Enhanced Care Management (ECM) Quality Incentive Program (QIP)

2026 ECM QIP Kick-Off

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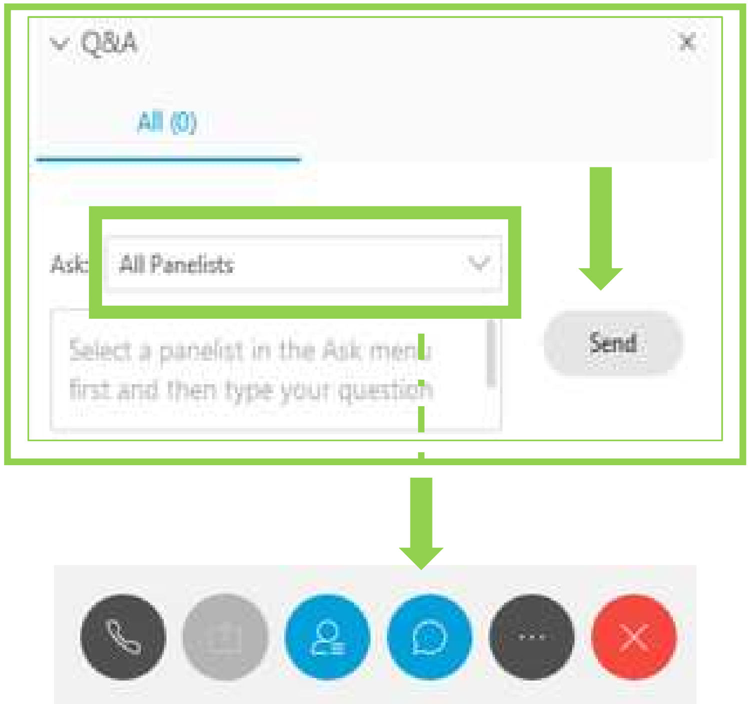
January 15, 2026

Instructions

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have any question(s) during the presentation, **please type your question in the CHAT BOX to: All Panelists.**
- We will respond to questions after the presentation, as time permits. Any unanswered questions will be included in a Q&A and published with this presentation on our ECM QIP webpage within 1-2 weeks after this webinar.



Agenda

- About Partnership
- Program Structure and Timeline
- Measurement Set
- Tips for Success
- Next Steps
- Questions

About Us

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

How We Are Organized

Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

Low administrative rate allows for Partnership to have a higher provider reimbursement rate and support community initiatives.

Local Control and Autonomy

A local governance is sensitive and responsive to the area's health care needs.

Community Involvement

Advisory boards participate in decision-making regarding the direction of the plan.

Program Structure

What is the Enhanced Care Management Quality Incentive Program (ECM QIP)?

- Partnership's ECM QIP is an extension of the CalAIM Enhanced Care Management benefit.
- ECM providers are incentivized with IPP funds for meeting program measures.
- Partnership has expertise in pay-for-reporting and pay-for-performance programs including our primary care, hospital, perinatal, long-term / extended care, and palliative care incentive programs.

Guiding Principles

Partnership adheres to the three guiding principles of the DHCS CalAIM program.

1. Identify and manage member risk and need through whole-person care approaches and addressing social determinants of health.
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Eligibility Requirements

Provider Eligibility

- Provider sites must have a signed Partnership ECM QIP contract/amendment in place to participate in the 2026 measurement year.
- Provider sites must be in Good Standing with state and federal regulators as of the month the payment is to be distributed.
- All “In Good Standing” details and requirements can be viewed in our ECM QIP Program Specifications on Partnership’s ECM QIP webpage.
- Partnership has the sole authority to further determine if a provider is in good standing.

Member Eligibility

- Partnership will run monthly eligibility reports after the close of each quarter to determine member eligibility for each month of the quarterly reporting period.
- Members not eligible in any of the months within the quarterly reporting period will not be included in the provider’s denominator for that month.

Payment Methodology

ECM providers are measured on the "Timely Reporting" Gateway Measure.

- Three monthly reporting files are scored for timeliness each quarter.
- Incentive rate: $100 per member per month per member per month (PMPM)

Incentives earned by meeting gateway measure are placed in incentive pool.

- Gateway score determines total incentive pool dollars available to earn in the remaining four program measures
- Providers can earn up to 25% of the incentive pool for each of the 4 measures, based on full or partial credit.

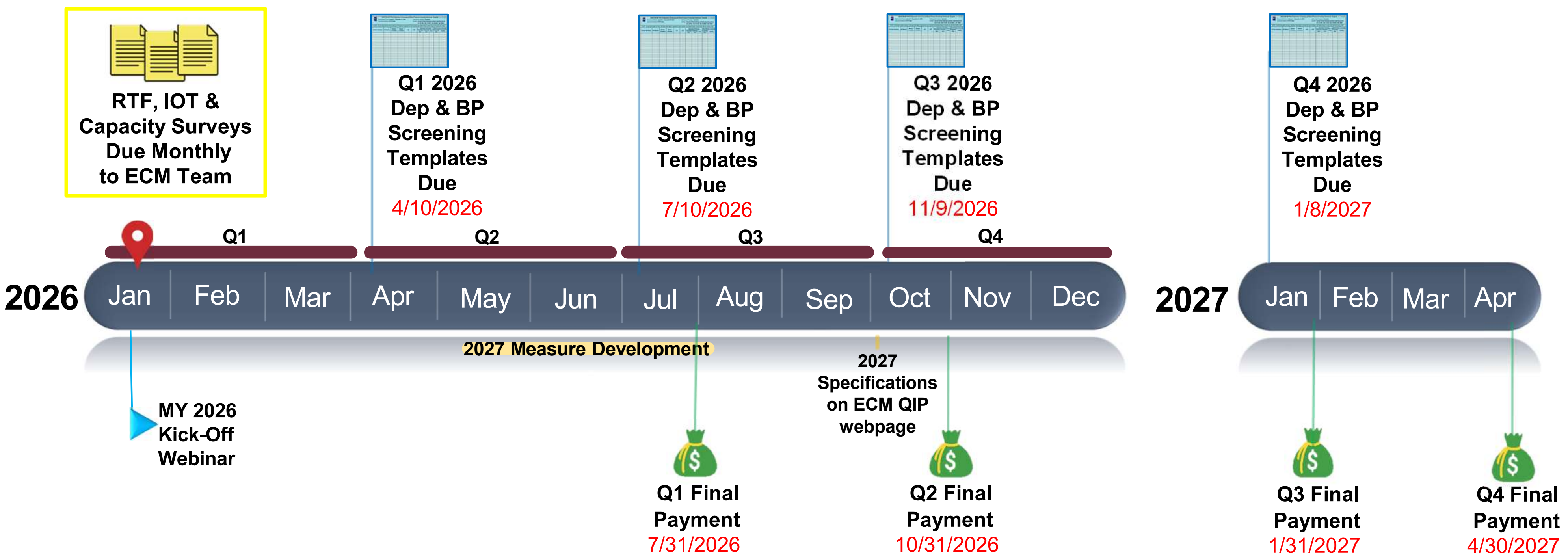
Examples

In January, a provider submits timely reports for 10 members.
Calculation: 10 members x $100 = $1,000 placed in the incentive pool.

A provider submits timely reports for 10 members for all three months of quarter.
Calculation: 10 members x $100 x 3 months = $3,000 placed in the incentive pool.

If provider meets Measures 1, 2 and 3 with full credit, but did not meet Measure 4, the provider will earn 75% of the incentive pool.
Calculation: $3,000 (incentive pool) x 25% (for each of the 3 measures met) = $2,250 total earned incentive payment for the quarterly reporting period.

2026 Program Timeline



Preliminary Payment Reports distributed 3-4 weeks before incentive payments are finalized.

2026 Measure Set

Measure	Deadline	Reporting Requirement
Gateway Measure: Timely Reporting		
ECM Provider Return Transmission File (RTF)	DUE MONTHLY	Provider submits RTF to CalAIM/ECM team via sFTP folder
ECM Provider Initial Outreach Tracker File (IOT)	DUE MONTHLY	Provider submits IOT to CalAIM/ECM team via sFTP folder
Provider Capacity Survey	DUE MONTHLY	Provider submits Capacity Survey the CalAIM/ECM team via Google Docs
Measure 1		
Care Plan and ROI upload into PointClickCare	Upload within 60 DAYS of TAR request date	Provider uploads documents into PointClickCare
Measure 2		
PHQ-9 Depression Screening	DUE QUARTERLY	Provider submits template via sFTP folders
Measure 3		
Blood Pressure Screening	DUE QUARTERLY	Provider submits template via sFTP folders

Gateway Measure: Timely Reporting

Description: The gateway measure determines the number of dollars available for the other program measures. Providers submit monthly reports to Partnership's ECM Team:

- Reports for Return Transmission File (RTF)
- Initial Outreach Tracker File (IOT)
- Provider Capacity Survey

Timely Reporting Requirements	Incentive Pool
All three (3) required reports submitted on or before due date	100% incentive dollars placed in incentive pool ($100 PMPM)
All three (3) required reports submitted up to one (1) week or five (5) business days past due date	50% incentive dollars placed in incentive pool ($50 PMPM)
Any submission(s) not submitted within the five (5) business days	No incentive dollars placed in incentive pool

Our Enhanced Health Services Department's ECM Team handles all monthly reporting files.

Measure 1

Care Plan and ROI Upload into PointClickCare

Description: Providers are required to upload a Care Plan and Request for Information (ROI) form into PointClickCare within 60 days of TAR request date or TAR renewal request date.

- Providers may use their own ECM ROI form; however, the form must contain same elements as Partnership ROI form.

Targets: Full credit: $\geq$ 70%
Partial credit: 60 - 79%

Exclusions: None

Reporting Guidelines: Provider must upload both documents into PointClickCare. No submission to Partnership is required. Partnership will audit PointClickCare for evidence of documents.

Measure 2

PHQ-9 Depression Screening

Description: Depression screening using Patient Health Questionnaire-9 (PHQ-9) is required for all ECM enrolled members, ages 12 years and older.

- Screening scores from previous quarters can be used if:
  1) the score was captured within 12 months; and
  2) the previous score was normal. If score was 15 or higher, screening must be completed every quarter until result is normal.
- The Patient Health Questionnaire-2 (PHQ-2) tool may be used to complete screening; however, if score is 3 or higher, screening must be completed again using PHQ-9 tool.
- Other Tool Options: PHQ-9(OV), GDS, PHQ(A)

Targets: Full credit: $\geq$ 90%
Partial credit: 80 - 89%

Exclusions: Members 11 years of age and younger

Reporting: Submit "PHQ-9 Depression Screening and Blood Pressure Screening Template" quarterly to sFTP folder by 2nd Friday following each quarterly reporting period.

Measure 3

Measure 3: Blood Pressure Screening

Description: Blood pressure (BP) screening needs to be completed for ECM enrolled members, ages 18 years and older, regardless of prior diagnosis of hypertension. Screening must be by in-person visit by ECM staff, clinic visit, or patient use of Partnership approved home Blood Pressure kit.

Screening scores from previous quarters can be used if:

1) the score was captured within 12 months; and
2) the previous result was normal. Normal blood pressure is either SBP less than 140, or DBP less than 90.

If previous result was either SBP greater than 140 -or- DBP greater than 90, screening must be completed every quarter until result is normal.

Targets: Full credit: $\geq$ 80%
Partial credit: 70 - 79%

Exclusions: Members 17 years of age and younger

Reporting: Submit a “PHQ-9 Depression Screening and Blood Pressure Screening Submission Template” quarterly to sFTP folder by 2nd Friday following each quarterly reporting period.

Screening Template
(for use with Measures 2 & 3)

PHQ-9 Depression Screening and Blood Pressure Screening Submission Template

2026 ECM QIP PHQ-9 Depression Screening and Blood Pressure Screening Submission Template *(rev.12/1/2025)*

Measurement Period: **January 1 - December 31, 2026**
Submission Method: **sFTP Folder**

Submission Frequency: **Quarterly**
Deadline: **Second Friday following quarterly reporting period**
Q1: 4/10/26 Q2: 7/10/26 Q3: 10/9/26 Q4: 1/8/27

NOTE: Include all enrolled members. All below information is required for each member. Incomplete entries or input errors will not receive credit.

Member CIN	Member First Name	Member Last Name	Member DOB	Provider Site Name	Provider NPI	Depression Screening			Blood Pressure Screening	
						Screening Date	Screening Tool	Score	Screening Date	Reading

Measure 4

Timely Review of ED/Admissions Notifications

Two-part measure with a focus on reviewing notifications received in PointClickCare when members visit emergency department (ED) or are admitted to hospital. Providers are required to set up ED and Admissions notification alerts in PointClickCare (Part 1) and review notifications within 72 hours of receiving notification alerts (Part 2).

Part 1: ED/Admissions Notifications Set-up *(NEW ECM Providers only)*

Description: As a prerequisite for participation in Part 2 of this measure, providers are required to set up the Notification Alerts function in PointClickCare®.

Targets: Full credit: Notifications are set up properly
No partial credit

Exclusions: None

Reporting: No reporting to Partnership required

Part 2: Timely Review of ED/Admissions Notifications

Description: Providers are required to review notifications received in PointClickCare® within 72 hours of receiving notification alerts. Of note, 72 hours includes holiday weekends.

Targets: Full credit: ≥ 70% reviewed notifications
Partial credit: 60 - 69% reviewed notifications

Exclusions: None

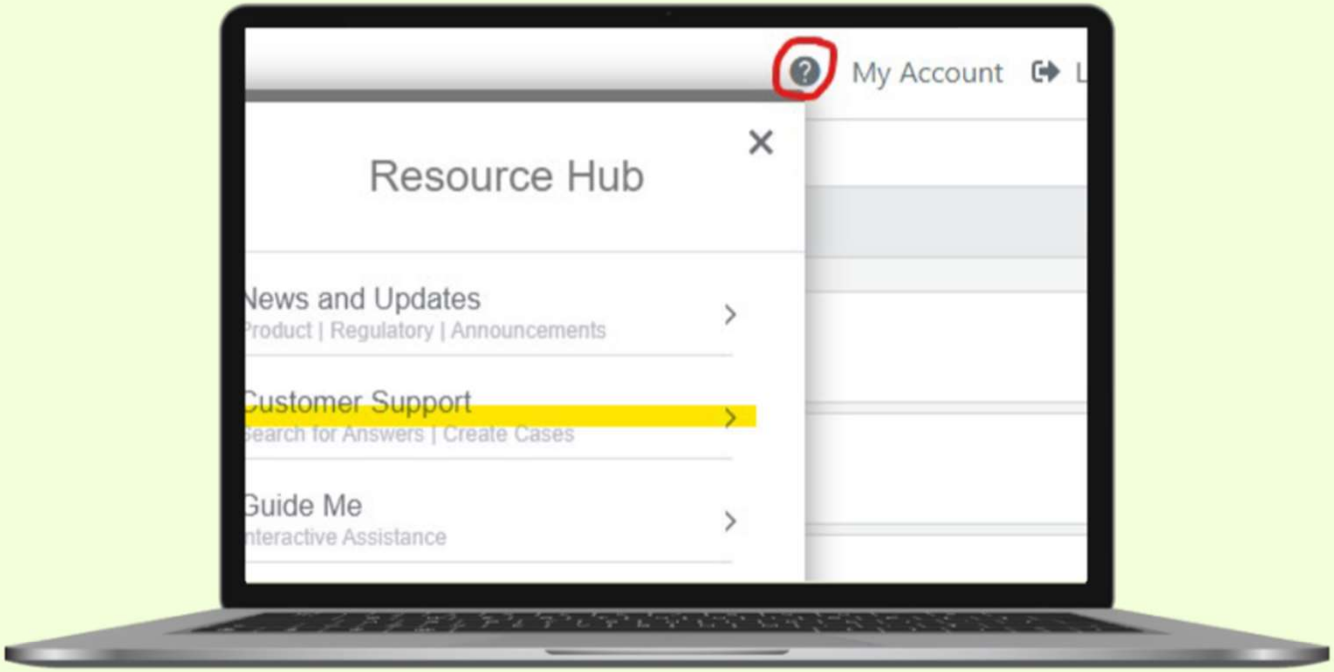
Reporting: No reporting to Partnership required

Notifications

- Notifications will be sent to the Account Manager or designee
- Multiple users can receive notifications.
- Partnership Health Plan will determine which encounters they want notifications enabled (ED and IP Admissions)
- The ECM Provider can request additional notifications
- Partnership Health Plan expects all notifications to be viewed within 72 hours

Setting up Notifications in PointClickCare

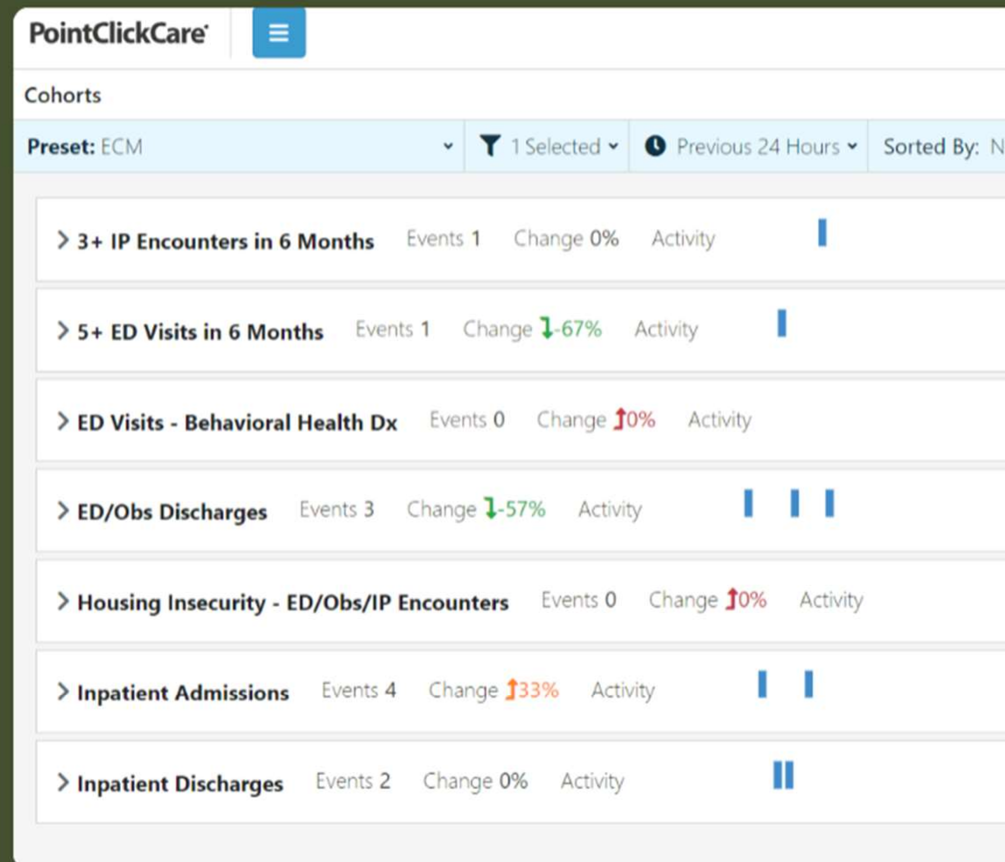
- Notifications will be set up as part of your initial onboarding.
- Adding new notifications (and users) can be accomplished by contacting PointClickCare Support in one of 3 ways.
  - Email: CMT-Support@pointclickcare.com
  - Calling: (801) 285-0770
  - Create a Case in the Portal Help (?)
- Provide the User Name, User ID (email), and which Cohorts notifications are to be set up for. (Partnership requires all ED & Inpatient Admissions to have notifications. Others are optional)



When Does a Clinic Receive a Notification?

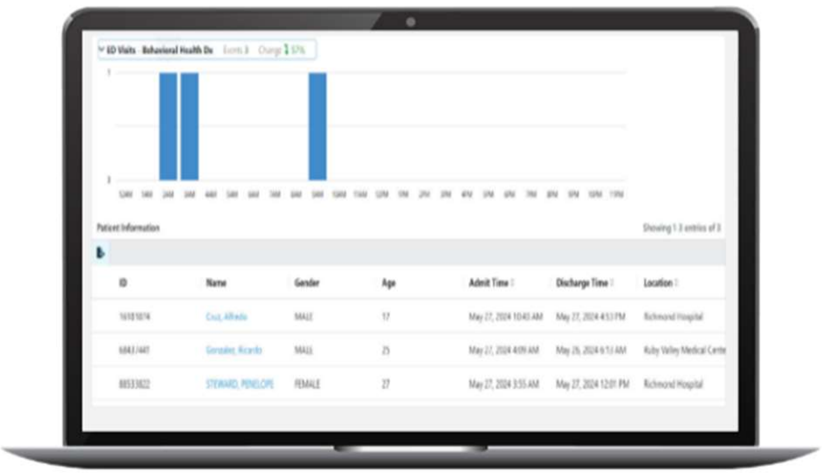
ECM-Specific Cohort Criteria

- ED/OBS Admissions And Discharges
- Inpatient Admissions and Discharges
- High-Utilization Patterns Standard:
- 5 ED visits within 6 months
- 3 IP visits in 6 months
- ED/OBS/IP with Housing Insecurity
- ED Patients with BH Diagnoses

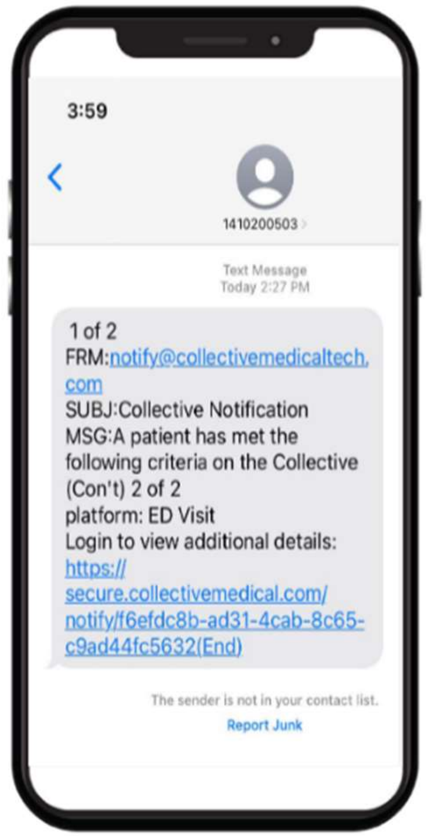


Notification Methods

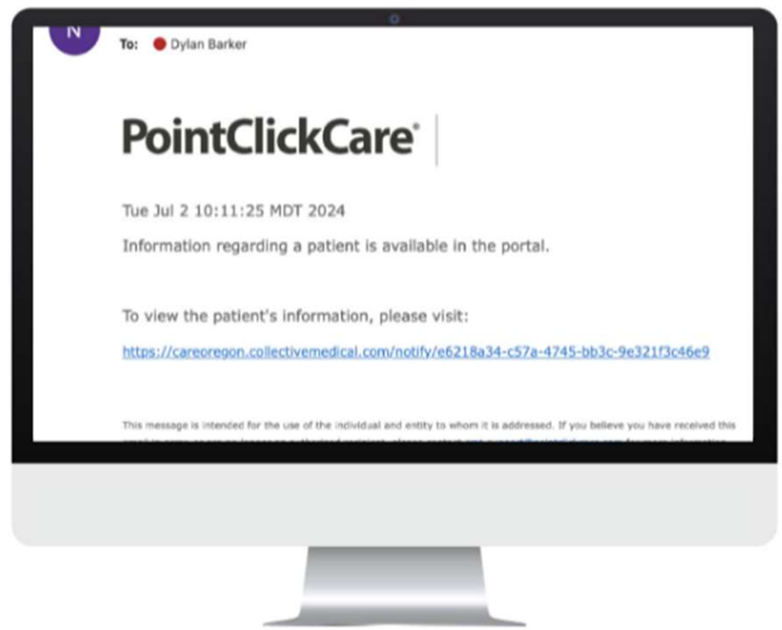
Portal



Text Message



Email



*Fax Notifications are available. PHI is included. A secure fax location is recommended.

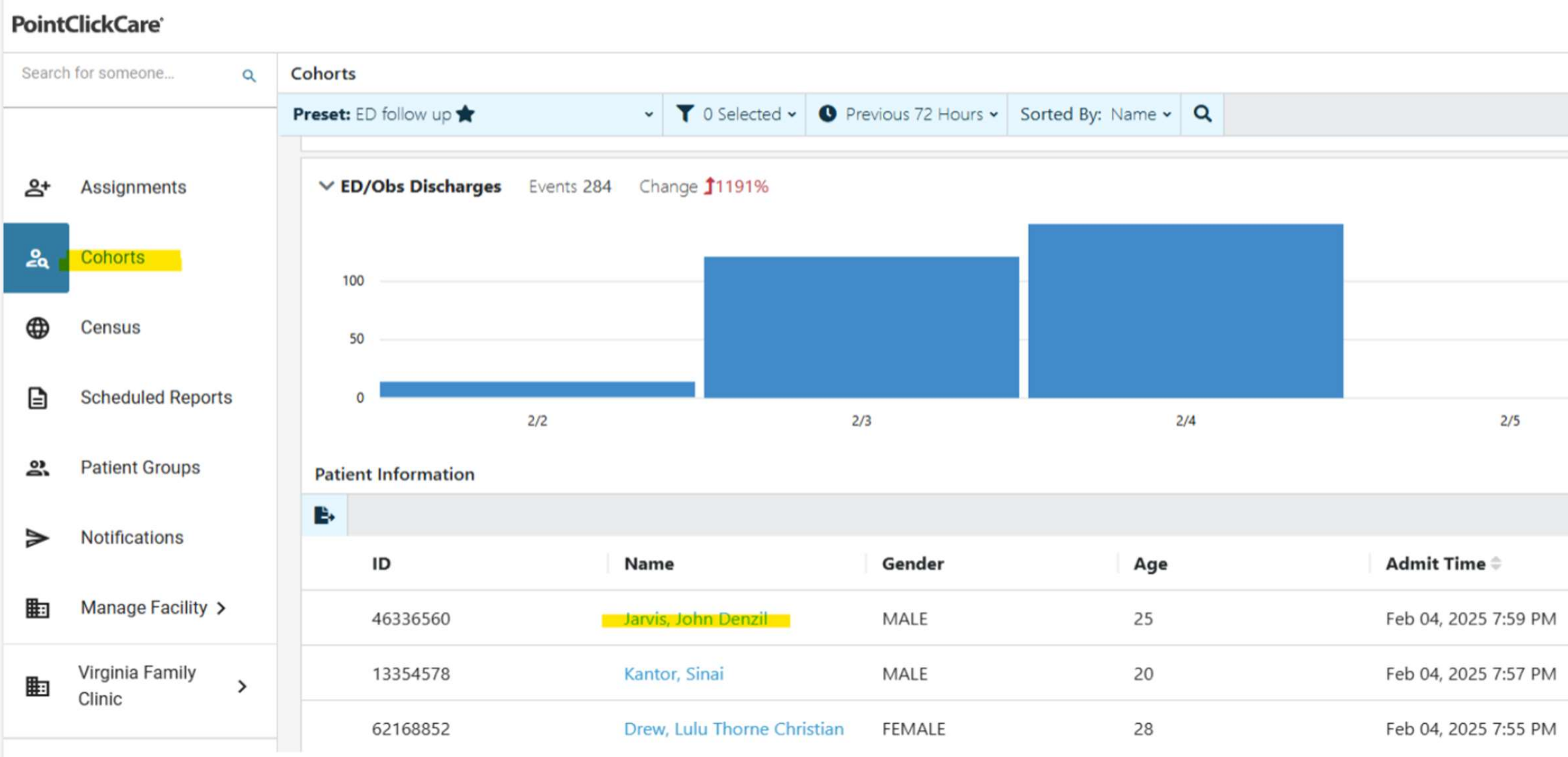
Ways to Resolve a Notification

Cohorts page: click on the Member name (hyperlink) within the cohort. This will land on the patient overview page.

Notifications page: click on the Member name (hyperlink) on the page. This will land on the patient overview page.

Search for a member by typing the Member name or CIN in the Search box. Click on the Member name. This will land on the patient overview page.

Cohorts Page

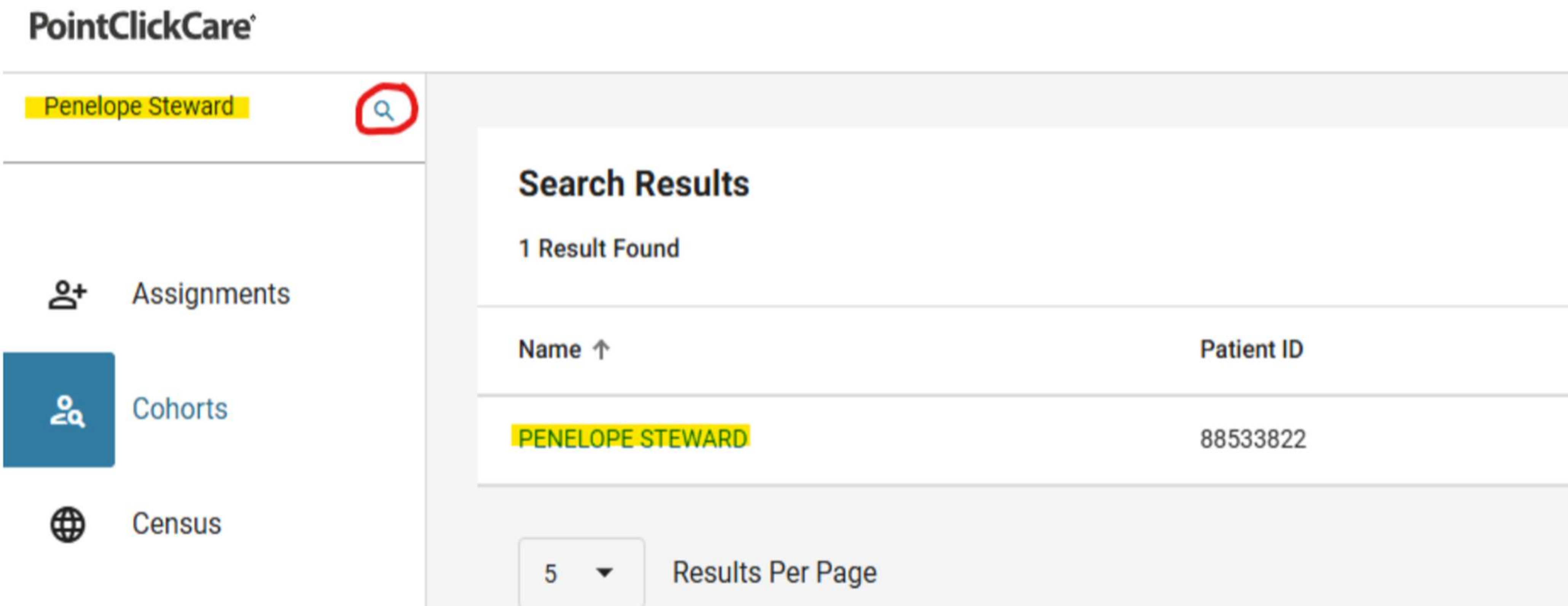


Notifications Page

- Cohorts
- Census
- Scheduled Reports
- Patient Groups
- Notifications
- Manage Facility >

Richmond PACE	SEWELL, GRAHAM	21462831
Richmond PACE	SEWELL, GRAHAM	21462831
Richmond PACE	GOLDSMITH, CHELSEA	77517783
Richmond PACE	GOLDSMITH, CHELSEA	77517783
Richmond PACE	STEWARD, PENELOPE	88533822
Richmond PACE	STEWARD, PENELOPE	88533822
Richmond PACE	NIEVES, MANDY	32588636
Richmond PACE	NIEVES, MANDY	32588636

From Search Box



Tips for Success

Best Practices

- Create checklist/action plan to conquer each measure.
- Appoint a team member in your organization to lead each measure. Change it up next quarter.
- Schedule monthly meetings to stay on goal, and weekly meetings when closer to the finish line.

Screening Measures

- Use 2026 submission template on ECM QIP webpage. Submit in Excel format.
- Include ALL information on template. Missing information will <u>not</u> receive credit.
- Ensure screening dates are within the 12-month screening requirement.
- Ensure all screening dates are before or within quarterly reporting period. Screening dates <u>after</u> quarterly reporting period will <u>not</u> receive credit.
- Parent organizations: Submit one template for each provider site (NPI).

Next Steps

- ❑ Complete Timely Reporting and other trainings with our ECM Team
- ❑ Obtain access to Partnership's sFTP folder
- ❑ Complete PointClickCare® training and obtain access to PointClickCare®
- ❑ Set up ED/Admissions Notifications in PointClickCare®

- ❑ Visit our [ECM QIP webpage]
- ❑ Note measure submission deadlines
- ❑ Keep an eye out for reminders / announcements
- ❑ Attend monthly ECM Office Hours meetings
- ❑ Contact us at ECMQIP@partnershiphp.org

Contact Us

We are here to help!

ECMQIP@Partnershiphp.org | ECM QIP webpage

Deanna Watson, Program Manager

Other Partnership Contacts

ECM Timely Reporting Questions / General ECM Questions

ECM@Partnershiphp.org | CalAIM webpage

Interested in becoming an ECM and/or CS Provider?

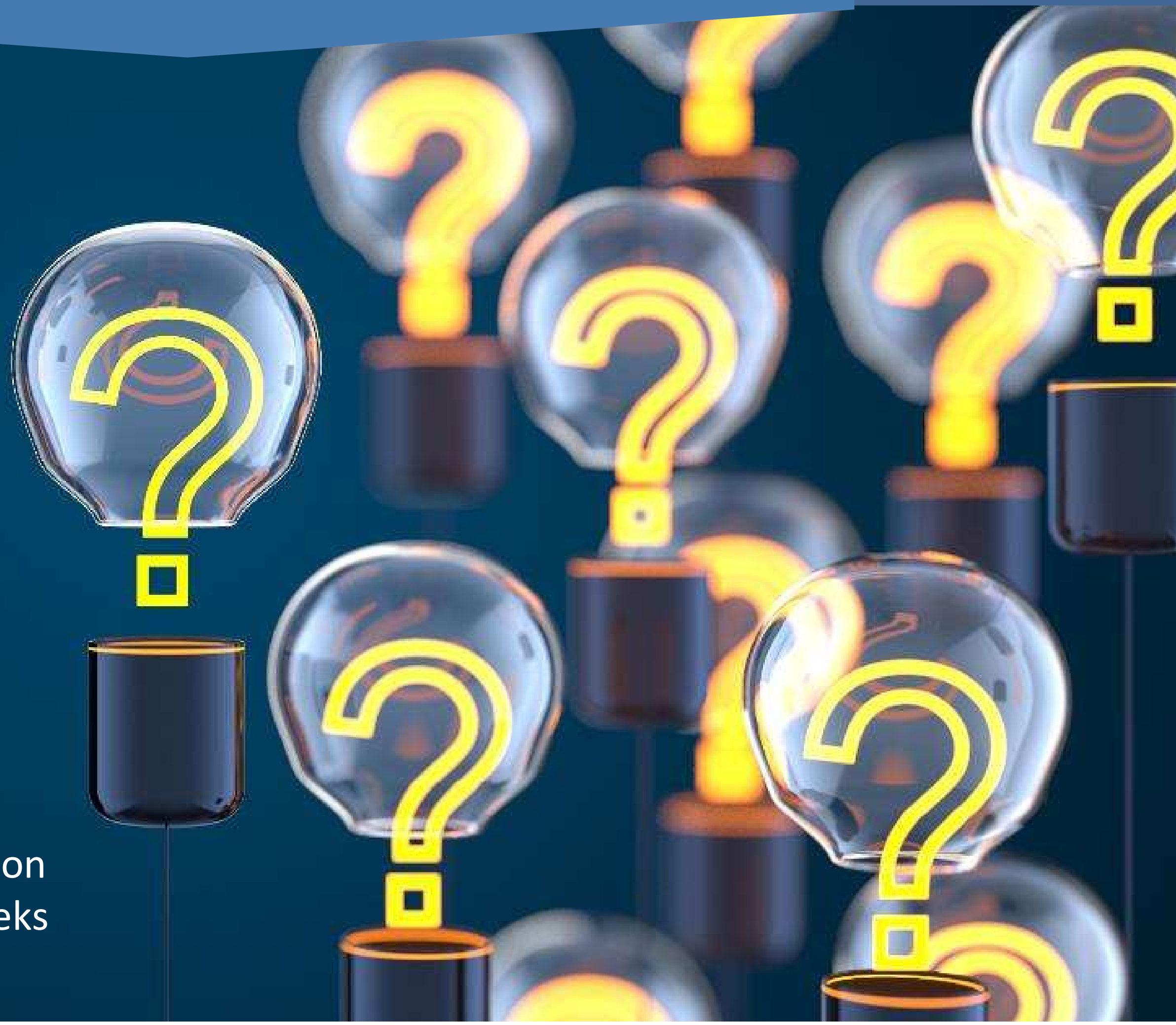
CalAIM@partnershiphp.org

Provider Portal: eSystemsSupport@partnershiphp.org

Claims: ClaimsECMHelpDesk@partnershiphp.org

Questions

Thank you
for all you do to
provide quality care
to our members!



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