

PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# 2026 Palliative Care Quality Incentive Program Kick-Off Webinar

Wednesday, January 20, 2026

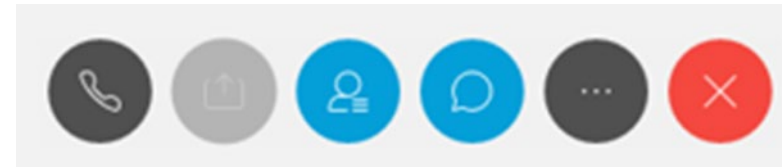
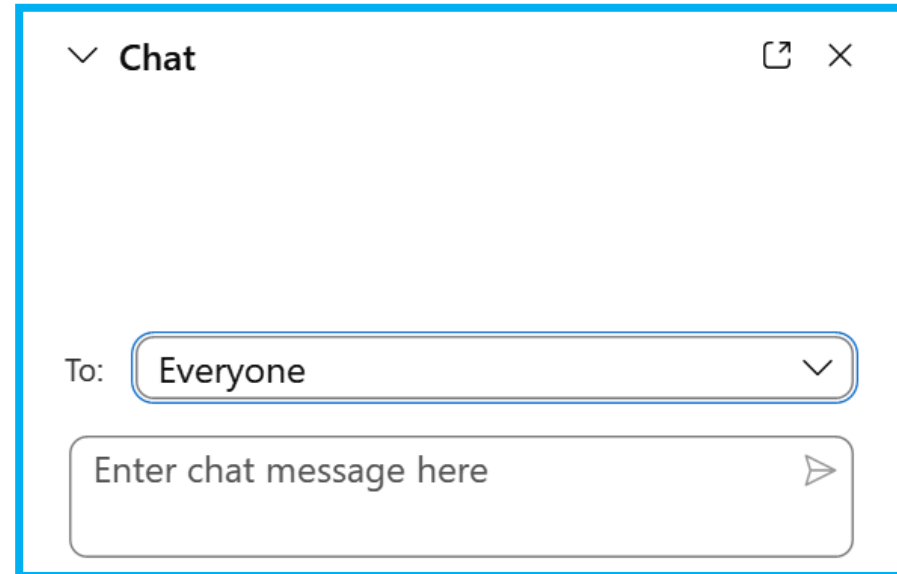
Noon – 1 p.m.

Presented by:

Eva Lopez, Program Manager

# Webinar Instructions

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference / distraction.
- If you have a question, please type your question in the chat box and address to everyone.



# Agenda

- About Us and Guiding Principles
- Program Structure and Timeline
  - New Federal Ruling
- 2026 Measurement Set
- Payment Methodology Examples
- Best Practices for Success!
- Upcoming Events & Reminders
- Adjourn



# About Us

## Partnership is a County Organized Health System (COHS) Plan

### Non-Profit Public Plan

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

### Local Control and Autonomy

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.



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

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



# Guiding Principles

- Where possible, pay for outcomes instead of processes
- Actionable measures
- Feasible data collection
- Collaboration with providers in measure development
- Simplicity in the number of measures
- Representation of different domains of care
- Align measures that are meaningful
- Stable measures



# Contract Amendment for Pay-for-Performance Participation

As of January 1, 2026, federal law *42 CFR 438.3(i)(3)* requires network providers participating in pay-for-performance (P4P) programs to execute an agreement inclusive of specific program details.

Provider organizations must sign a contract for **each** Quality Incentive Program (QIP) they participate in. This contract formalizes the agreement and commitment to the program's performance and agreed upon measure set.

Federal law requires contract amendments to be signed **annually** to ensure all agreements remain up-to-date and compliant.

Partnership is taking proactive steps by planning earlier engagement in 2026 for the 2027 measurement year.

Once your organization's designated representative signs the contract, Partnership officially confirms your participation for the upcoming measurement year.

As we approach a new measurement year, the PCP QIP team will be in communication with the network and will host webinar sessions where they will provide valuable insights and contracting updates.

*If you have any questions related to this contract amendment, please reach out to Partnership's Contracting team at [contracting@partnershiphp.org](mailto:contracting@partnershiphp.org)*



# Program Structure

## Eligibility Requirements

- Intensive outpatient palliative care providers must have a signed Partnership QIP contract amendment no later than December 31, 2025, to be eligible for the 2026 measurement year which begins on January 1, 2026, Further, providers must remain contracted through December 31, 2026 (end of measurement year) to be eligible for payment.
- Providers must be in good standing with state and federal regulators as of the month the payment is to be disbursed. In addition, Partnership has the sole authority to further determine if a provider is in good standing.

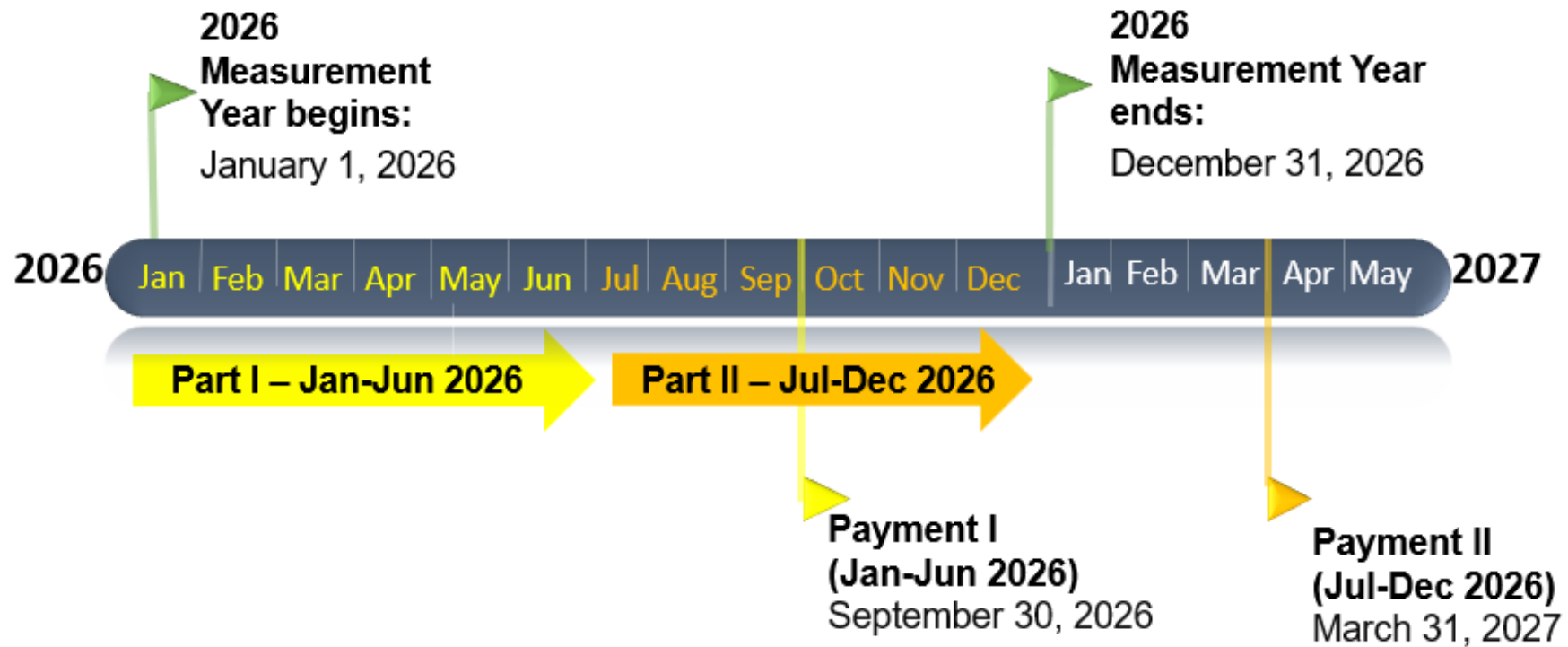
# Payment Methodology

- 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.
- Incentive payments are distributed biannually:

Payment	Measure Period	Payment Date
Payment I	January - June 2026	September 2026
Payment II	July - December 2026	March 2027

# Program Structure

## 2026 Measurement Year Timeline





# Measure 1

## Avoiding Hospital and Emergency Room Visits

- **Target:** Zero admissions or emergency department (ED) visits per member per month
- **Incentive:** \$240 per member per month, only if there are no hospital admissions or ED visits that month.
- **Example:** A member is:
  - Enrolled in the program on February 25
  - Seen in the emergency room on March 9
  - Admitted from April 23 through April 30
  - Dies on June 2 at home

There are three months (February, May and June) with no hospital encounters or ED visits. The provider site is eligible for a total payment of \$720.

**Reporting:** No reporting by provider sites is required.



## Completion of a Signed POLST

- **Target:** Completion of a signed POLST
- **Incentive:** \$120 per member enrolled in the palliative care program per month
- **Example:** A member is:
  - Enrolled in the program on February 25 until May 30
  - Documentation of a signed Physicians Order for Life-Sustaining Treatment (POLST) completed the month of enrollment (February).

There are four months (February, March, April and May) eligible for an incentive payment. The provider site is eligible for a total payment of \$480.



## Measure 2 (continued)

**Reporting:** 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 3

## Completion of Standardized Patient Symptom Assessment

**Target:** At least two patient encounters per month, completing a standardized symptom assessment within the designated thresholds for capturing required data elements per encounter.

- **Incentive:** Up to \$120 per member enrolled in the palliative care program per month
- **Example:** A member is:
  - Enrolled in the program on February 25 until May 30
  - Documentation of at least two visits with the completion of a symptom assessment per visit within the designated thresholds for capturing required data elements each month, but completed in April and May, the number of months meeting this measure is two (April and May)

The provider site will be eligible for payment, if they are compliant with the reporting requirement per the designated thresholds.



# Measure 3 (continued)

**Reporting:** 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 who completed a patient symptom assessment using the ESAS tool. The palliative provider will submit the completed Patient Symptom Assessment template to the Palliative Care QIP team.

## Thresholds:

- > 70% of data elements entered on assessments = full points (\$120 Per Member Per Month (PMPM))
- 50-69% of data elements entered on assessments = partial points (\$60 PMPM)

## Threshold Benchmarks for Payment:

Assessment 1	Assessment 2	Credit for Payment
70% or more	70% or more	Full credit (\$120)
70% or more	Less than 69%	Partial credit (\$60)
70% or more	No assessment	Partial credit (\$60)
50-69%	Less than 69%	Partial credit (\$60)
50-69%	No assessment	Partial credit (\$60)
Less than 50%	Less than 50%	No credit



# Patient Symptom Assessment Tool Examples

## ESAS Tool:

### Edmonton Symptom Assessment Scale (ESAS) Tool

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Completed By: \_\_\_\_\_

Please circle a number that best describes how you feel:

0	1	2	3	4	5	6	7	8	9	10
← No pain					→ Worst possible pain					
0	1	2	3	4	5	6	7	8	9	10
← Not tired					→ Very tired					
0	1	2	3	4	5	6	7	8	9	10
← No nausea					→ Very nauseous					
0	1	2	3	4	5	6	7	8	9	10
← Not depressed					→ Very depressed					
0	1	2	3	4	5	6	7	8	9	10
← Calm					→ Very anxious					
0	1	2	3	4	5	6	7	8	9	10
← Not drowsy					→ Very drowsy					
0	1	2	3	4	5	6	7	8	9	10
← Normal appetite					→ No appetite					
0	1	2	3	4	5	6	7	8	9	10
← Best feeling of well-being					→ Worst possible feeling of well-being					
0	1	2	3	4	5	6	7	8	9	10
← No shortness of breath					→ Very short of breath					
0	1	2	3	4	5	6	7	8	9	10
← Other problem										

If an alternative assessment form is used, the following assessment elements are, at a minimum, required:

- Pain
- Fatigue
- Appetite
- Dyspnea
- Depression
- Anxiety
- Well-being



# Payment Methodology Examples

(Measure 1. Avoiding Hospital and Emergency Room Visits)

Hospital admission and ED visit claims data is used to determine if a member has had an inpatient stay or ED visit within the measure period. Palliative TAR approval data is also used to determine the number of qualifying months for an incentive payment.

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		

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	

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





# Payment Methodology Examples

(Measure 2. Completion of POLST & Use of PCQC Tool)

Provider reported POLST data is analyzed to look for qualifying visit dates and POLST completion. Palliative TAR approval data is also used to determine the number of qualifying months for an incentive payment.

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 is reviewed to determine the qualifying months for payment for each unique member. POLST completion is shown in column titled “**POLST**”. An indication of (1) notes the completion of a POLST and an indication of (0) is given 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.

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





# Payment Methodology Examples

(Measure 3. Completion of Standardized Patient Symptom Assessment)

Palliative care TAR approval data and provider reported symptom assessment data, which captures the required data elements, are used to configure a provider's incentive payment for Measure III.

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

Qualifying visit months are identified by looking for at least two visits within a month. Completed assessments are identified for each qualifying visit month. The **“Ratio”** tab shows the percentage of required elements captured on the assessment. The percentage under the **“Ratio”** tab is noted under the appropriate threshold column: **“70% or more”**, **“50-69%”**, **“Less than 50%”** and **“No Assessment”**.

Assessments	Member_Name	Visit Months	Ratio	TarStart	TarEnd	TAR_Validation	First_70% or more	First_50-69%	First_Less than 50%	No Assessment
Final_FirstAssessment	MEMBER #1	July	1	7/30/2024	1/20/2025	Valid	1	0	0	
Final_SecondAssessment	MEMBER #1	July	1	7/16/2024	1/6/2025	Valid	1	0	0	
Final_FirstAssessment	MEMBER #1	August	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_SecondAssessment	MEMBER #1	August	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_FirstAssessment	MEMBER #1	September	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_SecondAssessment	MEMBER #1	September	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_FirstAssessment	MEMBER #1	October	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_SecondAssessment	MEMBER #1	October	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_FirstAssessment	MEMBER #1	November	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_SecondAssessment	MEMBER #1	November	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_FirstAssessment	MEMBER #1	December	1	10/11/2022	5/12/2025	Valid	1	0	0	
Final_SecondAssessment	MEMBER #1	December	1	10/11/2022	5/12/2025	Valid	1	0	0	





# Best Practices for Success

- Ensure TARs are up to date
- Assessments may be completed face to face, via telemedicine or telephonically
- At least one in-person or video visit by a social worker every month
- At least one in-person or video visit by an RN every month
- An RN must see the patient face to face a minimum of once every 12 weeks (Providers can bill under “virtual only care” billing code, if face to face visits with an RN are not possible due to distance or other operational issues)
- When completing the assessment form, make sure selected scores are clearly marked. If no score is selected, no credit will be issued





# Palliative Care Patient List

## What is a Palliative Care Patient List?

- This is a report that contains potential palliative patients in your service area!

## How do I use this report?

- Use this list to conduct outreach to identify patients who could potentially qualify for palliative care services.

## How can I begin to receive this report?

- You will need to provide a list of primary care providers or zip codes in your service area and send to the Palliative QIP via email at [palliativeqip@partnershiphp.org](mailto:palliativeqip@partnershiphp.org).
- Partnership Health Analytics team will use the PCP/zip code list to create your palliative care patient list.
- Report is sent via secure email to your designated contacts.





# Upcoming Events & Reminders

## **2025 Payment II Processing (July - December 2025):**

- Preliminary payment statements will be sent out two to three weeks with a one-week comment period.
- Incentive payments are scheduled to be mailed out in March 2026.

## **Palliative Care Clinician Workgroup Virtual Meeting (Spring):**

- TBD – once a date and time is confirmed, invites will be sent out to providers.

## **Contact Changes:**

- Please email our Palliative Care QIP Team with any changes to staff contacts to maintain good communication with you throughout the year. Contact changes can be sent to the Palliative QIP inbox at [palliativeqip@partnershiphp.org](mailto:palliativeqip@partnershiphp.org)





# Palliative QIP Contact Information

## **Palliative Care QIP Team:**

Eva Lopez, Program Manager

**Contact us at:** [PalliativeQIP@partnershiphp.org](mailto:PalliativeQIP@partnershiphp.org)

**Visit us at:** [Palliative Care QIP webpage](#)





# Additional Contacts

- **Utilization Management Department**

Phone: (800) 863-4144

- Assist with questions regarding TARs, RAFs, Palliative Benefit, etc.

- **Claims Department**

Phone: (855) 798-8757

- Assist with questions regarding claims submission, claims resolution, etc.

- **Provider Relations Department**

Phone: (800) 863-4155

- Assist with contracting, credentialing, provider education



# Thank you!



**Thank you for all you do to provide quality care to our members!**  
**For questions, please contact the Palliative Care QIP team at [palliativeqip@partnershiphp.org](mailto:palliativeqip@partnershiphp.org)**



# Questions and Answers

**Q: What is the deadline for the submission of the reporting templates for 2025 Measure Period II (July - December)?**

A: Reporting templates for 2025 Measure Period II (July - December) are due by the end of Wednesday, February 18, 2026.

**Q: Can providers submit their own ESAS data report rather than transferring the data to the reporting template?**

A: Yes, providers can submit the Edmonton Symptom Assessment Scale (ESAS) data reporting from their EHRs or other data storage entity. Providers will need to ensure their reports contain data on the required data elements to meet the measure. The required ESAS data elements can be found in the MY2026 Palliative Care QIP Measure Specifications on our [webpage](#).

**Q: Are POLST reporting templates submitted just once every six months?**

A: POLST reporting templates are submitted once for each measure period. Measure Period I covers January through June, and Measure Period II covers July through December of the measurement year.





# Questions and Answers

**Q: When will the reporting templates for 2025 Measure Period II (July - December) be sent to providers?**

A: Reporting templates for 2025 Measure Period II (July - December) will be sent to providers by end of day Wednesday, January 28, 2026.

**Q: For measurement year 2026, when reporting data for the Patient Symptom Assessment (ESAS) measure, is the incentive based on whether an assessment was completed or only if the required data elements are captured?**

A: Both. For the Patient Symptom Assessment (ESAS) measure, there will need to be at least two visits documented. A patient symptom assessment must be completed during each visit and must capture the required data elements. A provider's incentive for this measure will be based on the percentage of data elements that are captured on a completed patient symptom assessment form. The benchmark table for payment can be found in the measure year 2026 Palliative Care QIP Measure Specifications on our [webpage](#).

