Credentialling, Licensing, & Metrics

Quick Links:

- Collaborative Practice Agreements (CPAs)
- State Licensure & Health Plan Credentialing
- License Tracking & Updates
- OPS Information
- Landmark First Clinical Staff Metrics

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."

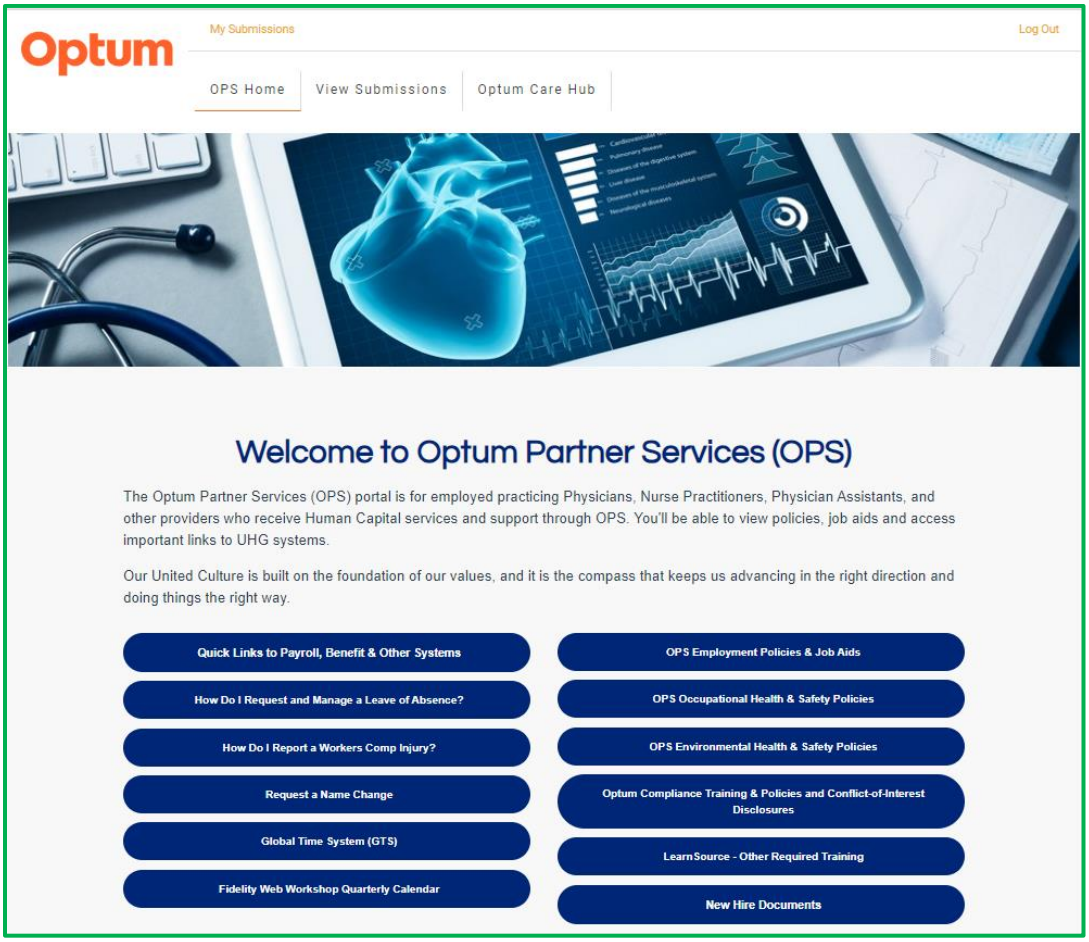
Link – OPS Website

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