



PALLIATIVE CARE

QUALITY IMPROVEMENT PROGRAM

DETAILED SPECIFICATIONS

2025

MEASUREMENT YEAR

Revised: November 6, 2025



Table of Contents

Program Overview	3
Participation Requirements.....	3
Patient Eligibility.....	3
Payment Methodology.....	3
Payment Dispute Policy.....	3
Program Timeline.....	4
Measure I. Avoiding Hospitalization and Emergency Room Visits.....	5
Measure II: Completion of POLST & Use of Palliative Care Quality Collaborative (PCQC) Tool	6
Measure III: Completion of a Palliative Care Survey	7
Payment Methodology Examples.....	8
Appendix I: Table of Hospital Admissions and Emergency Department Codes	13

Program Overview

Partnership HealthPlan of California has value-based programs in the areas of primary care, hospital care, specialty care, community pharmacy, and mental health. These value-based programs align with Partnership's organizational mission to help our members and the communities we serve be healthy.

In 2015, Partnership developed a pilot pre-hospice intensive palliative care program, called *Partners in Palliative Care*. The legislature of California passed a bill (SB 1004) in late 2015, requiring the development of a similar program as a statewide benefit for Medicaid. Implementation of this benefit occurred on January 1, 2018. In 2017, Partnership started the Palliative Care Quality Improvement Program (QIP) for providers.

Participation Requirements

All contracted Intensive Outpatient Palliative Care provider sites participating will be automatically enrolled in the Palliative Care QIP. Providers must have a Partnership contract within the first three months of the measurement year. The provider must remain contracted through the end of the measurement year to be eligible for payment. Provider sites must be in good standing with state and federal regulators as of the month the payment is to be disbursed. Good standing means that the provider site is open, solvent, not under financial sanctions from the state of California or Centers for Medicare & Medicaid Services.

Patient Eligibility

Providers may earn incentives from the Palliative Care QIP based on care provided to Partnership eligible members, 18 years or older, who have an approved Intensive Outpatient Palliative Care Treatment Authorization Request (TAR) on file. For more information about how members qualify for the program, please contact palliativeQIP@partnershiphp.org for a detailed policy.

Payment Methodology

The incentives provided through the Palliative Care QIP are separate and distinct from a palliative care provider site's usual reimbursement. Each provider site's earning potential is based on its volume of members approved for enrollment in the palliative care program. Please refer to the measure specifications for the incentive amount and payment calculation for each measure.

Payment Dispute Policy

Providers are strongly encouraged to review their Preliminary Reports during the designated preliminary review periods. If a provider does not notify Partnership of a calculation error during these periods, resulting in a potential underpayment or overpayment, the error may be corrected by Partnership post-payment through a formal appeal process. The formal appeal process is available for **up to 30 days after the provider has received their final payment statement**. Additionally, Partnership may recoup overpayments any time after payment is distributed. All formal appeal requests are reviewed by the Partnership's Executive Team.

Program Timeline

The Palliative Care QIP is administered in six-month measurement periods: Part I runs from January - June, and Part II runs from July - December. This document details the requirements and specifications for both Part I and Part II. Performance and payments are calculated at the end of each six-month period, and incentive payments are distributed four months after the end of each measurement period. Partnership HealthPlan of California reserves the right to adjust QIP payment timelines due to holidays and extensive validation processes.

Measurement Period		Payment Distribution
Part I	January - June	November
Part II	July - December	May

Measure I. Avoiding Hospitalization and Emergency Room Visits

Description

The number of members enrolled in the Intensive Outpatient Palliative Care program who were not admitted to the hospital and did not have an emergency department (ED) visit.

One goal of palliative care is to improve quality of life for both the patient and the family. For members who have serious illnesses and are in the palliative care program, we expect the palliative care team to be the first point of contact, which in turn minimizes unnecessary hospitalizations and emergency department visits.

Measurement Period

Monthly, from January to June for Part I, and July to December for Part II.

Target

Zero admissions or ED visits per member per month.

Specifications

\$240 per member enrolled in the Intensive Outpatient Palliative Care program per month, only if there are no hospital admissions or ED visits during that month.

Hospital admissions and ED visits are identified through data sources including encounters, claims, and treatment authorization requests (TARs) submitted to Partnership. Observation stays are included.

Refer to [Appendix I](#) for codes used to identify hospital admissions and ED visits.

Example: For a member who is enrolled in the program on February 25, seen in the emergency room on March 9, admitted from April 23 through April 30, and dies on June 2 at home, the number of months with no hospital encounters or ED visits is three (February, May and June). The palliative care provider site will be eligible for a total payment for avoiding hospitalization and ED visits of \$720.

Reporting Guidelines

Reporting by palliative care provider sites to Partnership is not required. Partnership will send preliminary reports after the end of the measurement year and prior to payment to help providers confirm and correct performance data, if needed. Providers can also request member-level reports of admissions and ED visits on an ad hoc basis.

Measure II: Completion of a Signed POLST

Description

To align best practices, the Palliative Care QIP includes an incentive for the completion of a signed Physician Orders for Life Sustaining Treatment (POLST).

The POLST was designed for seriously ill patients with the goal of providing a framework for health care professionals so they can ensure the patient received the treatments they want and avoid those treatments that they do not want.

Measurement Period

January to June for Part I, and July to December for Part II.

Specifications

\$120 per member enrolled in the palliative care program per month upon:
Completion of a signed POLST.

Example: A member is enrolled from February 25 to May 30. A signed POLST was completed in February. The palliative care provider site will be eligible for payment for the months of February through May for a total incentive of \$480 for completing a signed POLST.

Reporting Guidelines

Partnership will send palliative providers a report template containing a list of Partnership members enrolled in the palliative care program with their organization for the measure period. Palliative providers will use this report template to document all visit dates for their enrolled Partnership members, and which members completed a signed POLST. The palliative provider will submit the completed POLST template to the Palliative Care QIP team.

Measure III: Completion of a Palliative Care Survey

Description

The Palliative Care Survey measure assesses the experiences of patients who are receiving palliative care, and the experiences of their informal primary caregivers.

Since the Palliative Care Survey focuses on experiences of care, implementation of the survey supports the following national priorities for improving care:

- Involving patients and families in care
- Promoting effective communication and coordination

The Palliative Care Survey must be a composite of the following measures:

- Communication with Family
- Getting Timely Help
- Treating Patient with Respect
- Emotional and Spiritual Support
- Help for Pain and Symptoms (Priority measure)
- Training Family to Care for Patient

Measurement Period

January to June for Part I, and July to December for Part II.

Specifications

Palliative providers can earn \$240 per Partnership member enrolled in the palliative care program who was administered a survey within the measure period.

Palliative Care Survey Submission

- 1) Implement a survey within the measure period
- 2) Complete the Palliative Care Survey report template with the following information:
 - Indicate whether a palliative care survey was administered to the Partnership member within the measure period.
 - Document the date the palliative care survey was administered.
- 3) Submit a copy of the survey that was administered to Partnership members.
- 4) Measure Period I Survey submission is due **October 2025**.
- 5) Measure Period II Survey submission is due **April 2026**.

Reporting Guidelines

Partnership will send palliative providers a report template containing a list of Partnership members enrolled in the palliative care program with their organization for the measure period. Palliative providers will use this report template to document which Partnership members were administered a Palliative Care Survey. The palliative provider will submit the completed Palliative Care Survey template along with a copy of the survey that was administered to the Palliative Care QIP team.

Payment Methodology Examples

Measure I. Avoiding Hospitalization and Emergency Room Visits

Hospital admission claims data, emergency department visit claims data, and palliative care TAR approval data are used to configure a provider’s incentive payment for Measure I. These reports reflect data for the measure period being processed for payment.

Hospital admissions are identified by the “**ADMIT_DATE**” and “**DISCHARGE_DATE**” columns. These columns capture the duration of an inpatient stay.

Hospital Admissions '01jul2023'd and '31dec2023'd Based on Claims paid through 29MAR2024			
CIN	HOSPITAL	ADMIT_DATE	DISCHARGE_DATE
MEMBER #1	NO HOSPITAL ADMISSIONS		
MEMBER #2	NO HOSPITAL ADMISSIONS		
MEMBER #3	CLEARLAKE ADVENTIST HLTH	29JUL2023, 15AUG2023, 04SEP2023, 27SEP2023	05AUG2023, 21AUG2023, 06SEP2023, 02OCT2023
MEMBER #4	NO HOSPITAL ADMISSIONS		
MEMBER #5	NO HOSPITAL ADMISSIONS		
MEMBER #6	NO HOSPITAL ADMISSIONS		

Emergency department visits are identified by the “**ADMIT_DATE**” column. This column captures the day the member was seen in the emergency department.

ED Admissions '01jul2023'd and '31dec2023'd Based on Claims paid through 25MAR2024		
CIN	HOSPITAL	ADMIT_DATE
MEMBER #1	NO ED ADMISSIONS	
MEMBER #2	LAKESIDE HOSP SUTTER	26SEP2023
MEMBER #3	NO ED ADMISSIONS	
MEMBER #4	NO ED ADMISSIONS	
MEMBER #5	CLEARLAKE ADVENTIST HLTH	02SEP2023, 12OCT2023
MEMBER #6	NO ED ADMISSIONS	

Qualifying months for payment are identified by first looking at the TAR approval data for the member (highlighted in **gold above**). The TAR approval data determines the months the member had an approved TAR for palliative care within the measure period. Next, the measure period is reviewed to identify any hospital admissions and/or emergency department visits. There are six columns with the year and month which represent the measure period being processed for payment. Measure period months that are blank and are covered by a TAR approval qualify for payment (highlighted in **green below**). Measure period months that have a year and month noted indicate a hospital admission or emergency department visit and do not qualify for payment (highlighted in **red below**).

Examples:

Member #1 has TAR approval for the months September 2023 through December 2023. In looking at the measure period, Member #1 does not have any hospital admissions or emergency department visits from September 2023 through December 2023. The total number of months that qualify for payment is four months.

Member #3 has TAR approvals for the months of July 2023 through December 2023. There are hospital admissions and/or emergency department visits noted for the months of July 2023 through October 2023. Only November 2023 and December 2023 show no hospital admission or emergency department visits and only two months would qualify for payment.

UNIQUE_CINS	TAR Start Month	TAR End Month	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	Months eligible for Payment based on Start Month and End Month
MEMBER #1	202309	202312			No Hospital Admissions/ED Visits				4
MEMBER #2	202307	202312			202309				5
MEMBER #3	202307	202312	202307	202308	202309	202310			2
MEMBER #4	202307	202312							6
MEMBER #5	202307	202312			202309	202310			4
MEMBER #6	202307	202312							6

Measure II: Completion of a Signed POLST

Palliative care TAR approval data and POLST data submitted by palliative providers are used to configure a provider’s incentive payment for Measure II. These reports reflect data for the measure period being processed for payment.

Palliative care TAR data is reviewed to identify a member’s TAR approvals for palliative care during the measure period. The “**START_DATE**” column notes the TAR approval start date and the “**END_DATE**” column notes the TAR approval end date. These columns determine the duration of a TAR’s approval.

IOPC APPROVED TARS			
MbrCIN	AuthorizationNbr	START_DATE	END_DATE
MEMBER #1	TAR	➔ 19Sep2023	➔ 11Dec2023
MEMBER #1	TAR	12Dec2023	4Mar2024
MEMBER #1	TAR	5Mar2024	27May2024

POLST data submitted by palliative providers is reviewed to determine the qualifying months for payment for each unique member (highlighted in **gold below**). POLST completion is shown in the column titled “**POLST**”. An indication of one documents the completion of a POLST and an indication of zero documents when a POLST completion is not present. The column titled “**Visit_YrMnth**” indicates the months where a visit took place. “**POLST_Final**” column indicates the months that qualify for payment (highlighted in **green**).

Name	Visit_YrMnt	DOB	POLST	TarStatus	POLST_Final
MEMBEER #1	2024-07	11/2/1990	1	ValidTar	1
MEMBEER #1	2024-08	11/2/1990	1	ValidTar	1
MEMBEER #1	2024-09	11/2/1990	1	ValidTar	1
MEMBEER #1	2024-10	11/2/1990	1	ValidTar	1

Examples:

Member #1 has confirmed visit dates from July to October of the measure period (highlighted in **gold**). The “**POLST**” column shows a one (1) indicating there is a signed POLST (highlighted in **blue**). This member has a valid TAR that covers the measure period being processed for payment under the “**TARStatus**” column (highlighted in **orange**). The total number of months that qualify for payment is four months (highlighted in **green**).

Name	Visit_YrMnt	DOB	POLST	TarStatus	POLST_Final
MEMBEER #1	2024-07	11/2/1990	1	ValidTar	1
MEMBEER #1	2024-08	11/2/1990	1	ValidTar	1
MEMBEER #1	2024-09	11/2/1990	1	ValidTar	1
MEMBEER #1	2024-10	11/2/1990	1	ValidTar	1

Member #2 has confirmed visit dates from July to December of the measure period (highlighted in gold). The “POLST” column shows a one indicating there is a signed POLST beginning in September (highlighted in blue). This member has a valid TAR that covers the measure period being processed for payment under the “TARStatus” column (highlighted in orange). The total number of months that qualify for payment is four months (highlighted in green).

Name	Visit_YrMnt	DOB	POLST	TarStatus	POLST_Final
MEMBER #2	2024-07	2/25/1976	0	ValidTar	0
MEMBER #2	2024-08	2/25/1976	0	ValidTar	0
MEMBER #2	2024-09	2/25/1976	1	ValidTar	1
MEMBER #2	2024-10	2/25/1976	1	ValidTar	1
MEMBER #2	2024-11	2/25/1976	1	ValidTar	1
MEMBER #2	2024-12	2/25/1976	1	ValidTar	1

Measure III: Completion of Palliative Care Survey

Palliative care TAR approval data and palliative care survey data submitted by palliative providers is used to configure a provider’s incentive payment for Measure III. These reports reflect data for the measure period being processed for payment.

Palliative care TAR data is reviewed to identify a member’s TAR approvals for palliative care during the measure period. The “**START_DATE**” column notes the TAR approval start date and the “**END_DATE**” column notes the TAR approval end date. These columns determine the duration of a TAR’s approval.

IOPC APPROVED TARS			
MbrCIN	AuthorizationNbr	START_DATE	END_DATE
MEMBER #1	TAR	➡ 19Sep2023	➡ 11Dec2023
MEMBER #1	TAR	12Dec2023	4Mar2024
MEMBER #1	TAR	5Mar2024	27May2024

Palliative survey data submitted by palliative providers is reviewed to determine members who were administered a survey within the measure period (highlighted in **gold below**). Surveys administered are shown in the column titled “**Palliative Care Survey Administered**”. An indication of (Y) documents a survey was administered and an indication of (N) documents a survey was not administered. The column titled “**Date Survey Administered**” (highlighted in **green**) indicates the date the survey was administered to the member. Credit is applied when an indication of (Y), meaning yes a survey was administered, and the date of when the survey was administered within the measure period is documented.

Example:

Members #1 through #6 all have valid TAR approvals for palliative care for the measure period being processed for payment. Members #1 through #5 all have a (Y) indicating a palliative care survey was administered, along with the date the survey was administered. Member #6 has an indication of (N), meaning a survey was not administered and there is no survey administration date given. The provider will qualify for an incentive for members #1 through #5.

Palliative provider	Member Name	TAR start date	TAR end date	Palliative Care Survey Administered (Y/N)	Date Survey Administered
PALLIATIVE PROVIDER	MEMBER #1	8/21/2023	6/21/2025	Y	06/03/25
PALLIATIVE PROVIDER	MEMBER #2	5/7/2024	6/15/2025	Y	06/03/25
PALLIATIVE PROVIDER	MEMBER #3	9/29/2020	3/30/2025	Y	06/03/25
PALLIATIVE PROVIDER	MEMBER #4	10/17/2024	6/25/2025	Y	06/03/25
PALLIATIVE PROVIDER	MEMBER #5	12/7/2021	6/7/2025	Y	06/03/25
PALLIATIVE PROVIDER	MEMBER #6	2/21/2024	2/21/2025	N	

Appendix I: Table of Hospital Admissions and Emergency Department Codes

CLAIM TYPE	LOCATION CODE	SERVICE PROVIDER TYPE	DESCRIPTION	TYPE
H, HX	3		INPATIENT HOSPITAL	Admissions
H, HX	21		INPATIENT HOSPITAL	Admissions
H, HX	51		INPATIENT, PSYCHIATRIC FACILITY	Admissions
H, HX	61		INPATIENT, REHAB	Admissions
M, MX	23		EMERGENCY DEPARTMENT	ED
M, MX		15	COMMUNITY HOSP OUTPATIENT DEP	ED
M, MX		61	COUNTY HOSP OUTPATIENT DEP	ED