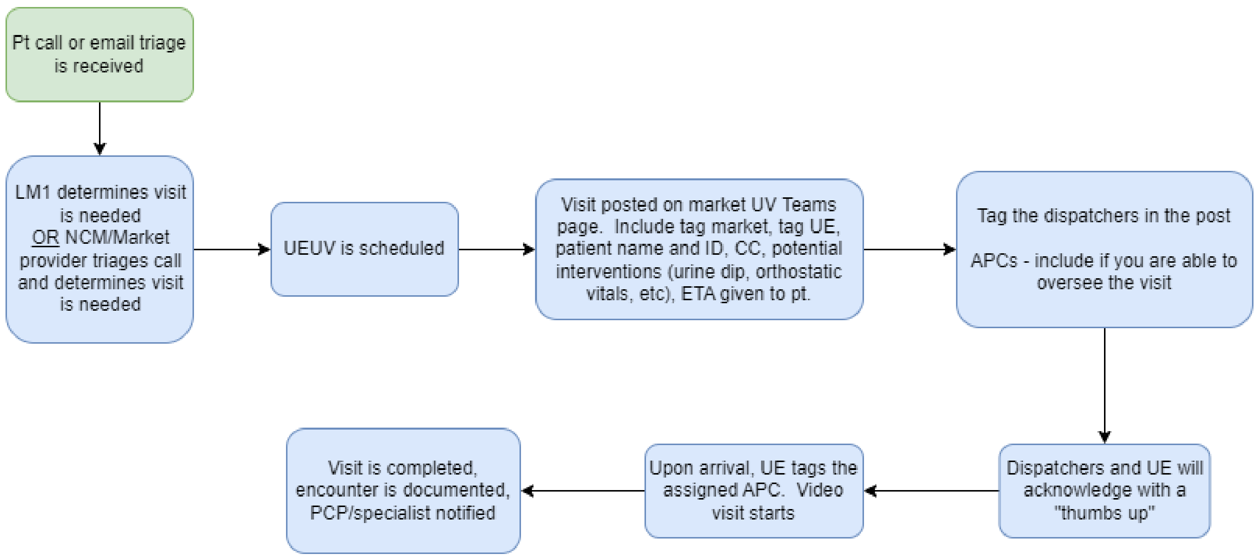
Urgentivist Extender Evaluations:

The LM1 APC is required to complete one (1) UE scorecard per shift. The APC can choose the UE they would like to evaluate.

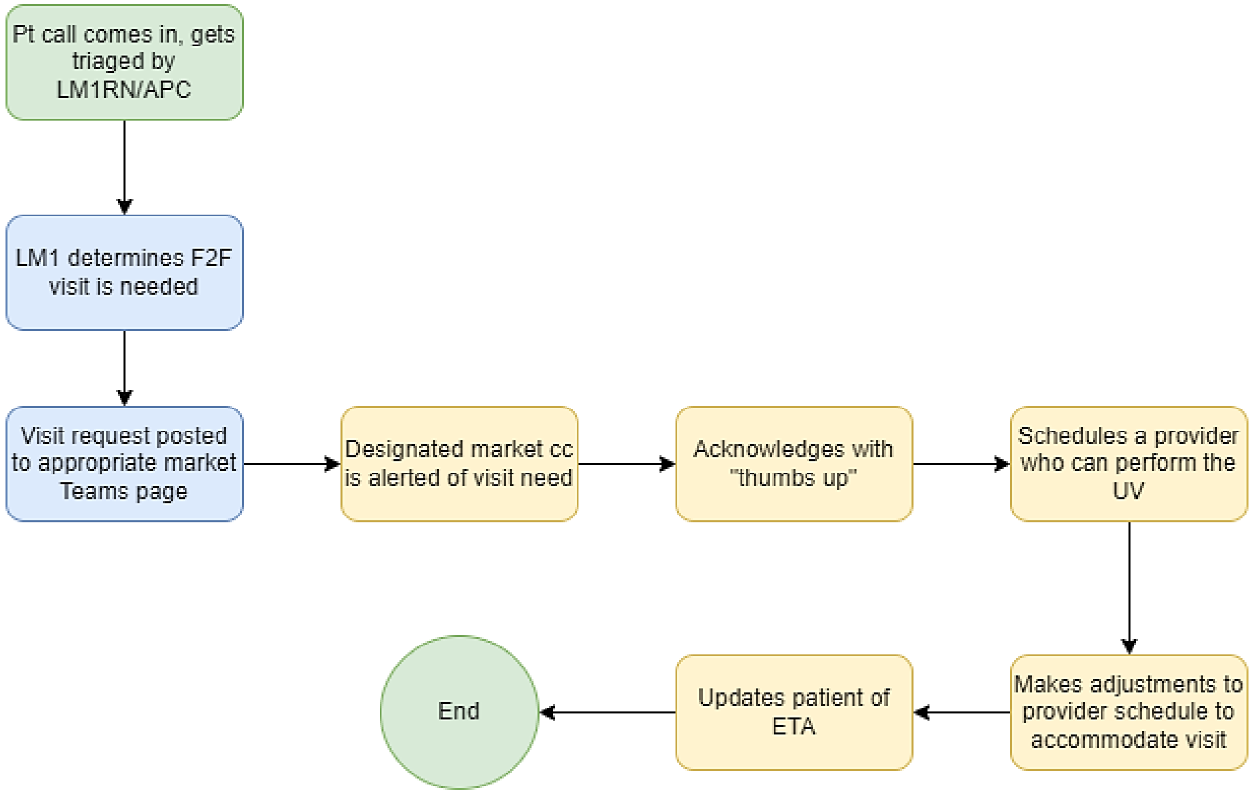
Link – UE Evaluation Form
(Link Pending)

Urgentivist Extender Urgent Visits (UEUV)

Urgent Visit Urgentivist Extender (UEUV) Workflow Overview:



Urgent Visit Request Workflow (*if there is no UE available*):



Urgentivist Extenders (UE):

The Urgentivist Extender (UE) is a supportive clinical role with a background as an LPN / LVN, RN, or Paramedic.

The UE will be conducting in-home visits to patients with Urgent Visit (UV) needs together with oversight of a Landmark provider (*Landmark First or Market APC or physician*). A telehealth platform (*Teams video call*) is used to provide medical direction for the visit and prescribing specific interventions for care such as:

- Medication administration.
- IV fluids.
- Obtaining specimens.
- Wound care.
- etc.

Role Responsibilities:

- Highly skilled LPN, RN, or Medic depending on market.
- Capacity to see patient's same day for urgent visits.
- Acts as eyes, ears, and hands of provider in the patient's home.
- Assist with medication reconciliation.
- Performs provider guided patient assessments, vital signs via tele video platform.
- Improves patient outcomes.

UEs MUST Have Clinician Oversight for ALL Patient-Care activities:

This includes urgent visits, wound care, lab draws, obtaining vital signs, patient medication organization, HgbA1c, immunizations, and other activities that otherwise require licensure.

Oversight should be done via MS Teams video with appropriate documentation in Ubiquity. If you are unable to use video because of technological limitations, please document your limitation and revert to audio-only or telephonic management.

- Where there is capacity, Landmark First will provide oversight.
  - All requests for oversight are to be posted on the market's UV Teams page, requesting oversight of a specific UE for a specific task.

UE Guidelines & Handbook Links:

Clinical reference for urgent visits and guidance:

Link – UE Guidelines
https://landmarkhealth.sharepoint.com/sites/Intranet/SitePages/Urgentivist-Extender-(UE)-Clinical-Guidelines.aspx

Link – UE Handbook
https://landmarkhealth.sharepoint.com/:b:/r/sites/KnowledgeBase/Operations/Operation Manuals/Urgentivist Extender Operations Manual/Urgentivist Extender (UE) Operations Manual.pdf?csf=1&web=1&e=BcjCLb

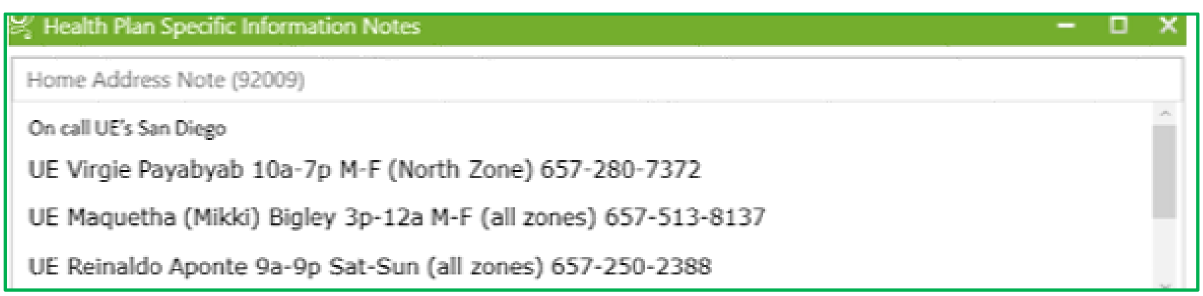
Contracted Urgentivist Extenders (*not employed by Landmark Health*):

- Will be identified in the patients HPSI of their UBQ chart.
    - Instructions for contacting the agency to schedule the visit will be in the HPSI.
    - A patient pre-visit summary will need to be downloaded from the patient's Ubiquity chart prior to contacting the agency.
- Workflow is different, available on markets UV Teams page in "Files".
- Market cheat sheets also good source, also available on markets UV Teams page in "Files".
    - California – Interim Health.
    - New York – local EMS.
    - PNW – several agencies.
    - Texas – Medstar and Acadian.

Scheduling an Urgentivist Extender Urgent Visit (UEUV):

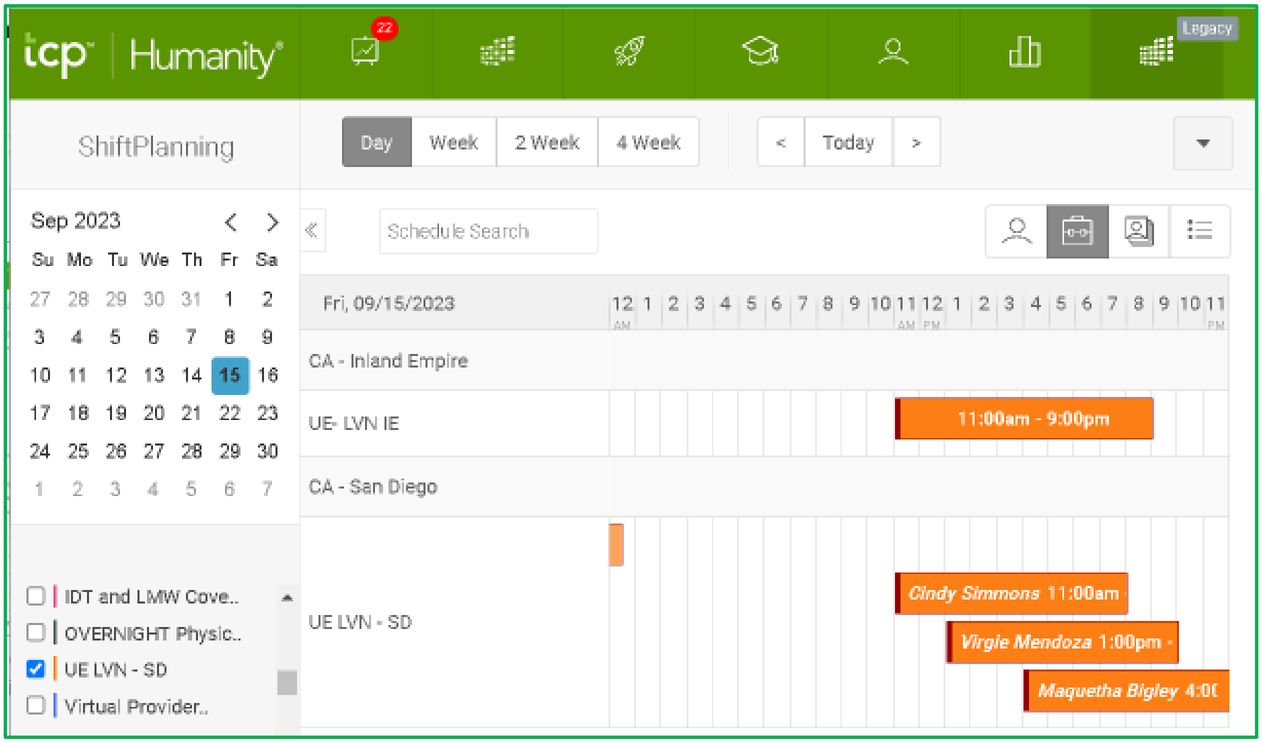
To be scheduled with patient prior to ending the triage call:

If two UEs are listed in the HPSI tab, then attempt to schedule with the first UE listed .



Identify UE Contacts in Humanity:

Times listed in Humanity will always show from YOUR TIME ZONE.



Attention – Promises of Treatment

Do not make any Plan of Care promises to patient. Instead, offer the following:

- *"Your provider will discuss the plan of care with you."*

Scheduling a UE in Ubiquity:

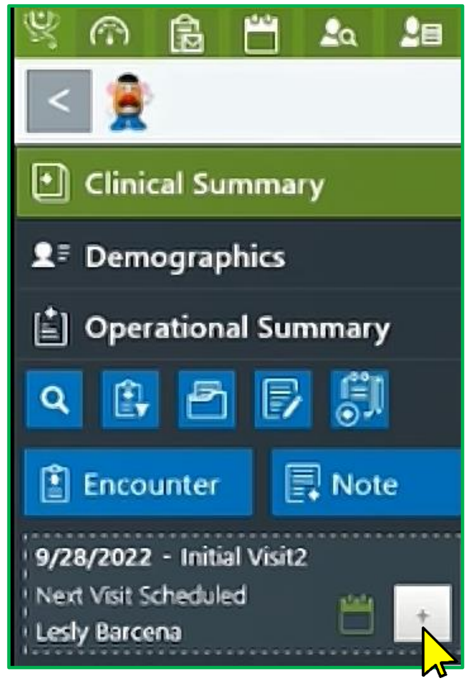
Link – Scheduling a UE (Video)

[Scheduling a UE Video Tutorial.mp4]

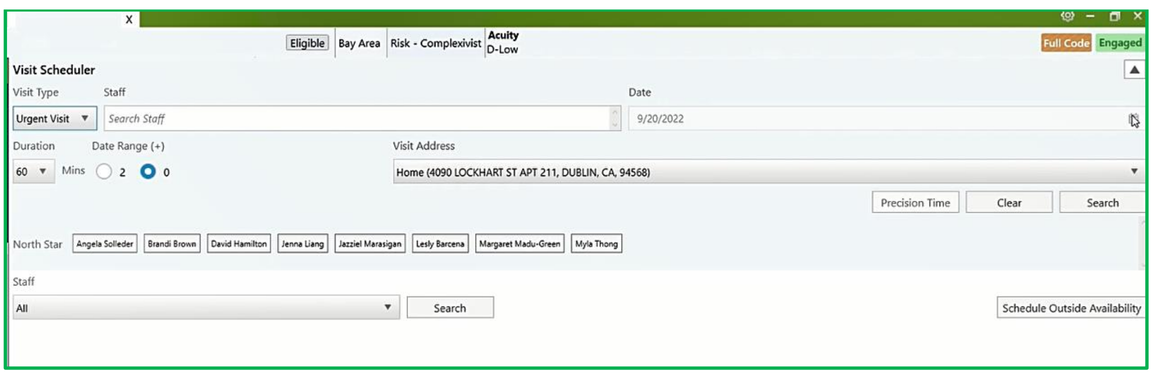
Link – Scheduling a UE in Ubiquity

[Urgentivist Extender Scheduling and Notifications.pdf]

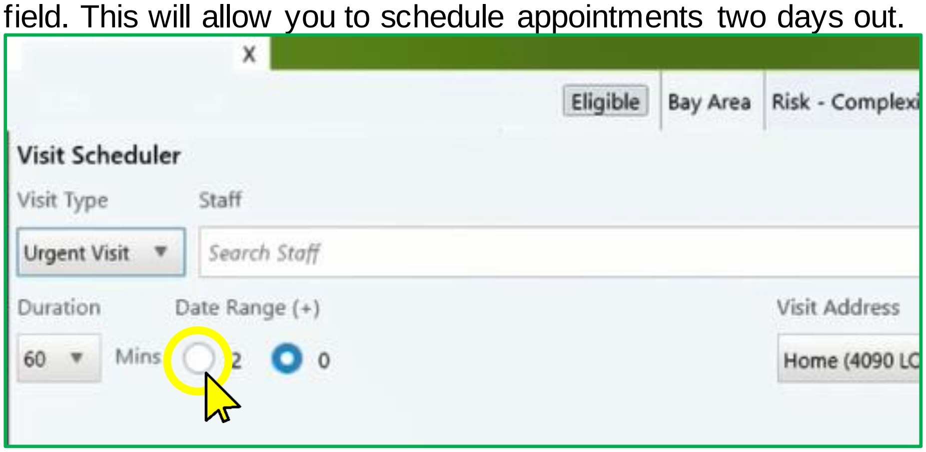
1. Open the patient's chart in Ubiquity and click the "+" icon beside the calendar shown in the left-side panel.



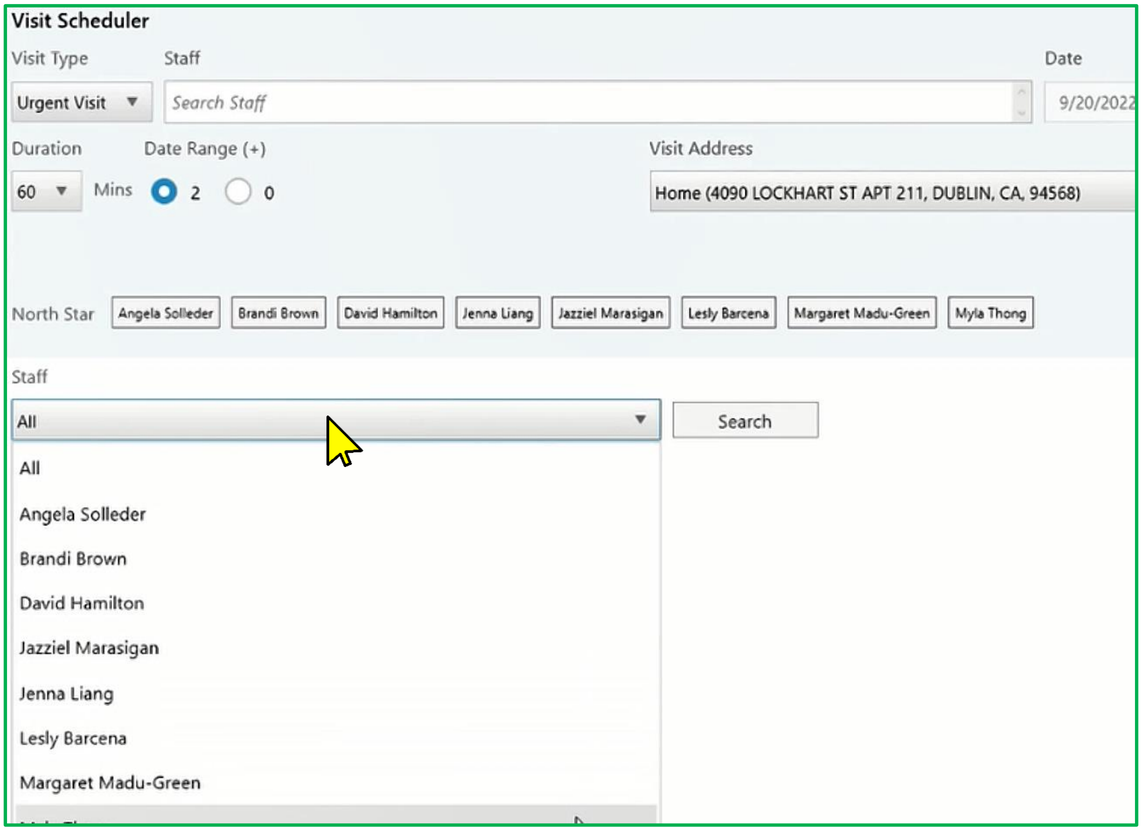
2. An appointment scheduling window will open with options to select a visit type, date, and provider:



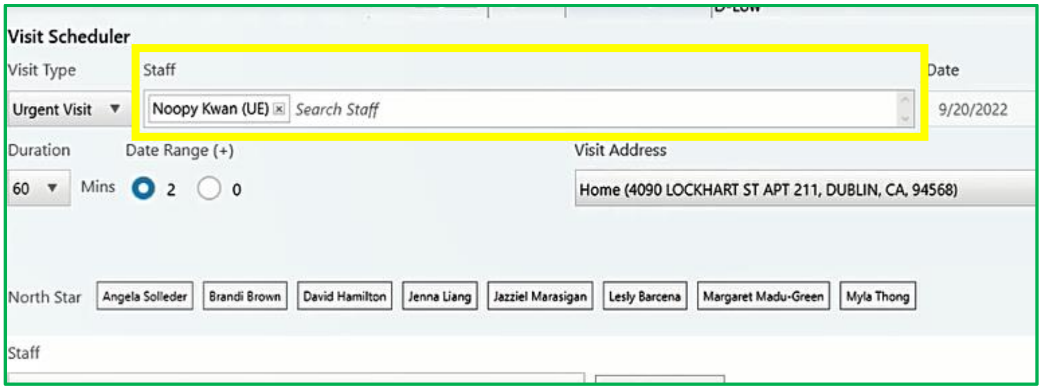
- If the "Date" field is grayed out, select the "2" option below the "Staff" entry field. This will allow you to schedule appointments two days out.



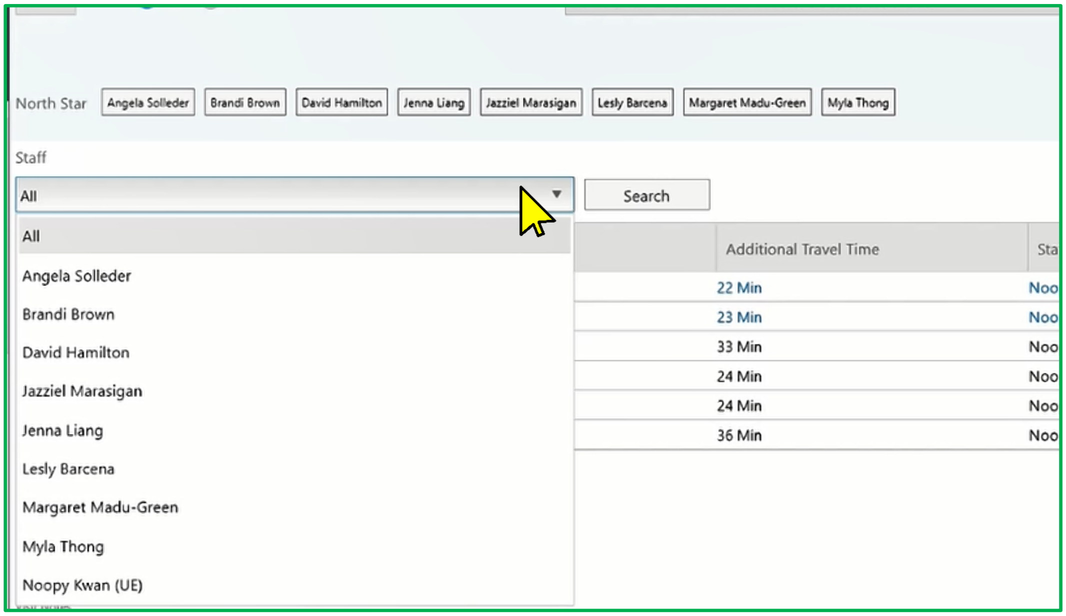
3. Double check that the patient's address listed in the scheduling window is correct. Verify with the patient during the call.
4. Select the staff member identified in Humanity to handle the visit.



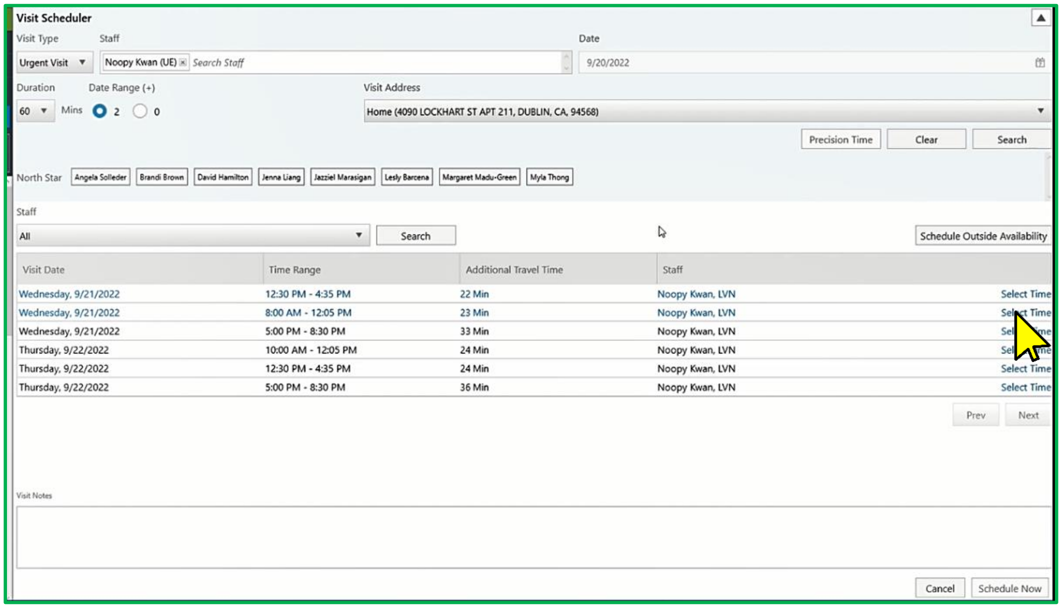
- If the staff member is not listed, search for the staff member in the "Staff" entry field.



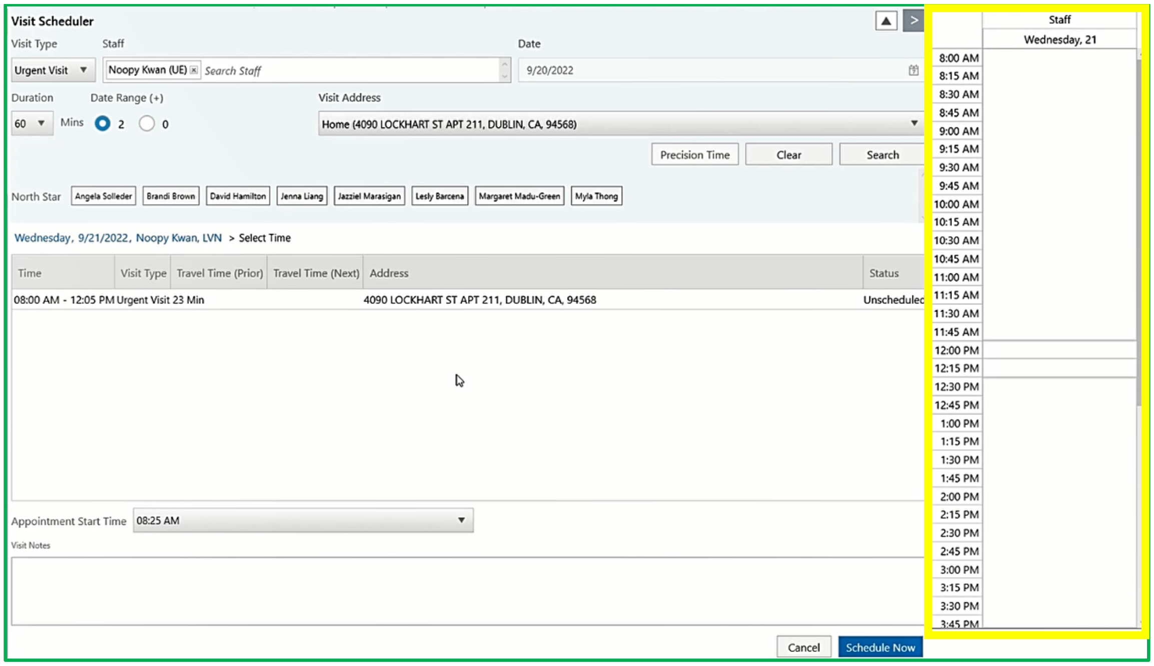
The provider's name will then appear in the staff listings:



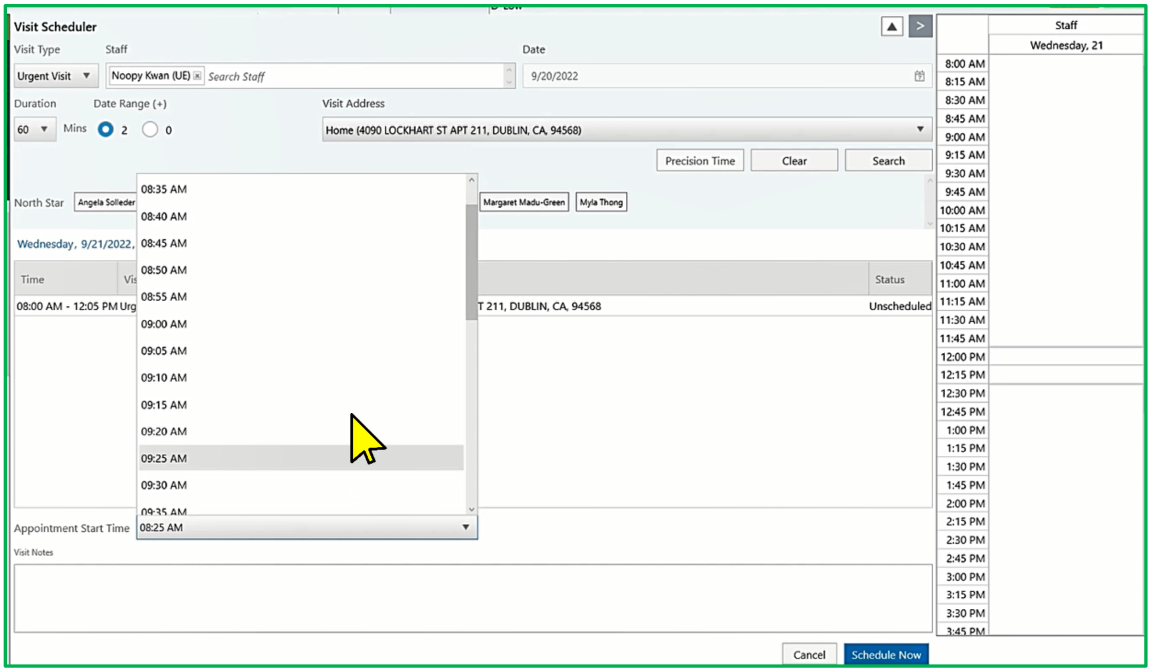
5. A list of possible appointment times will be generated once a staff member is selected.
   - Schedule the first available visit or next available visit for the patient.
   - Times listed will be in the patient's time zone.
   - Select an appropriate time and click the "Select Time" option to the right.



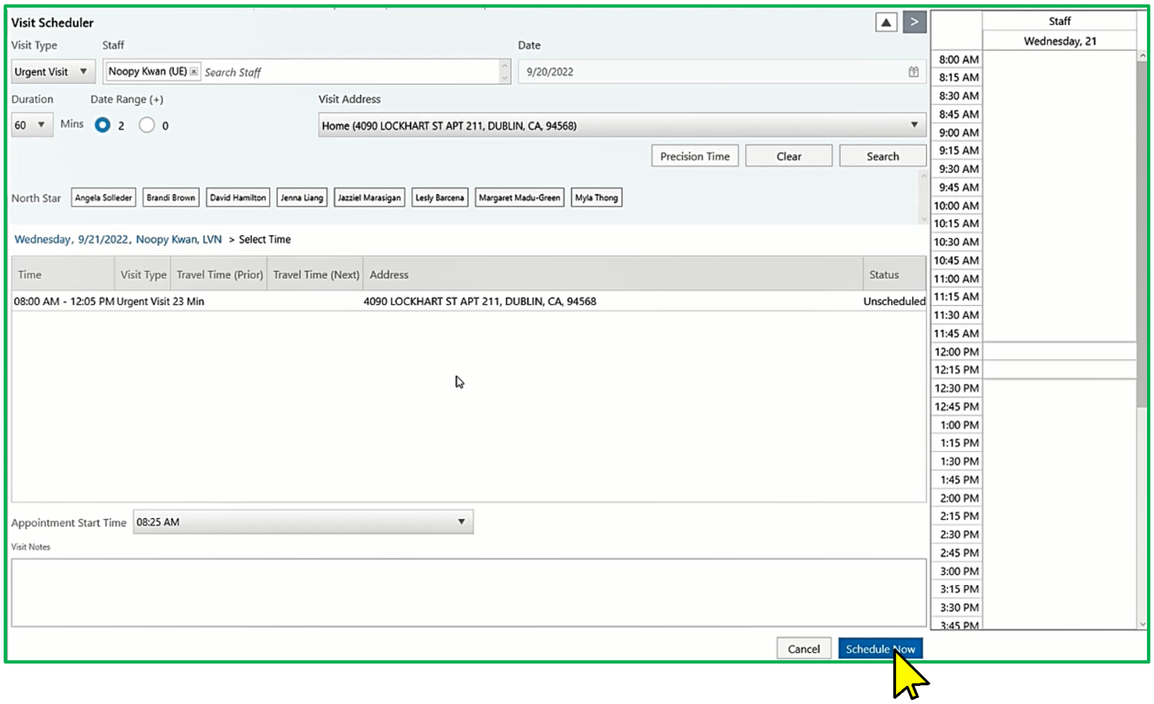
6. Selecting a time will prompt a final window to complete before scheduling.
    - Any other appointments the provider has will be listed on the right.



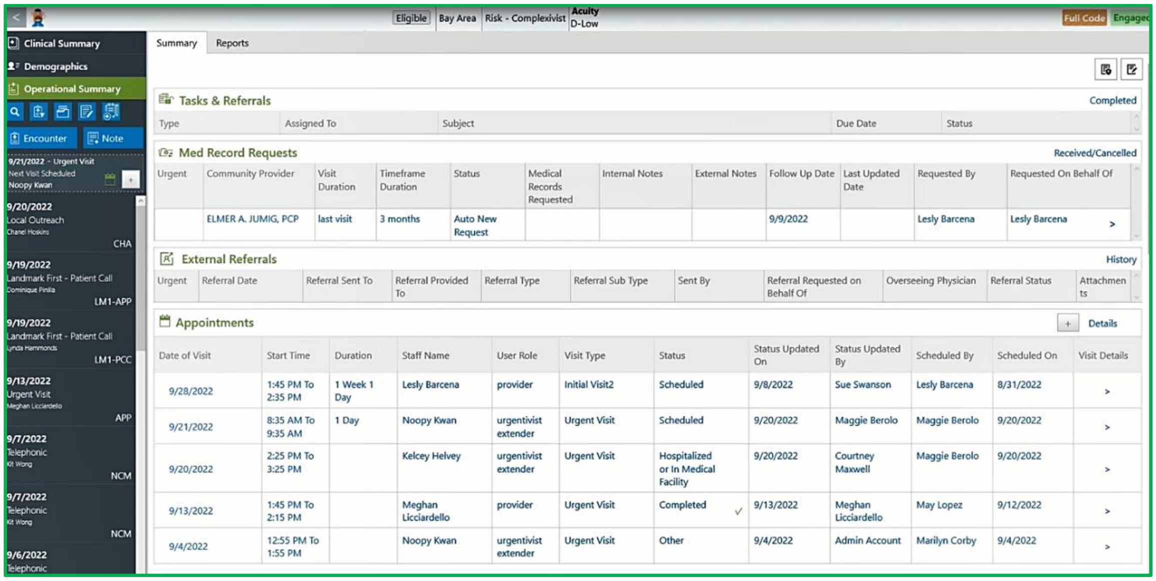
7. You can select a precise appointment time using the "Appointment Start Time" drop-down list:



8. Once you have double-checked the time selected and chosen an appointment start time, schedule the visit using the “Schedule Now” option.



9. The scheduled appointment can now be viewed and reviewed in the Operational Summary of the patient’s chart.



Once scheduled, provide patient with a 2-hour window ETA.

Posting a UEUV request in Teams:

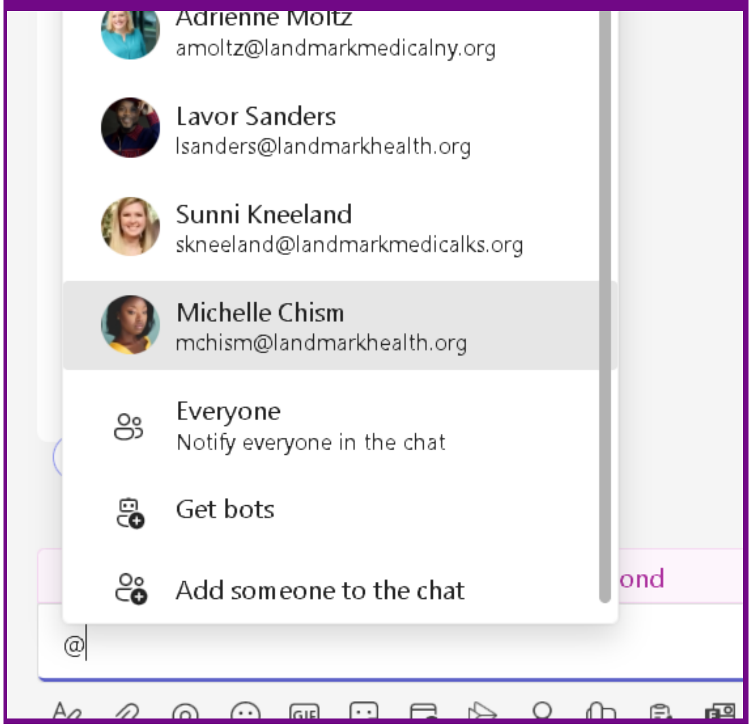
After it has been determined the patient needs a face-to-face visit and that there is a UE available, the request will need to be posted in the market's UV Teams page.

- Patient name and ID
- @*UVMarket*
- @*Individual Dispatchers*
- @*Assigned UE*
- Provide the ETA given to the patient
- Present a 1-2 sentence summary of the clinical need for the visit
- Appropriate seasonal illness screening outcomes

Post Guidelines:

- Limit your post to only the information needed.
- Long notes may cause UV CC to miss pertinent information, they are not clinical
- Once the visit request has been posted to the UV Teams page an email with visit details will need to be sent to the dispatchers at lm1uehandoff@optum.com.

Example – Tagging in Teams



Training Tip:

In a Teams chat or channel, type "@" to see a list of individuals or groups to tag into the chat.

That individual or group will be notified of the tag.

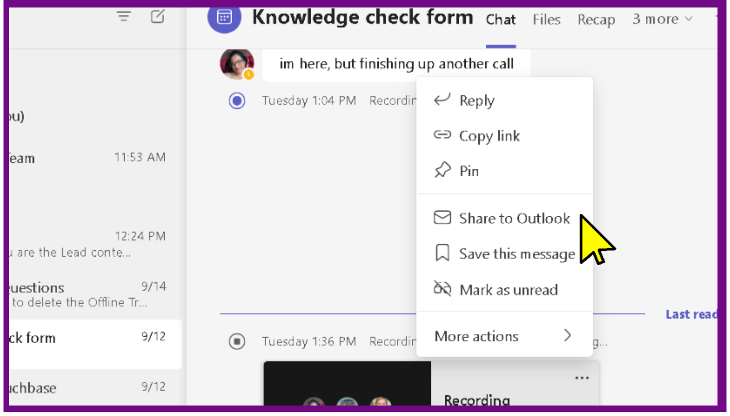
Sending UEUV request email to the Dispatchers:

After posting UEUV request to the market's Teams page an email with visit details will need to be sent to the dispatchers. This can be done one of two ways:

Option 1: Send a copy of the UEUV request to lm1uehandoff@optum.com via Outlook email.

Option 2: Send a copy of the UEUV request to lm1uehandoff@optum.com by using "Share to Outlook" in Teams.

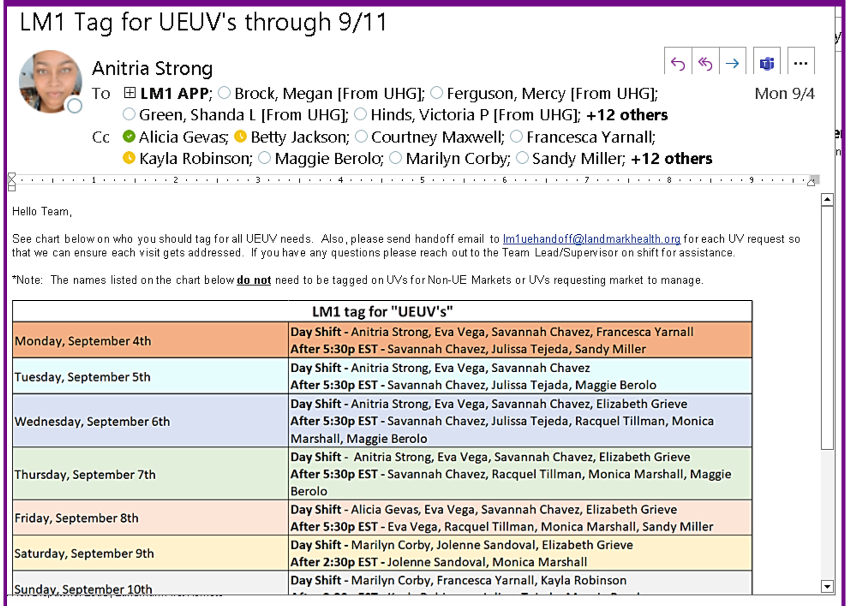
Example – Tagging in Teams



Identifying the Dispatchers to Tag in UEUV Requests on Teams:

The @LM1dispatchers tag is not working, the APC and RN will need to tag the dispatchers individually. The dispatcher schedule is sent via Outlook email and posted on the market's UV Teams pages at the beginning of each week.

Example – Email of Dispatcher Schedule



LM1 Tag for UEUV's through 9/11

Anitria Strong
To LM1 APP; Brock, Megan [From UHG]; Ferguson, Mercy [From UHG]; Green, Shanda L [From UHG]; Hinds, Victoria P [From UHG]; **+12 others**
Cc Alicia Gevas; Betty Jackson; Courtney Maxwell; Francesca Yarnall; Kayla Robinson; Maggie Berolo; Marilyn Corby; Sandy Miller; **+12 others**
Mon 9/4

Hello Team,

See chart below on who you should tag for all UEUV needs. Also, please send handoff email to lm1uehandoff@landmarkhealth.org for each UV request so that we can ensure each visit gets addressed. If you have any questions please reach out to the Team Lead/Supervisor on shift for assistance.

*Note: The names listed on the chart below **do not** need to be tagged on UVs for Non-UE Markets or UVs requesting market to manage.

LM1 tag for "UEUV's"	
Monday, September 4th	**Day Shift -** Anitria Strong, Eva Vega, Savannah Chavez, Francesca Yarnall **After 5:30p EST -** Savannah Chavez, Julissa Tejeda, Sandy Miller
Tuesday, September 5th	**Day Shift -** Anitria Strong, Eva Vega, Savannah Chavez **After 5:30p EST -** Savannah Chavez, Julissa Tejada, Maggie Berolo
Wednesday, September 6th	**Day Shift -** Anitria Strong, Eva Vega, Savannah Chavez, Elizabeth Grieve **After 5:30p EST -** Savannah Chavez, Julissa Tejeda, Racquel Tillman, Monica Marshall, Maggie Berolo
Thursday, September 7th	**Day Shift -** Anitria Strong, Eva Vega, Savannah Chavez, Elizabeth Grieve **After 5:30p EST -** Savannah Chavez, Racquel Tillman, Monica Marshall, Maggie Berolo
Friday, September 8th	**Day Shift -** Alicia Gevas, Eva Vega, Savannah Chavez, Elizabeth Grieve **After 5:30p EST -** Eva Vega, Racquel Tillman, Monica Marshall, Sandy Miller
Saturday, September 9th	**Day Shift -** Marilyn Corby, Jolenne Sandoval, Elizabeth Grieve **After 2:30p EST -** Jolenne Sandoval, Monica Marshall
Sunday, September 10th	**Day Shift -** Marilyn Corby, Francesca Yarnall, Kayla Robinson

Verbal Orders During a UEUV

During a UEUV, the UE will obtain orders from the Landmark First APC, market APC, or physician during the visit via the video call or telephonic call (if unable to connect to video call). In general, orders must be entered into Ubiquity as a "task" for the UE and acknowledged by the UE in Ubiquity prior to implementation.

Attention – Use of Verbal Order Procedure

- In rare circumstances, real-time order entry and confirmation may not be available. In this situation, the provider and UE should follow the "Verbal Orders" procedure.

Verbal Orders (*when unable to enter a task*):

1. The UE will write orders down in a field notebook / Ubiquity note, and then verbally repeat each order back to the issuing provider to verify the order(s) was / were received correctly read back using the following nomenclature:
   - Date & time
   - Verbal order
   - Provider name & credentials giving verbal orders.
   - UE name and credentials receiving verbal orders.
2. The provider will clarify any orders not understood as intended, the UE will again repeat the process of confirming the order until both UE and Provider agree.
3. The Landmark APC will document their orders in the Ubiquity Provider Documentation Section for the UV.
4. The Landmark APP will then copy and paste the order from Ubiquity into Microsoft Teams, directed to the UE.
5. The UE will verify that the order documented in Teams matches the verbal order just given.
6. The UE copies the order from Teams into their Ubiquity documentation.
7. Order is then carried out by the UE.
   - If this is a medication, refer to the Medication Administration Cross Check section.
   - The Landmark UE will document using the #UEVORB note.

Example – #UEVORB Note

UEVORB
Date:
Time:
VORB:
Provider name and credentials (giving orders):
Given verbal order(s):
The patient's agreement to the delivery of these orders/treatment plan: (Yes or No; reason for refusal)
The patient's response to the prescribed treatment

Medication Administration Cross Check (MACC)

Links & Resources:

Link – MACC Training & Attestation
MACC Training and Attestation

Link – Orders for the UE / Medication Safety (Video)
Orders for the Urgentivist Extender/Medication Safety - Video

Overview:

The purpose of the Medication Administration Cross Check (MACC) is to reduce medication administration errors. The procedure is specifically designed to catch errors such as:

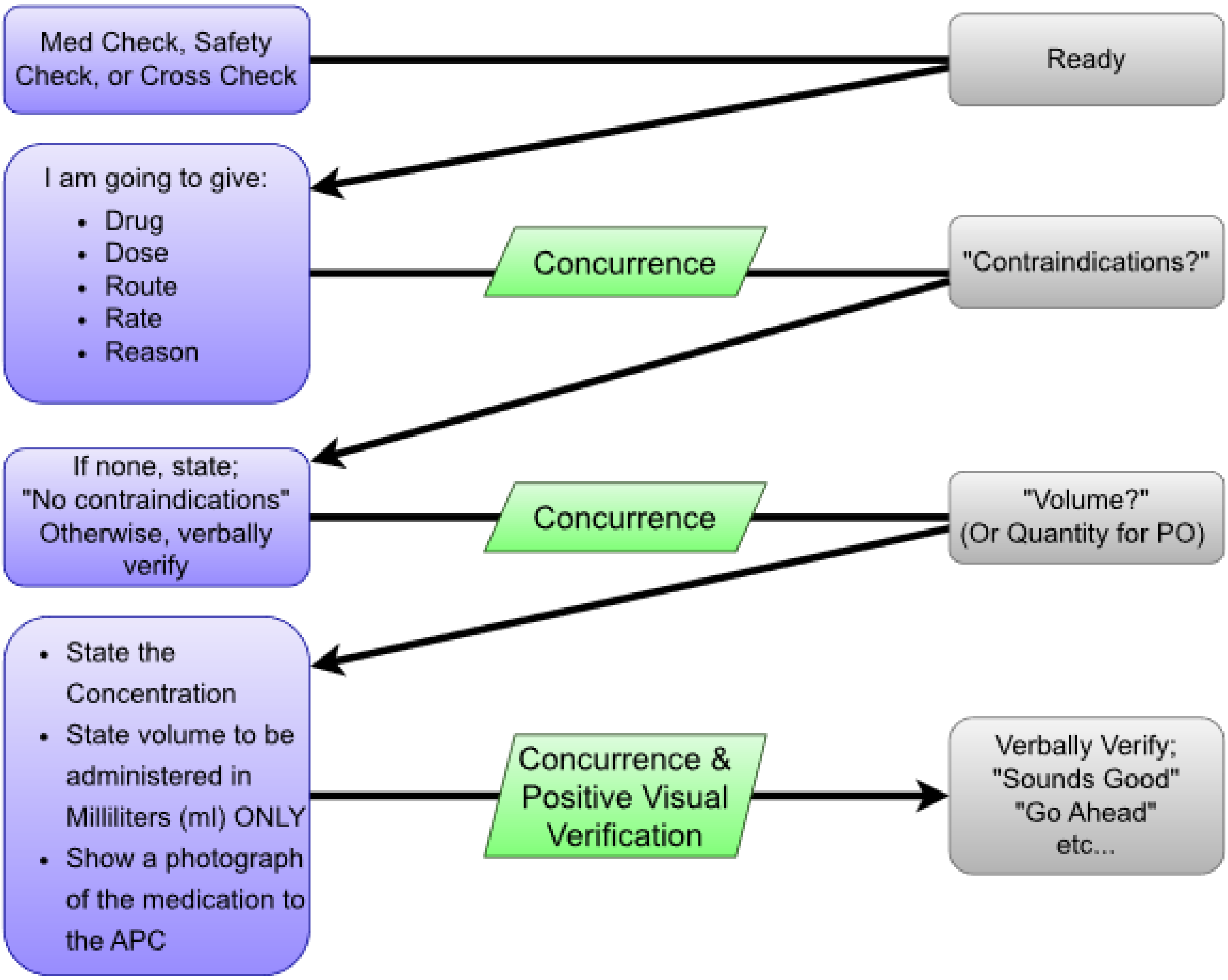
- Wrong drug (visual slip or mistake – skill-based error).
- Wrong dose (mistake – skill, rule, or knowledge-based error).
- Wrong concentration (slip – skill or rule-based error).
- Wrong volume to be administered (calculation – knowledge-based error).
- Wrong duration of administration (rule-based error).
- Wrong situation or reason for administration (contextual, rule-based error).
- Absolute and relative contraindications including known patient drug allergies, potential interactions, expired medication (contextual error – rule-based error).

Procedure:

1. After correctly verifying the medication order per the previous section, the UE then prepares to administer the medication.
2. The Cross Check should be accomplished ideally via video. In rare circumstances it can be accomplished via telephone. The expectation is, in most circumstances, that a photograph of the medication packaging is sent to the provider. This photograph may be reviewed after administration if technology will not permit its real-time transmission.
3. This procedure should ideally be conducted in a “sterile cockpit” approach. Explain to other people on scene that this needs to be accomplished without interruption or distraction.
4. UE verbalizes to the APC, “Cross Check”.

5. APC verbalizes "Ready" when they are ready to cross check.
6. UE verbalizes "I am going to give: Drug, Dose, Route, Rate, Reason."
7. APC checks that this reflects the order. If it matches, asks the UE "Contraindications?"
8. If none, the UE states "No contraindications." If there are contraindications, the contraindication is discussed between providers. a. Contraindications refers to verifying appropriate vital signs, patient allergies, expiration date of medication.
9. APC asks "Volume?" (or Quantity?" for PO medications)
10. UE states:
    - Drug name
    - Drug concentration
    - Volume to be administered in milliliters (do not state "amp" or "vial"); or if PO the number of tablets.
    - The UE then shows the medication label to the APC along with the syringe with medication.
    - The UE can "show" the medication by taking a picture and transmitting it, or by video.
11. APC verifies the information and if correct states "Sounds good, give it; go ahead; etc.)
12. If at any point there is a discrepancy, disagreement, or need for clarification, it must be resolved before continuing the cross check.
13. The MACC must be completed prior to administration of any medication.
14. Restart the MACC process if it is interrupted at any point.
15. Avoid ambiguous statements like "okay".
16. Be cognizant of Red Flags of Lost Situational Awareness:
    - Intuition or a "bad gut feeling"
    - Rushing
    - Poor communication or Ambiguity
    - Disagreement or Confusion
    - Task saturation
    - Trying something new under pressure
    - Interruptions
    - Preoccupation

MACC Visual Outline:



- “Contraindicators” include:
  - Verification of appropriate vital signs.
  - Known Patient Allergies
  - Expiration Date
- If there is a discrepancy, disagreement, or need for clarification at any time:
  - It must be resolved before continuing the Cross Check.
- Only an APC and authorize the administration of medication.
- The MACC must be completed prior to the administration of any medication.

Attention – Red Rule of Medication Administration
We have a duty to avoid causing unjustifiable harm: • *Never give the contents of a syringe that is not labeled or without visualizing the vial or ampule from which it was immediately drawn.*

Virtual Chaperone

Link – Virtual Chaperone Protocol

Chaperone UE Protocol

Link – Virtual Chaperone (Video)

https://landmarkhealth.sharepoint.com/:v:/r/sites/KnowledgeBase/Landmark%20First/New%20Storage%20Structure/Clinical%20Documents/Training/Video%20Tutorials/Training%20-%20Virtual%20Chaperone.mp4?csf=1&web=1&e=eXdLq3

Link – Virtual Chaperone Training Attestation

Virtual Chaperone Training – Video and Attestation

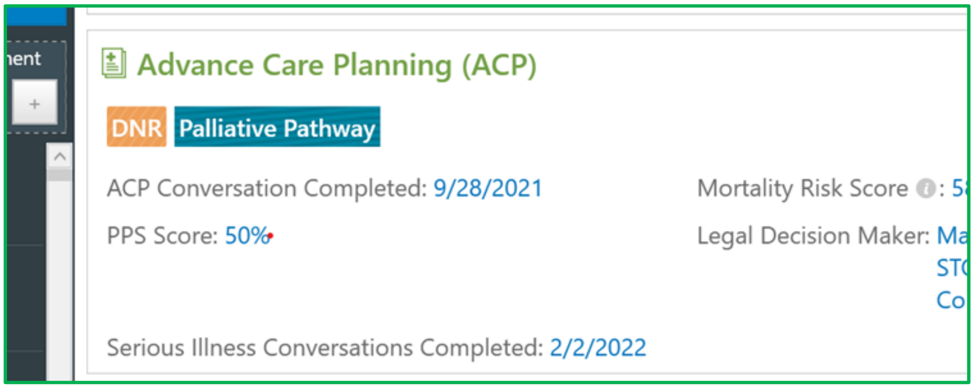
Palliative Pathway

Links & Resources:

Link – Introduction to Palliative Pathway
[Palliative Care Education.ppsx]

For Landmark First, there will be opportunities to ensure that management plans align with established goals of care. Note that this does not necessarily mean patients are comfort care or DNR/DNI.

Palliative Pathway patients can typically be identified by a banner in the Advanced Care Planning section of the clinical summary page. They will also typically have Palliative Prognosis visits in their encounters.



Tele-UV Call Flow

1. **APC Manages Tele-UV**
   **Required*

Actions:

- ➢ APC will manage if this is a minor complaint that does not require a face-to-face visit and can be managed telephonically.

2. **Documentation**
   **Required*

Actions:

- ➢ Document in Ubiquity.

Face-to-Face Visit Request Call Flow

1. Post UV / UEUV Request in Teams
**Business Hours*

Actions:

- DURING BUSINESS HOURS, post a UE / UEUV request in Teams.
- See below for the AFTER HOURS workflow.

2. Call the On-Call Provider
**After Hours*

Actions:

- Contact the on-call provider listed in Humanity.
- If unavailable, contact these alternate providers in the following order:
  - Backup Physician
  - Backup Clinician
- If you attempted warm transfers are not answered, attempt to schedule UEUV in Teams, if available.

3. Documentation
**Required*

Actions:

- Document in Ubiquity.

Episodes of Care (EOC)

An episode of care is opened with every initial urgent visit when a patient experiences a change in condition. Why? When our patients are experiencing an exacerbation of a previously diagnosed medical conditions, it should not be treated as an isolated encounter. We need to ensure they are returning to their baseline, or a new baseline is established.

What are the goals of the Episode?	Any IDT Needs?	Outside Referral	Acuity / EOL	Follow-Up on Patient Needs

• Return to Baseline
• Resolution of Symptoms
• No Adverse Events
• Avoid the ED / Admission
	• Social Work
	  ○ Financial, social, & living situation
	• BH Needs
	  ○ Mood / Substance
	• Dietary Referral
	  ○ DM
	  ○ Obesity / Cachexia
	• Pharmacy
	  ○ Med Review
	  ○ Deprescribing
	• Palliative / Hospice
	  ○ Referral
	  ○ Informational Visit
		• PT / OT
		• Wound Care
		• Visiting Nurses
			• Review Acuity
			• Palliative
				• Labs / Imaging
				• DME
				• Obtained Medication
				• F2F
				• Any Upcoming Visits
				• Gaps
				• Intensity
				• No Visits in more than 6 months

Choosing Episode of Care Level of Complexity:

- How likely are they to need Emergency Department evaluation based upon the complaint?
- Determines follow up cadence.
- Visits can be done telephonic or via UEUV.

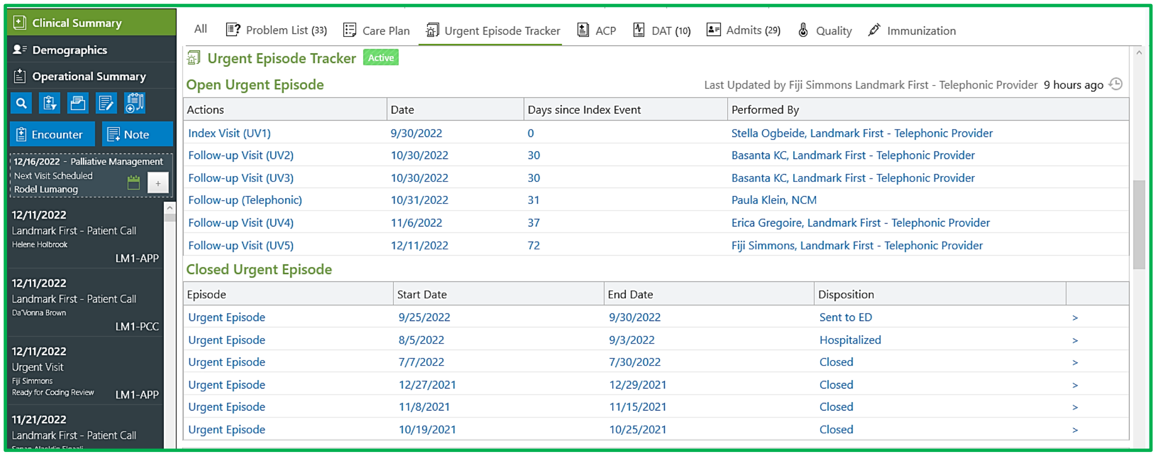
Considerations:

Considerations	**No Episode Triggered**	**Low**	**Medium**	**High**
Type of complaint	Simple, no intervention required	Straight-forward complaint	Not at high risk for decompensation	High risk for decompensation
Anticipated # of Provider Visits[1]	1 visit	1 to 2 visits	2 to 3 visits	3 or more visits
Anticipated NCM F/U	Next day follow-up call	Next day follow-up call	Next day call and follow-up as needed	Stagger daily touches with provider visits
Baseline Function or Acuity	Goes out, managing well. Typically acuity C/D	Goes out, managing well. Typically, acuity C/D	Vulnerable to mildly frail. Typically, acuity B/C	Mildly frail to severely ill (acute on chronic) Typically acuity A/B
Utilization Impact	• Avoided urgent care or clinic visit			• Avoided ER or hospital admission
Interventions done at visit	• None (e.g., BP check)	• No labs or imaging needed • No meds administered	• Labs or imaging might have been ordered • Landmark meds administered at visit (e.g., antibiotic, injections, IV)	
PCP/Specialist Communication	• Provider Home Visit Summary (PHVS) will be faxed	• PCP or specialist office notified at least once within episode, and PHVS via fax	• Communicate/collaborate with PCP or specialist at first visit and throughout episode to stabilize; likely require phone call or direct messaging	
Example situations	• Home safety or BP check, results within normal limits • Flu shots	• Rash • Uncomplicated fall	• UTI • Cellulitis • Medication adjustment/titration	• URI / Pneumonia • CHF exacerbation • COPD exacerbation
Evaluate for caregiver support as well as other social determinants such as housing, food, health literacy, and patient compliance. Involve Social Work team as appropriate.				

Urgent Visit Encounter opens UEOC:

Open UEOC should not be closed by LM1 APC (done by market team).

- UEOC should not be opened and then closed on the initial Urgent Visit by LM1 APC.
- UEOC should not be closed when sending patients to the ED.

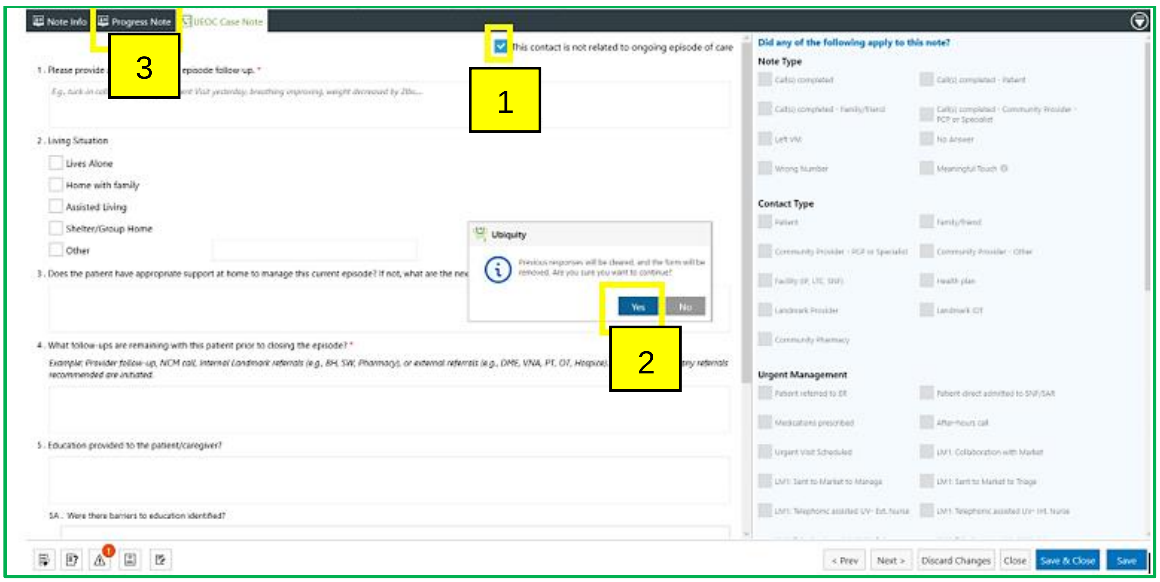


Current Open Episode of Care:

If there is a current Episode of Care open and you initiate a new note:

- You will need to click the box at the top-middle part of the screen stating, “This contact is not related to an ongoing episode of care,”
- Click “yes”.
- Navigate to the “Progress Note” tab, then “Case Note”.

You will then be able to document in the Case Note Form.



Alert Care Patients

Documentation on Alert Care patients is no different than any other patient. Complete your note or encounter in Ubiquity.

- You can use the Alert Care Hashtag, #ACLM1, "Reminded patient

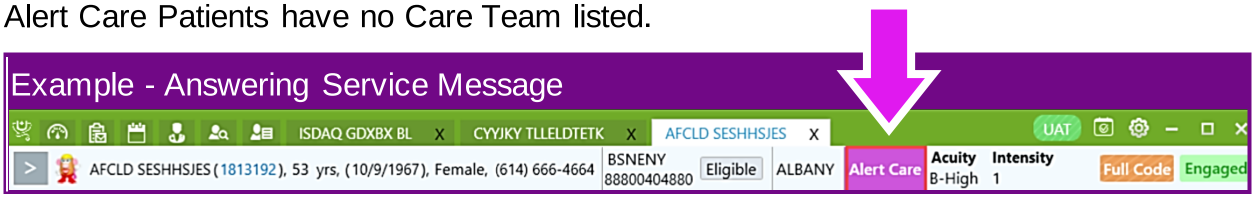
  (1) they can call Landmark 24/7 for any urgent situations and for urgent care visits, and;

  (2) for other needs reach out to their PCP or health plan."

Identifying Alert Care Patients:

Alert Care patients will have a purple indicator in the banner of their Ubiquity charts.

Alert Care Patients have no Care Team listed.



Alert Care Markets:

- NorCal
- Albany
- Buffalo
- Pacific Northwest (PNW)

How is Alert Care Different?

- No Interdisciplinary Resources:
  - Social Work
  - NCM
  - Pharmacy
  - Etc….
- No Care Team*:*
- Coordinate care through PCP if possible:
  - Use Encounters
  - Call directly
  - Have PCP order tests when possible.

Documenting:

- Create a note in Ubiquity:
  - Use the #ACLM1 Hash Key.
  - APC Lead Supervisors follow up with these patients.

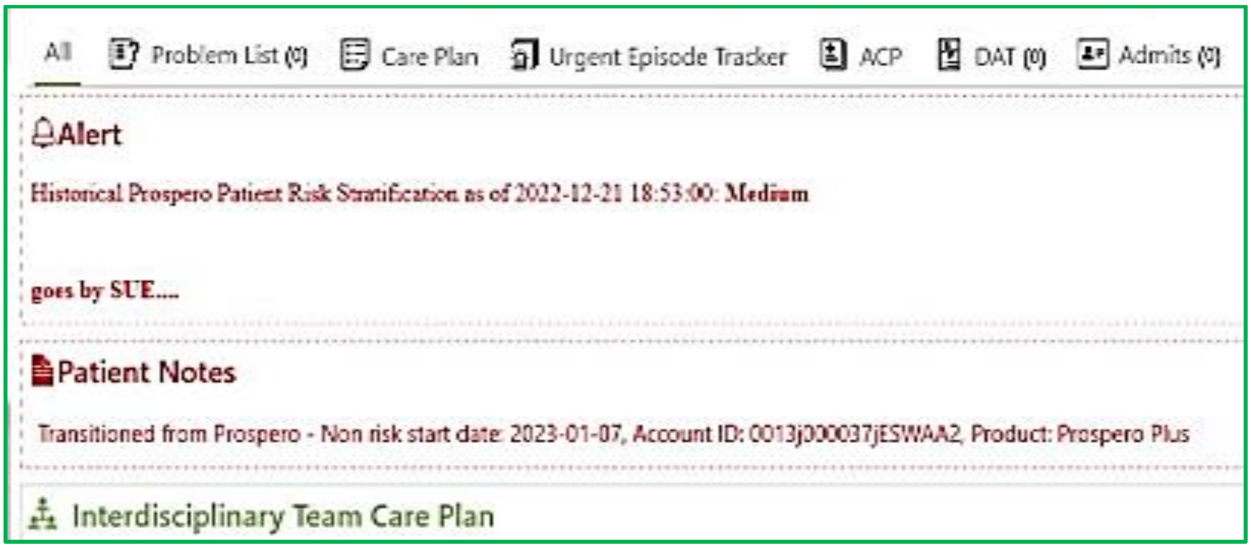
#ACLM1

Reminded patient (1) they can call Landmark Health anytime for any urgent situations and for urgent care visits and (2) for other needs reach out to their PCP

Historical Prospero Patients

Landmark / Prospero / Optum Unification	Prospero Transaction Completed
January 2023	June, 2023

Refer to Alert section and Document section of patient's chart to find additional patient and visit information.



Attention – Prospero Patient Call Flows
A patient’s historical status as ”Prospero” does not affect any call handling or call flows at this time.

United Health House Calls Patients

LM1 clinical staff are to triage these patients when they call in with an acute change in condition, even if they have not yet had their first face to face (F2F) visit with Landmark.

- If they have not yet had a face-to-face with Landmark, they will need to have a UVIV1 visit. This can only be done by a market provider.
- The workflow is as follows if it is determined the patient needs a visit and they have not yet had their first Landmark face to face visit:

During Business Hours:

1. **Post a UV Request in Teams**
   **Standard*

Actions:

- ➢ Post a UV request to the appropriate market's Teams.
    - Include "Patient former House Calls patient, needs to be seen by a market provider for UVIV1".

2. **Documentation**
   **Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

After Hours:

1. **Call the On-Call Provider**
   **After Hours*

Actions:

- ➢ Call the on-call provider listed in Humanity.
    - "requesting a face-to-face visit for a Housecalls patient who has not yet had their IV1 with LM."

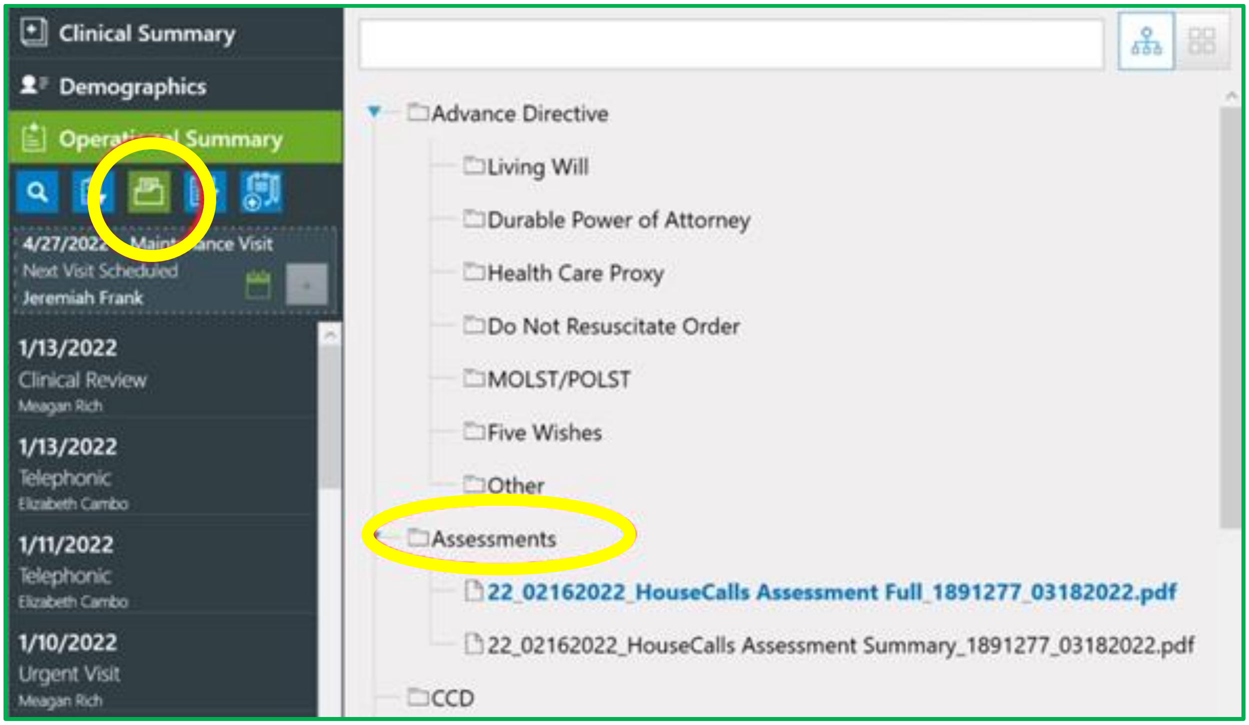
2. **Documentation**
   **Required*

Actions:

- ➢ Document and finalize your note in Ubiquity.
- ➢ Complete additional follow-up as needed.

Additional Information:

- House Calls Patients will appear as Engaged.
- No IV1 will be noted.
    - Additional House Calls assessment documents will be uploaded to the "Documents" section of Ubiquity.
    - Seen by House Calls and waiting for LM1 to see.
- Treat like UVIV:
    - We can assess but need face-to-face by a market provider.



KRS & Somatus Patients

Kidney Resource Services (KRS) is an Optum disease management program for UHC and UHC at Home patients with CKD 4+/ESRD.

Landmark is working with Somatus to provide care to ~15,000 patients with kidney disease CKD4+ in the following markets:

- Connecticut (CT)
- Georgia (GA)
- Illinois (IL)
- Massachusetts (MA)
- Maryland (MD)
- New Jersey (NJ)
- Oklahoma (OK)
- Rhode Island (RI)
- Tennessee (TN)
- Virginia (VA)

Link – KRS & Somatus Program Information

https://landmarkhealth.sharepoint.com/:p:/r/sites/KnowledgeBase/_layouts/15/Doc.aspx?sourcedoc=%7B859A91CA-4417-4B0C-BD28-B9647C8DA234%7D&file=Update%20on%20KRS%20%26%20Somatus%20-%20NLT%205.1.pptx&action=edit&mobileredirect=true&DefaultItemOpen=1

Medication Refill Requests

Overview:

Considerations:

We need to know WHY the patient is calling us for a refill as most pharmacies auto-notify for refill requests. When we are asked to refill a patient's medication, the following factors should be considered:

- Was the patient's medication lost or stolen?
- Has the patient been misusing or abusing their medication?
- Are there noncompliance issues to consider?
- Is the patient able to reach their Primary Care Provider or having issues communicating with their pharmacy?
- Refilling a medication will require an EOC to be opened, thus an Encounter must be created. This will notify the care team to follow up.

Refill Guidelines:

- For patients out of medications, provide a bridge of 2-4 days (or rarely a full refill) of critical med Rx.
- Attempts should be made to have the last prescribing provider refill, especially during normal business hours.
    - Landmark First APCs do not work M-F 8-5 schedules and will not receive subsequent refill requests in a timely manner.

Behavioral Health Medication:

Attempt to coordinate care with BH provider as you would with any other medication. Bridge only, and episode of care follow-up should include a focus on ensuring appropriate BH care and identifying and barriers to management.

Attention – Scheduled Medications
Landmark First cannot refill any scheduled medications. • This includes Lyrica and gabapentin.

Patient Refuses ED Referral Workflow

Consider using the "#LM1Refusal" hashtag:

Examples – #LM1Refusal Hashtag Text
I have discussed the risks, benefits, and alternatives to emergent/urgent evaluation in the ED/Urgent Care/PMD office, with recommendations to call 911. The patient/caretaker demonstrated the ability to understand my instructions and chooses to remain at home/call PMD in the morning. Offered an urgent visit (date, time if indicated) and the patient accepted/declines. The patient was advised that Landmark Health is available anytime for new or worsening symptoms.

IF the patient offers a good explanation and reasoning for not going:

1. **Determine Face-To-Face Necessity**
   **Conditional*

Actions:

- ➢ Attempt to schedule a face-to-face visit for the patient.

2. **Documentation**
   **Required*

Actions:

- ➢ Document in Ubiquity.

IF the patient lacks the capacity to make informed health decisions:

1. **Follow NENA 911 Contact Workflow**
   **Conditional*

Actions:

- ➢ Does the patient have dementia / Alzheimer's?
- ➢ Is the patient's judgment altered by intoxicants, medications, Hypo / Hyperglycemia, Cirrhosis, Seizure, Trauma, etc….?
- ➢ Suicidal Ideation / Homicidal Ideation (SI / HI)?
- ➢ Follow the Urgent Buzzwords Call flow which utilizes the NENA 911 phone number database.
- ➢ Contact 911 to perform a well check.
  - Full Call Flow: [The Call Transfer Flow Process.pdf]
    - ❖ Urgent Buzzwords Call Flow
    - ❖ Contacting Emergency Medical Services
    - ❖ Urgent Unresponsive Patient Call Flow
    - ❖ Suicidal Patient Call Flow

2. **Documentation**
   **Required*

Actions:

- ➢ Document in Ubiquity.

- Remain on the line until emergency personnel arrive at the patients home.
- If in a conference call with a patient and a dispatcher, do not disconnect the call, even if the dispatcher disconnects.

Unstable Vitals or Condition (*Reported Telephonically*):

1. Escalate the Call
**Conditional*

Actions:

- ➢ Prior to scheduling a Face-to-Face visit, attempt to reach a MD / DO who may then be able to confince the patient to accept the referral.

2. Documentation
**Required*

Actions:

- ➢ Document in Ubiquity.
- ➢ Include the name of the provider who accepted your transfer.

Unstable Vitals or Condition (*During UE Visit*):

1. Escalate the Call
**Conditional*

Actions:

- ➢ Add the MD / MO to the visit.

2. Documentation
**Required*

Actions:

- ➢ Document in Ubiquity.
- ➢ Include the name of the provider added to the visit.

Evenings / Nights:

1. **Assessments**
**Conditional*

Actions:

- ➢ Refusal is time sensitive?
- ➢ Does the patient live alone?
- ➢ Unclear on Capacity?

2. **Follow NENA 911 Contact Workflow**
**Conditional*

Actions:

- ➢ Does the patient have dementia / Alzheimer's?
- ➢ Is the patient's judgment altered by intoxicants, medications, Hypo / Hyperglycemia, Cirrhosis, Seizure, Trauma, etc.…?
- ➢ Suicidal Ideation / Homicidal Ideation (SI / HI)?
- ➢ Follow the Urgent Buzzwords Call flow which utilizes the NENA 911 phone number database.
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    - ❖ Contacting Emergency Medical Services
    - ❖ Urgent Unresponsive Patient Call Flow
    - ❖ Suicidal Patient Call Flow

3. **Documentation**
**Required*

Actions:

- ➢ Document in Ubiquity.

Patient Death at Home Call Flow

Scenario:

The following procedures and guidelines are to be followed when Landmark receives a call from a patient's caregiver who indicates the patient has passed away at the home.

They caregiver may inquire about "next steps" and how to handle the situation.

1. ***Express Sympathy:***

   Suggested Dialogue – *"I'm sorry for your loss."*

2. ***Instruct the Caregiver to Call 911:***

   Suggested Dialogue – *"You will need to call 911 and request a non-emergency response for an expected death at home."*

3. ***Document a Note in Ubiquity:***

   The Market will review and close the chart.