

Credentiailling, Licensing, & Metrics



Quick Links:

- [Collaborative Practice Agreements \(CPAs\)](#)
- [State Licensure & Health Plan Credentialing](#)
- [License Tracking & Updates](#)
- [OPS Information](#)
- [Landmark First Clinical Staff Metrics](#)
- [About Continuing Medical Education \(CME\)](#)

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."

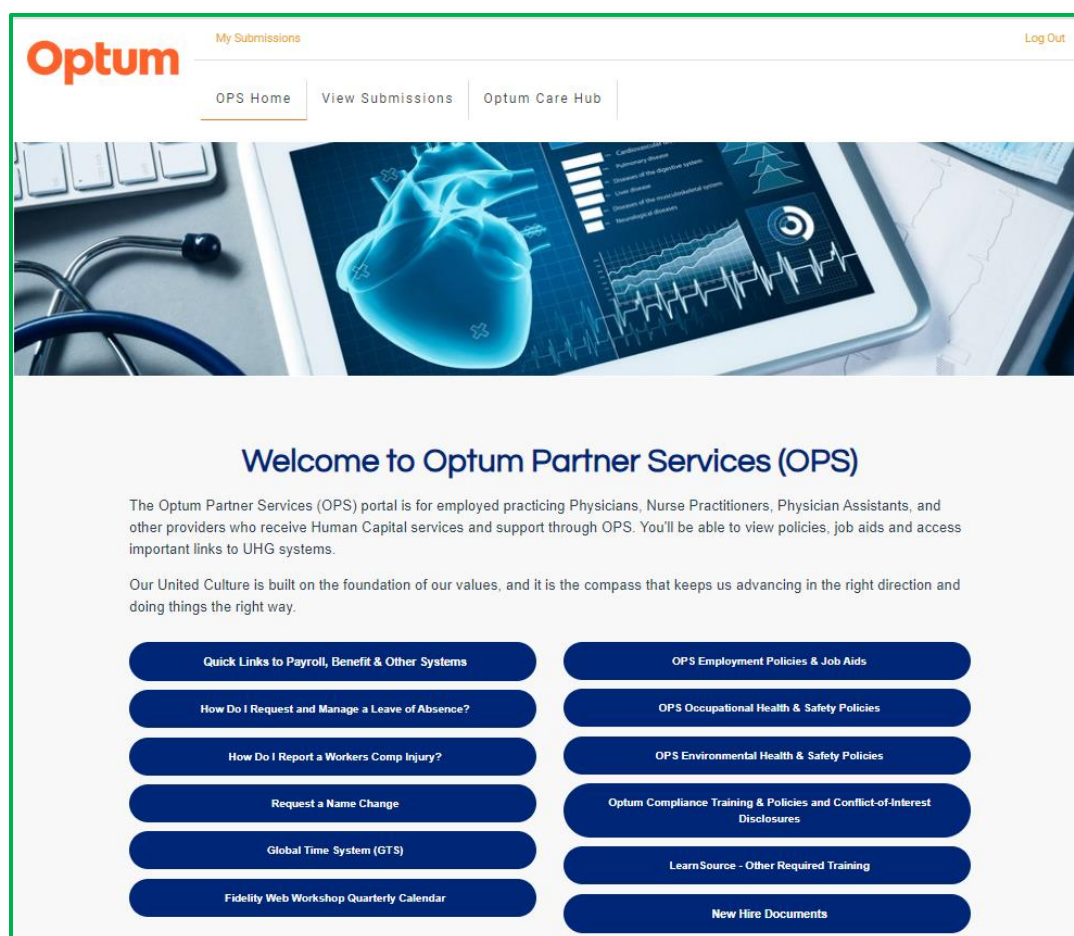
 Link – OPS Website

<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. <i>(Excluding patients who have same-day admittance based on Q3 claims)</i>
25%	Urgent Visits	74 Urgent Visits completed <i>(Including telephonic and tele-video)</i>
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:

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

Policy Applicability:

<i>Country</i>	All UHG Counties	<i>State/Territory</i>	All UHG States/Territories
<i>Employee Applicability</i>	Optum Home and Community APCs	<i>UHG Business Applicability</i>	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:

- o 4 paid CME/CEUs days (32 hours).
- o \$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:
 - o 2 paid CME/CEUs days (16 hours)
 - o \$1250 per calendar year
 - o 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 provides 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](#)