



# **EXTENDED CARE CENTER QUALITY INCENTIVE PROGRAM (EXT QIP) (FORMERLY LTC QIP)**

## **DETAILED SPECIFICATIONS**

# **2026 MEASUREMENT YEAR**

Published: December 31, 2025



## Table of Contents

---

<b>I.</b>	<b>Program Contact Information</b> .....	<b>3</b>
	<b>II. Program Overview and Background</b> .....	<b>3</b>
	Eligibility Criteria .....	3
	Measure Selection .....	4
	Payment.....	4
	Guiding Principles.....	5
<b>III.</b>	<b>Summary of Measures</b> .....	<b>7</b>
<b>IV.</b>	<b>Gateway Measure 1: Gateway Measures CMS Five-Star Overall Rating</b> .....	<b>9</b>
<b>V.</b>	<b>Gateway Measure 2: California Immunization Registry (CAIR) Enrollment</b> ...	<b>10</b>
<b>VI.</b>	<b>Gateway Measure 3: QAPI Plan Submission &amp; Attestation</b> .....	<b>11</b>
<b>VII.</b>	<b>Clinical Domain Measures</b> .....	<b>12</b>
	Measure 1: Percent of high-risk residents with pressure ulcers.....	12
	Measure 2: Percent of long-stay residents who lose too much weight .....	14
	Measure 3: Percent of long-stay residents who needed and received a flu shot.....	15
	Measure 4: Percent of long-stay residents who received a vaccine to prevent pneumonia.....	17
<b>VIII.</b>	<b>Functional Status Domain Measures</b> .....	<b>18</b>
	Measure 5: Percent of residents experiencing falls with major injury.....	18
	Measure 6: Percent of residents who have/had a catheter inserted and left in their bladder .....	20
<b>IX.</b>	<b>Resource Use Domain Measures</b> .....	<b>22</b>
	Measure 7: Hospital Admissions/1000 Resident Days.....	22
<b>X.</b>	<b>Operations &amp; Satisfaction Domain Measures</b> .....	<b>24</b>
	Measure 8: Health Inspection Star Rating .....	24
	Measure 9: Staffing Rating .....	25
<b>XI.</b>	<b>Appendices</b> .....	<b>26</b>
	Appendix I: Submission Template – Facility CAIR ID .....	26
	Appendix II: Submission Template – QAPI Plan Attestation Template .....	27
	Appendix III: Works Cited for Measure Rationale .....	28

## I. Program Contact Information

---

Email: [EXTQIP@partnershiphp.org](mailto:EXTQIP@partnershiphp.org)

Webpage: [Extended Care Center Quality Incentive Program \(EXT QIP\)](#)

## II. Program Overview & Background

---

Partnership HealthPlan of California offers value-based incentive programs in the areas of primary care, hospital care, specialty care, and mental health. The Extended Care Center Quality Incentive Program (EXT QIP) (formerly the LTC QIP) was established and implemented in 2016. The program was suspended in August 2020 during COVID-19, re-established in January 2022, and sunset in December 2023 in response to the Skilled Nursing Facility Workforce Quality Incentive Program (WQIP) launched by DHCS. Starting 2026, the WQIP was phased out of California's budget, and Partnership's Board of Commissioners authorized restarting the EXT QIP program in January 2026.

The EXT QIP offers financial incentives to support and improve the quality of long-term care provided to our members. Partnership has developed a simple and meaningful measurement set which includes measures in the following domains: Clinical, Functional Status, Resource Use, and Operations / Satisfaction.

### Eligibility Criteria

---


The EXT QIP is available to extended care facilities located within Partnership's 24 counties who provide a combination of custodial care, skilled nursing care, and sub-acute care and to facilities who participated in the DHCS WQIP in which Partnership issued WQIP payments tied to calendar year 2025 dates of service. Specifically, EXT QIP participating 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) to be eligible for participation in the 2026 EXT QIP.

EXT QIP participating facilities must have a signed Partnership EXT QIP contract amendment no later than December 31, 2025, to be eligible for the 2026 measurement year which begins on January 1, 2026. Newly contracted extended care facilities within Partnership's 24 counties may be invited to participate in the EXT QIP 2026 measurement year if a facility has a signed Partnership contract (that includes EXT QIP details) no later than March 31, 2026. Facilities must remain contracted through December 31, 2026, to be eligible for payment. Facilities who are invited to participate in the EXT QIP 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. In addition, Partnership has the sole authority to further determine if a provider is in Good Standing based on the criteria set forth below:

1. Provider is open for services to Partnership members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare & Medicaid Services (CMS). If a provider appeals a sanction and prevails, Partnership will consider a request to change the provider status to good standing.
4. Provider is not pursuing any litigation or arbitration against Partnership.
5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.
6. Provider has demonstrated the intent to work with Partnership on addressing community and member issues.
7. Provider is adhering to the terms of their contract (including following Partnership policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement, or overbilling.
9. Provider is not conducting other activities adverse to the business interests of Partnership.

Furthermore, facilities indicated in abuse-related citations associated with the following criteria may not be eligible for payment if the citation is active at the time of payment.

1. “Red hand”  icon indicating a facility has been cited for abuse as reported to the official Medicare [website](#).
2. Class A violation as defined by:
  - a. Imminent danger of death or serious harm to patients, or
  - b. A substantial probability of death or serious physical harm to patients
3. Class AA violation as defined by:
  - a. Meets the definition of a Class “A” violation, and is direct proximate cause of patient death

For more information regarding Class A and abuse-related citations, please visit <https://www.medicare.gov/>.

## Measure Selection

---

The measurement set for the EXT QIP is reviewed and developed annually. To maintain a stable measurement set, major changes are made no more frequently than every other year. With input from the extended care center provider network and internal departments, the measurement set requires approval from Partnership's Physician Advisory Committee. Once approved, the finalized measure set for the next year is shared with the network, and program specifications are developed and posted on Partnership's EXT QIP webpage. It is possible for the measurement set to change slightly during the measurement year if new information becomes available (i.e., evaluation of the previous program year). Any mid-year changes to the measurement set will be announced to providers through e-mail notifications.

Measures may evaluate a provider's utilization of a certain service or provision of treatment. Partnership recognizes the potential for underutilization of care and services and takes appropriate steps to monitor this. The processes utilized for decision making are based solely on the appropriateness of care and services and existence of coverage. Partnership does not offer incentives or compensation to providers, consultants, or health plan staff to deny medically appropriate services requested by members, or to issue denials of coverage.

## Payment

---

EXT QIP incentives are separate and distinct from a facility's contracted reimbursement rates. Contracted facilities participating in the EXT QIP will be 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 EXT QIP score achieved in the program determines the percentage of the individual incentive pool the facility will receive.

For 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 a 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.

The incentive will be paid after the close of the EXT QIP measurement period (i.e., December 2026) as specified in the Contract Amendment.

---

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

## Guiding Principles

---

The EXT QIP 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

The guiding principles outlined above are used to select measures for improvement. These measures are selected in areas such as population-level screening targets and other population-level preventive care services. The QIP serves to increase health plan operational efficiencies by prioritizing areas that drive high-quality care and have potential to reduce overall health care costs.

### III. Summary of Measures

Measure	Points Assigned	Target
<b>Gateway Measures</b>		
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	<p>Full Credit (100%): Submission by 6/30/26</p> <p>Partial Credit (50% decrease): Submission between 7/1/26 - 12/31/26</p> <p>Submission after 12/31/26 will result in gateway measure not met and ineligibility for other program measures.</p>
<b>Clinical Domain</b>		
Measure 1: Percent of high-risk residents with pressure ulcers	10	<p>Full Points: &lt; 5.1%</p> <p>Partial Points: 5.1 - 5.3%</p>
Measure 2: Percent of residents who lose too much weight	10	<p>Full Points: &lt; 4.3%</p> <p>Partial Points: 4.3 - 5.4%</p>
Measure 3: Long-stay residents who needed and received a flu shot	10	<p>Full Points: &gt; 98.4%</p> <p>Partial Points: 93.5 - 98.4%</p>
Measure 4: Long-stay residents who received a vaccine to prevent pneumonia	10	<p>Full Points: &gt; 98.5%</p> <p>Partial Points: 93.5 - 98.5%</p>
<b>Functional Status Domain</b>		
Measure 5: Percent of residents experiencing one or more falls with major injury	10	<p>Full Points: &lt; 1.7%</p> <p>Partial Points: 1.7% - 3.2%</p>
Measure 6: Percent of residents who have/had a catheter inserted and left in their bladder	10	<p>Full Points: &lt; 1.2%</p> <p>No Partial Points</p>

<b>Resource Use Domain</b>		
Measure 7: Number of hospitalizations per 1,000 long-stay resident days	15	Full Points: < 1.83% Partial Points: 2.17% - 1.83%
<b>Operations &amp; Satisfaction Domain</b>		
Measure 8: Health Inspection Star Rating	10	Full Points: 4 or more stars Partial Points: 3 stars
Measure 9: Staffing Rating	15	Full Points: 4 or more stars Partial Points: 3 stars

## IV. Gateway Measure 1: CMS Five Star Overall Rating

---

### Description

---

To ensure EXT QIP incentives are consistent with high quality care, 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.

### Measure Rationale

The Overall Five-Star Rating located on the CMS Nursing Home Compare is calculated from three other CMS ratings for Health Inspections, Quality Measures, and Staffing. The overall rating is helpful for consumers, caregivers, and other EXT facilities to compare performance.<sup>1</sup>

### Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

EXT facilities with a one (1) star rating, that failed their annual Health Inspection Survey, or have recently changed ownership **AND** can demonstrate changes were made changes to address these factors, can submit an appeal to the EXT QIP team at [EXTQIP@partnershiphp.org](mailto:EXTQIP@partnershiphp.org) requesting Partnership reconsider their exclusion from the EXT QIP. Please be sure to describe the relevant details surrounding the circumstances that lead to the facility failing the annual Health Inspection Survey or to the CMS rating, as well as the activities and efforts undertaken to address these determinations. This appeal request must be submitted no later than March 31, 2027 to be considered for participation in the 2026 measurement year.

## V. Gateway Measure 2: California Immunization Registry (CAIR) Enrollment

---

### Description

---

The California Immunization Registry (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.

### Measure Rationale

---

California Assembly Bill 1797 went into effect in 2023 and requires providers to enter immunizations they administer as well as a patient's race and ethnicity into a California immunization registry.

The California Immunization Registry (CAIR) is a secure, confidential, statewide computerized immunization information system accessed online to help providers track patient immunization records, reduce missed opportunities, and help fully immunize Californians. CAIR makes immunization records easily accessible, ensures accuracy, and improves efficiency.<sup>2</sup>

### Reporting Guidelines

---

Facilities are required to submit a CAIR ID as proof of CAIR enrollment by email to [EXTQIP@partnershiphp.org](mailto: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.

## VI. Gateway Measure 3: Quality Assurance & Performance Improvement (QAPI) Plan & Attestation Submission

---

### Description

---

Quality Assurance and Performance Improvement (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

### Measure Rationale

---

The QAPI is designed to take a systematic, comprehensive, and data-driven approach by a facility with the goal to maintain and improve safety and quality while engaging all facility caregivers in the problem-solving process.<sup>3</sup>

### Reporting Guidelines

---

Facilities are required to submit a QAPI plan **and** attestation form via email to [EXTQIP@partnershiphp.org](mailto:EXTQIP@partnershiphp.org), by the dates below to meet the measure and incentive pool requirements (see Appendix II, page 27 for Attestation Template).

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

## VII. Clinical Domain Measures

---

### Measure 1. Percent of High-Risk Residents with Pressure Ulcers

---

#### Description

---

The percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.

Specifications are extracted from the Minimum Core Set (MDS) 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

#### Measure Rationale

---

Pressure ulcers can cause severe discomfort. Patients with advanced pressure ulcers often have decreased mobility and independent function. As part of the Five-Star Rating System, this measure is an important piece of understanding quality outcomes of long-term care facilities.<sup>4</sup>

#### Thresholds

---

Available Points: 10

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

#### Denominator

---

All 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.

## Reporting Guidelines

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## **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.

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

### **Measure Rationale**

---

Unmanaged or unintended weight loss in nursing home residents can further complicate existing health conditions. Weight loss complications include frailty, bone fractures, and compromised immune systems. This measure evaluates the rate of residents with unintended weight loss.<sup>5</sup>

### **Threshold**

---

Available points: 10

- 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.

### **Reporting Guidelines**

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## 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.

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

### Measure Rationale

---

Influenza can enter EXT facilities by new residents, caregivers, and visitors. Influenza outbreaks in these facilities can result in severe and fatal flue complications for already high-risk residents.<sup>6</sup>

### Threshold

---

Available points: 10

- 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.

## Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## 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.

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

### Measure Rationale

---

Pneumonia is a common disease in many long-term care facilities and causes increases in morbidity and mortality. This measure provides adequate preventive opportunities.<sup>7</sup>

### Threshold

---

Available points: 10

- 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]).

### Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## VIII. Function Status Domain Measures

---

### 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.

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

#### Measure Rationale

---

A common safety concern in several facilities is injuries caused by falls which can severely impact a resident's quality of life. Additionally, residents may in turn lose motivation or confidence in independent mobility after a fall.<sup>8</sup>

#### Threshold

---

Available points: 10

- 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 resulted 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.

## Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## Measure 6. Percent of Residents Who Have/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.

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

### Measure Rationale

---

Extended use of catheters is associated with urinary tract infections and prolonged hospital or inpatient stays. This measure evaluates the frequency of catheter use in low-risk residents without preexisting conditions.<sup>9</sup>

### Threshold

---

Available points: 10

- 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.

## Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## IX. Resource Domain Measures

---

### Measure 7. Hospital Admissions / 1,000 Resident Days

---

#### Description

---

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

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

#### Measure Rationale

---

Hospitalizations for long-term care facility residents can disrupt their continuity of care and lead to costly complications. This measure evaluates facility hospitalization rates across the Partnership network.<sup>10</sup>

#### Threshold

---

Available points: 15

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

#### Denominator

---

The denominator is the 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). The 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 the resident was enrolled in hospice.

#### Numerator

---

The numerator for the measure is the 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.

## Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## X. Operations & Satisfaction Domain Measures

---

### 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.

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

#### Measure Rationale

---

Because CMS requires most nursing homes to participate in these onsite inspections, this measure ensures that facilities are evaluated through a standardized process and compared objectively against a large number of facilities.

State surveyors conduct health inspections once a year and possibly more often if the facility is performing poorly, or if there are external complaints or incidents reported by the facility. The inspection team looks at the care of residents and the processes used to give that care, how the staff and residents interact, and the facility's environment.<sup>11</sup>

#### Threshold

---

Available points: 10

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

#### Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## Measure 9. Staffing Rating

---

### Description

---

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

Specifications are extracted from the MDS 3.0 Quality Measures User's Manual v17.0 on the CMS website: [here](#).

### Measure Rationale

---

Higher staff to resident ratios are generally associated with greater care quality. CMS uses a standard scale to rate staffing ratios across the state. This measure is part of the measurement set to ensure sufficient staff levels for members.<sup>12</sup>

### Threshold

---

Available points: 10

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

### Reporting Guidelines

---

No reporting by the facility is required. Partnership will extract summary data from Nursing Home Compare on the last business day of February 2027 following the close of the 2026 measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#). NOTE: In the event CMS measure data is delayed and/or unavailable and Partnership is unable to extract for QIP measure scoring and payment calculation, we will communicate our course of action to the provider network.

## **XI. Appendices**

---

### **Appendix I. 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@partnershiphp.org](mailto:EXTQIP@partnershiphp.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.

## Appendix II. Submission Template

(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](mailto: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

NOTE: QAPI Plans and attestation forms submitted after December 31, 2026, will result in gateway measure not met and ineligibility for other program measures.

## Appendix III. Works Cited for Measure Rationale

---

- <sup>1</sup> Centers for Medicare and Medicaid Services. 2025. Brief explanation of five-star rating methodology. [www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/brieffivestartug.pdf](https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/brieffivestartug.pdf)
- <sup>2</sup> California Department of Public Health. 2025. California immunization registry. About CAIR. <https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-updates-about.aspx>
- <sup>3</sup> Centers for Medicare and Medicaid Services. 2018. QAPI description and background. <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/qapidefinition>
- <sup>4</sup> White-Chu EF, Flock P, Struck B, Aronson L. Pressure ulcers in long-term care. *Clinics in Geriatric Medicine*. 2011 May;27(2): 241-58. doi: 10.1016/j.cger.2011.02.001. [https://www.geriatric.theclinics.com/article/S0749-0690\(11\)00010-3/abstract](https://www.geriatric.theclinics.com/article/S0749-0690(11)00010-3/abstract)
- <sup>5</sup> Wilson MM, Thomas DR, Rubenstein LZ, Chibnall JT, Anderson S, Baxi A, Diebold MR, Morley JE. Appetite assessment: Simple appetite questionnaire predicts weight loss in community-dwelling adults and nursing home residents. *Am J Clin Nutr*. 2005 Nov;82(5):1074-81. doi: 10.1093/ajcn82.5.1074. PMID: 16280441. <https://pubmed.ncbi.nlm.nih.gov/16280441/>
- <sup>6</sup> Centers for Disease Control and Prevention. 2024 September. Interim guidance for influenza outbreak management in long-term care and post-acute care facilities. <https://www.cdc.gov/flu/hcp/infection-control/ltc-facility-guidance.html>
- <sup>7</sup> Mills K, Graham AC, Winslow BT, Springer KL. 2009. Treatment of nursing home-acquired pneumonia. *Am Fam Physician*, 2009 Jun 1;79(11):976-82. PMID: 19514695. <https://pubmed.ncbi.nlm.nih.gov/19514695/>
- <sup>8</sup> Taylor, J.A., Parmelee, P., Brown, H., Ouslander, J. 2005. The falls management program: a quality improvement initiative for nursing facilities. Center for Health in Aging and the Emory University Division of Geriatric Medicine and Gerontology. <https://www.ahrq.gov/sites/default/files/publications/files/fallspdxmanual.pdf>
- <sup>9</sup> Wald HL, Ma A, Bratzler DW, Kramer AM. Indwelling urinary catheter use in the postoperative period: analysis of the national surgical infection prevention project data. *Arch Surg*. 2008 Jun;143(6):551-7. doi: 10.1001/archsurg.143.6.551 PMID: 18559747. <https://pubmed.ncbi.nlm.nih.gov/18559747/>
- <sup>10</sup> Centers for Medicare and Medicaid Services. 2018. Initiative to reduce avoidable hospitalizations among nursing facility residents. <https://www.cms.gov/medicaid-chip/medicare-coordination/avoidable-hospitalizations>
- <sup>11</sup> Medicare. 2025. Health inspections for nursing homes. <https://www.medicare.gov/care-compare/resources/nursing-home/health-inspections>
- <sup>12</sup> Kali S. Thomas, Vincent Mor, Denise A. Tyler, Kathryn Hyer, The relationships among licensed nurse turnover, retention, and rehospitalization of nursing home residents, *The Gerontologist*, Volume 53, Issue 2, April 2013, Pages 211-221. <https://doi.org/10.1093/geront/gns082>