



PARTNERSHIP

HEALTHPLAN
of CALIFORNIA

A Public Agency





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.**
- As time permits, we will respond to questions after the presentation.
- NOTE: Any unanswered questions will be included in a Q&A and published with this presentation on our EXT QIP webpage within 1-2 weeks after this webinar.





Agenda

- About Us
- Program Structure and Timeline
- 2026 Measurement Set
- Contact Us
- Questions



About Us

Regional Offices



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.





Guiding Principles

Partnership uses nine guiding principles for measure development and program management to ensure our members receive high quality care and our providers can be successful within the program.

1. Pay for outcomes, exceptional performance, and improvement
2. Offer sizeable incentives
3. Actionable measures
4. Feasible data collection
5. Collaboration with providers
6. Simplicity in the number of measures
7. Comprehensive measurement set
8. Align measures that are meaningful
9. Stable measures





Program Structure

Eligibility Requirements

- To be eligible to participate in the EXT QIP, extended care facilities must be located within Partnership's 24 counties that provide a combination of custodial care, skilled nursing care, and sub-acute care.
- These facilities must be designated by DHCS as:
 - Freestanding Skilled Nursing Facilities Level-B (FS/NF-B); or
 - Adult Freestanding Subacute Facilities Level-B (FSSA/NF-B)
- Facilities must have a signed Partnership EXT QIP contract/amendment in place to participate in the 2026 measurement year.
- The facility must remain contracted through December 31, 2026, to be eligible for payment.
- In certain circumstances and at the discretion of Partnership, EXT facilities in other counties may be invited to participate.
- Facilities must be in Good Standing with state and federal regulators as of the month incentive payments are to be disbursed and prior to the beginning of a new measurement year.
- Partnership has the sole authority to further determine if a provider is in Good Standing.
- All "In Good Standing" requirements can be viewed in our EXT QIP Program Specifications on Partnership's [EXT QIP webpage](#).





Program Structure

Payment Methodology

- EXT QIP incentives are separate and distinct from a facility's contracted reimbursement rates.
- EXT QIP participants are eligible to achieve a portion of an individually established incentive pool.
- Each individual incentive pool is specified in the Contract Amendment.
- Only the days paid under the Network Provider Agreement where Medi-Cal is the primary payor will be included in the EXT QIP.
- The QIP score achieved determines the percentage of the individual incentive pool the facility will receive.

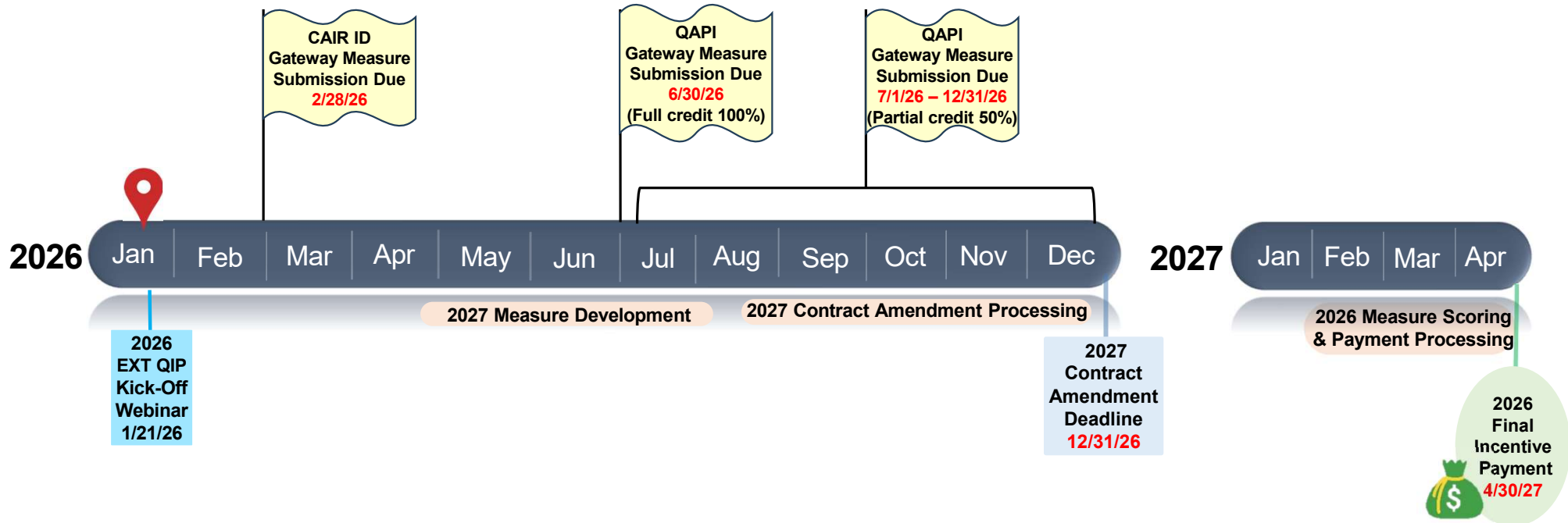
Example: If the “individual incentive pool” (as outlined in the Contract Amendment) for January 1 - December 31 is \$95,000 (calculated as \$9.50 QIP per diem rate * 10,000 contracted days), then achieving a score of 100% in the EXT QIP will result in an incentive payment of 100% of the individual incentive pool, whereas achieving a 90% EXT QIP score will result in payment of 90% of the individual incentive pool (e.g., \$85,500), etc.

Facility	EXT QIP Per Diem Rate	Total Contracted Days for the QIP Year	Individual Incentive Pool	Final EXT QIP Score Achieved (out of 100 points)	EXT QIP Dollars Earned
Facility 1	\$9.50	15,000	\$142,500	100 points (or 100%)	\$142,500
Facility 2	\$9.50	7,500	\$71,250	90 points (or 90%)	\$64,125
Facility 3	\$9.50	5,000	\$47,500	80 points (or 80%)	\$38,000





2026 Program Timeline





2026 Measure Set

Measure Summary

Measures	Points	Targets	
Gateway Measures			
Gateway Measure 1: CMS Five-Star Overall Rating	N/A	2 or more stars required to be eligible for other program measures	
Gateway Measure 2: California Immunization Registry (CAIR) Enrollment	N/A	CAIR enrollment required to be eligible for other program measures	
Gateway Measure 3: Quality Assurance and Performance Improvement (QAPI) Plan and Attestation Submission	N/A	Full credit (100%): Submit by 6/30/26 Partial credit (50% decrease): Submit 7/1/26 - 12/31/26	
Clinical Domain			
Measure 1: % of high-risk residents with pressure ulcers	10	Full Points: < 5.1%	Partial Points: 5.1 - 5.3%
Measure 2: % of residents who lose too much weight	10	Full Points: < 4.3%	Partial Points: 4.3 - 5.4%
Measure 3: % of long-stay residents who needed and received a flu shot	10	Full Points: > 98.4%	Partial Points: 93.5 - 98.4%
Measure 4: % of long-stay residents who received a vaccine to prevent pneumonia	10	Full Points: > 98.5%	Partial Points: 93.5 - 98.5%
Functional Status Domain			
Measure 5: % of residents experiencing one or more falls with major injury	10	Full Points: < 1.7%	Partial Points: 1.7% - 3.2%
Measure 6: % of residents who have/had a catheter inserted and left in bladder	10	Full Points: < 1.2%	No Partial Points
Resource Use Domain			
Measure 7: Number of hospitalizations per 1,000 long-stay resident days	15	Full Points: < 1.83%	Partial Points: 2.17% - 1.83%
Operations & Satisfaction Domain			
Measure 8: Health Inspection Star Rating	10	Full Points: \geq 4 stars	Partial Points: 3 stars
Measure 9: Staffing Rating	15	Full Points: \geq 4 stars	Partial Points: 3 stars



Gateway Measure 1

CMS Five-Star Overall Rating



Description:

Facilities must be granted a minimum of a two (2) star overall rating by the Centers for Medicare and Medicaid Services (CMS). This program component is mandatory for participation in this program. Facilities with a one (1) star rating will not be eligible to participate.

Reporting Requirements:

- No reporting to Partnership is required.
- Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027.

NOTE: Facilities with a one (1) star rating, that failed annual Health Inspection Survey, or recently changed ownership AND can demonstrate changes were made to address these factors can submit an appeal requesting Partnership reconsider their exclusion from the EXT QIP.

Appeals must be submitted to Partnership no later than March 31, 2027, to be considered for participation in the 2026 measurement year.





Gateway Measure 2

California Immunization Registry (CAIR) Enrollment

Description:

CAIR is accessed online to help providers track patient immunization records, reduce missed opportunities, and help increase immunizations for California residents. CAIR makes immunization records easily accessible, ensures accuracy, and improves efficiency.

Reporting Requirements:

- Facilities are required to submit a CAIR ID as proof of CAIR enrollment by email to EXTQIP@partnershiphp.org by February 28, 2026, using the CAIR ID Submission Template (see Appendix I, page 26 for CAIR Template).
- Facilities with no CAIR ID submissions to Partnership by February 28, 2026, will not be eligible to participate in the EXT QIP for the 2026 measurement year.

CAIR Help Desk

Hours: 8 a.m. – 5 p.m. Monday through Friday

Phone: 800-578-7889 Email: CAIRHelpDesk@cdph.ca.gov.

CAIR website: cair.cdph.ca.gov





Submission Template (for use with Gateway Measure 2)



California Immunization Registry (CAIR) CAIR ID Submission Template

As part of the Extended Care Center Quality Incentive Program (EXT QIP), facilities are required to submit a CAIR ID as proof of CAIR enrollment by email to EXTQIP@partnership.org, by February 28, 2026.

Facility Name: _____

Federal Provider Number: _____

CAIR ID: _____

Facilities with no CAIR ID submissions to Partnership by February 28, 2026, will not be eligible to participate in the EXT QIP for the 2026 measurement year.





Gateway Measure 3

Quality Assurance & Performance Improvement (QAPI) Plan & Attestation Submission

Description:

QAPI is the coordinated application of two (2) mutually reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). Facilities are required to submit a QAPI plan and attestation form confirming a QAPI program is in place and meets all five (5) key elements identified by CMS:

1. Design and Scope
2. Governance and Leadership
3. Feedback Data Systems and Monitoring
4. Performance Improvement Projects (PIPs)
5. Systematic Analysis and Systematic Action

Reporting Guidelines:

Facilities are required to submit a QAPI plan **and** attestation form via email to Partnership at EXTQIP@partnershiphp.org to meet the measure and incentive pool requirements.

- Full credit (100% incentive pool): Submission by June 30, 2026
- Partial credit (50% incentive pool): Submission July 1, 2026 - December 31, 2026
- Submission after December 31, 2026, will result in gateway measure not met and ineligibility for other program measures.





Attestation Form (for use with Gateway Measure 3)

Quality Assurance and Performance Improvement (QAPI) Attestation Form

As part of the Extended Care Center Quality Incentive Program (EXT QIP), facilities are required to submit a QAPI Plan **AND** attestation form via email to EXTQIP@partnershiphp.org.

- Full Credit (100% incentive pool): Due June 30, 2026
- Partial Credit (50% incentive pool): Due July 1, 2026 - December 31, 2026

Facility Name: _____ Address: _____
 License Number: _____ Licensed Bed Count: _____
 Five Star Overall Rating: _____
 List any sanctions against your Facility: _____

I attest that _____ has developed a Quality Assurance and Performance Improvement (QAPI) Plan that incorporates all of the Five Elements of a QAPI.

Please check each box that is in your QAPI Plan. If you are missing an element, please describe your plan to incorporate it into your program:

- Element 1: Design and Scope
- Element 2: Governance and Leadership
- Element 3: Feedback, Data Systems and Monitoring
- Element 4: Performance Improvement Projects (PIP)
- Element 5: Systematic Analysis and Systematic Action

Facility Representative Signature

Date

Print Name and Title





Measure 1

Clinical Domain

Measure 1: Percent of high-risk residents with pressure ulcers

Description: The percent of long-stay, high-risk residents with Stage II-IV pressure ulcers

Available Points: 10

Targets:

- Full points: < 5.1%
- Partial points: 5.1 – 5.3%

Denominator: Long-stay residents with a selected target assessment who meet the definition of high-risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the following three criteria on the target assessment:

1. Impaired bed mobility or transfer indicated
2. Comatose
3. Malnutrition or at risk of malnutrition

Numerator: All long-stay residents with a selected target assessment in the high-risk group defined in the denominator in which a stage II through IV pressure ulcer is present.

Exclusions: Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment.





Measure 2

Clinical Domain

Measure 2: Percent of long-stay residents who lose too much weight

Description: The percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight loss regimen.

Available Points: 10

Targets:

- Full points: < 4.3%
- Partial points: 4.3 – 5.4%

Denominator: All long-stay residents with a selected target assessment except those with exclusions

Numerator: Long-stay residents with a selected target assessment which indicates a weight loss of 5% or more in the last month, or 10% or more in the last six months who were not on a physician prescribed weight-loss regimen.

Exclusions: Target assessment is an OBRA admission assessment. Weight loss item is missing on target assessment.





Measure 3

Clinical Domain

Measure 3: Percent of long-stay residents who needed and received a flu shot

Description: The percentage of long-stay residents who are given, appropriately, the influenza vaccination during the current or most recent influenza season.

Available Points: 10

Targets:

- Full points: > 98.4%
- Partial points: 93.5 – 98.4%

Denominator: All long-stay residents, regardless of payer, with a selected target assessment, except those with exclusions.

Numerator: Residents meeting any of the following criteria on the selected target assessment:

1. Resident received the influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); **OR**
2. Resident was offered and declined the influenza vaccine (O0250C = [4]); **OR**
3. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).

Exclusions: Resident was not in facility during the current or most recent influenza season.





Measure 4

Clinical Domain

Measure 4: Percent of long-stay residents receiving a pneumonia vaccine

Description: The percentage of long-stay residents whose pneumococcal polysaccharide vaccine status is up to date.

Available Points: 10

Targets:

- Full points: > 98.5%
- Partial points: 93.5 – 98.5%

Denominator: All long-stay residents, regardless of payer, with a selected target assessment

Numerator: Residents meeting any of the following criteria on the selected target assessment:

1. Have an up-to-date pneumococcal vaccine status (O0300A = [1]); **OR**
2. Were offered and declined the vaccine (O0300B = [2]); **OR**
3. Were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (O0300B = [1]).





Measure 5

Functional Status Domain

Measure 5: Percent of residents experiencing falls with major injury

Description: The percentage of long-stay residents who have experienced one (1) or more falls with major injury.

Available Points: 10

Targets:

- Full points: < 1.7%
- Partial points: 1.7 – 3.2%

Denominator: All long-stay residents with one (1) or more look-back scan assessments except those with exclusions

Numerator: Long-stay residents with one (1) or more look-back scan assessments that indicate one or more falls that results in major injury.

Exclusions: Resident is excluded if one of the following is true for all of the look-back scan assessments:

1. The occurrence of falls was not assessed; **or**
2. Zero (0) assessment indicates that a fall occurred; **and**
3. The number of falls with major injury was not assessed.





Measure 6

Functional Status Domain

Measure 6: Percent of residents who have or had a catheter inserted and left in bladder

Description: The percentage of long-stay residents who have had an indwelling catheter in the last seven (7) days

Available Points: 10

Targets:

- Full points: < 1.2%
- No Partial Points

Denominator: All long-stay residents with one (1) or more look-back scan assessments except those with exclusions

Numerator: Long-stay residents with a selected target assessment which indicates the use of indwelling catheters

Exclusions:

- Target assessment is an admission assessment of a PPS 5-day or readmission/return assessment.
- Target assessment indicates that indwelling catheter status is missing.
- Target assessment indicates neurogenic bladder or neurogenic bladder status is missing.
- Target assessment indicates obstructive uropathy or obstructive uropathy status is missing.





Measure 7

Resource Use Domain

Measure 7: Hospital admissions / 1,000 resident days

Description: Measures the number of hospitalizations per 1,000 long-stay resident days.

Available Points: 15

Targets:

- Full points: < 1.83%
- Partial points: 2.17 – 1.83%

Denominator: Total number of days (in thousands) during the target period that all long-stay residents were in the nursing home facility after they attained long-term resident status (e.g., after 100 cumulative days at the facility).

NOTE: Denominator does NOT include the days between nursing home stays, including days that a resident is admitted to an inpatient facility or other institution, or days a resident was enrolled in hospice.

Numerator: Number of admissions to an acute care or critical access hospital, for an inpatient or outpatient observation stay, occurring while the individual is a long-term nursing home resident. Planned inpatient admissions are not counted in the numerator since they are unrelated to the quality of care at the nursing home.





Measures 8 and 9

Operations & Satisfaction
Domain

Measure 8: Health Inspections Rating

Description: Measures the resultant health inspections rating conducted by federal surveyors to ensure safe and clean conditions for long term care residents.

Available Points: 10

Targets:

- Full points: Four (4) or more stars
- Partial points: Three (3) stars

Measure 9: Staffing Rating

Description: This rating is based on the following:

1. Registered Nurse (RN) hours per resident per day in a three-month period;
2. Total staffing hours per resident per day in a three-month period;
3. Total nurse staffing hours per resident per day on the weekend in a three-month period;
4. Total nurse staff turnover within a given year;
5. RN turnover within a given year; and
6. Number of administrators who have left the facility within a given year.

Available Points: 10

Targets:

- Full points: Four (4) or more stars
- Partial points: Three (3) stars





Contact Us

We are here to help!

EXTQIP@Partnershiphp.org | [EXT QIP webpage](#)

Deanna Watson, Program Manager



Keep us current!

Please help us maintain a current contact list to ensure continued communication regarding program updates, deadlines and payment.

Please email us at EXTQIP@Partnershiphp.org to share contact changes.





Questions

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

This presentation will be available for viewing on
our EXT QIP webpage within the next 1-2 weeks

