



Enhanced Care Management Quality Incentive Program

2026 ECM QIP Kick-Off Webinar - Q&A (1/15/2026)

Contract Amendments

- **How do you know that an amendment is in place?**

It is recommended to first inquire with your organization's signatory to confirm. If you have further questions, please reach out to Partnership's Contracting Department at contracting@partnershiphp.org.

Incentive Payments

- **Will we be receiving payment through FIS (like invoices) or directly from Partnership?**

Partnership distributes quarterly incentive payments in check form and mails to your organization's mailing address on file.

- **Are QIP Payments paid quarterly?**

Yes. Please refer to the 2026 payment schedule below.

Reporting Period	Payment Distribution
Q1: January - March	July 2026
Q2: April - June	October 2026
Q3: July - September	January 2027
Q4: October - December	April 2027

- **Is there an estimated date when we will be advised re QTR 4 2025 incentive results and when to estimate the date of payment?**

Final incentive payments for 4th quarter of 2025 are scheduled for distribution by April 30, 2026.

Member Eligibility

- **Considering the new ruling, if a member loses eligibility in January 2026, then regains it back in February 2026, but their eligibility is retroactive back to January, can they still be included in the QIP count?**

If the member lost eligibility sometime within the quarter but it was restated by the end of the quarter, it should not affect the QIP count.

- **To clarify, if I have a member enrolled within a reporting quarter, I have to report their data, however, if they are ineligible one of those months we are not getting the incentive?**

The incentive would apply to the months in the quarter the member is eligible.

ECM QIP Training

- **Can we sign new staff up for training as well?**

We will offer monthly group onboarding training for new providers beginning in March of 2026. In the meantime, please view our January 2026 kick-off webinar recording and presentation slides on our [ECM QIP webpage](#).

Gateway Measure: Timely Reporting

- **For the PMPM, is that only enrolled members or also those in varying degrees of outreach?**

All measures in the program include ECM enrolled members only.

Measure 1: Care Plan & ROI Upload in PointClickCare

- **My understanding is that you must upload a 6-month care plan as well or you will not meet the QIP care plan requirements.**

Providers are required to upload a Care Plan and ROI form within 60 days of the TAR “request” date. When providers request a TAR renewal, an updated Care Plan must be uploaded within 60 days of the TAR “renewal” request date. This is a good time to review the member’s uploaded ROI to ensure the ROI has not expired. If the ROI is expired, a new ROI will need to be completed and uploaded within 60 days

- **Are the 60 days for Care Plan and ROI submission 60 business days or all days including weekends? Is day one the first day of the TAR submission?**

The 60-day requirement to upload within 60 calendar days of the TAR request date.

- **If we would like PHC's review of whether our own ROIs contain the same elements as the PHC ROI, who should we reach out to?**

You may send your ROI to us for review at ECMQIP@partnershiphp.org for review.

- **Can you confirm that Care Plans only need to be revised when there is a change in the plan or is there a routine schedule expected for these care plans?**

Care Plans should be a living document that get updated as goals are changed or met. Updated care plans are only required to be uploaded to PointClickCare (PCC) with reauthorizations, although we recommend having updated care plans available as Partnership may request documentation.

- **If the Care Plan needs updating, can the case management notes be used or does the care plan need to be updated and resubmitted?**

The Care Plan should be updated and uploaded to PCC at each TAR renewal, or as needed.

- How is the DSNP movement of TAR end dates going to impact the QIP requirements of reassessments, Care Plans, and uploading documents into PCC?**

If Partnership is extending a TAR to 3/31/2026, this should not affect the QIP measure. Once the provider submits a TAR renewal request for the member, the provider should upload an updated care plan and ensure the ROI is still active and not expired.
- Can you please dig deeper into this question, who uploads the people into PCC? For us to contact Partnership about everyone not being uploaded in a timely manner would cause us to have to hire a new employee just to oversee this because of the number of members we serve. Just wondering if you have measures in place to account for those members that are not in the system within 60 days and we can't upload their Care plan and ROI. Our RTF is being sent complete. Thank you and I can always call to speak with someone if you would suggest that.**

The ECM program team at Partnership uploads current members into PCC using the Member Information Files (MIF). The list is compiled of continuing members included in RTFs as well as any new enrollees submitted in the middle of the month. The file is uploaded to PCC at the beginning of each month. Members not appearing for close to 60 days should happen minimally and may be a result of a portal issue.
- We frequently have members that do not show up in PCC in the 60 days. How do we ensure we are in compliance?**

Members present on the MIF are uploaded to PCC monthly (at the beginning of each month). If you are noticing that members on your MIF are not present in PCC within a week of receiving the MIF, please reach out to ECM@partnershiphp.org.
- Is Partnership responsible for putting members into PCC? If so, what if they are not yet in the system (PCC) before the 60 days after TAR request. We have found this to be so on some occasions. Is there a notation on your end so that we are not docked or held accountable for this?**

Members should be appearing in PCC within 60 days of submitting the TAR request. Partnership compiles the list of continuing members from RTFs as well as new TARs submitted by the middle of the month and new referrals and adds to PCC at the beginning of each month. If you are seeing members on your MIF that are not in PCC within a week after receiving the MIF, please reach out to us at ECM@partnershiphp.org.

Please reach out to ECM@partnershiphp.org if your members are not appearing in PCC after 30 days. It is important to add members to your reporting files (RTF) as soon as possible to ensure members are uploaded to PCC timely.

Measures 2 & 3: Depression and Blood Pressure Screening

- **If a hard-to-reach member or termed member due to a qualifying reason, within the quarter, before an elevated PHQ-9 or BP is redone does that count against our QIP measures?**

Newly enrolled members in the quarterly with abnormal PHQ-9 or BP screening results should be entered on the screening template during that quarter to receive credit; however, providers are required to re-screen these members every quarter until the results are normal. As an example, a member is newly enrolled in Q1, and the blood pressure screening result is abnormal. The provider should enter the abnormal result on the Q1 template to receive credit. For Q2, the provider is required to re-screen the member and enter the new result on the Q2 template to receive credit. The provider will re-screen every quarter until the result is normal.

- **For our pediatric ECM population, if a member is age-excluded from the blood pressure screening measure but all other applicable QIP measures are met, can you confirm that this member is still counted as fully compliant for 100% QIP?**

Yes, the age-excluded member will be removed from the provider's denominator for the measure, and the score will not be affected adversely.

- **Would an initial PHQ-2 screening score of 0 suffice in the place of the full PHQ-9 screening? Anything >0 would still follow with the full PHQ-9, although we do not necessarily screen everyone, unless this is mandated for the QIP compliance?**

Yes, members only need re-screening using the PHQ-9 if the PHQ-2 score is 3 points or higher.

- **What if a client refuses to do their QIPs?**

Providers must enter a screening date and score to receive credit.

- **For the PHQ-A, does the youth age range include 12-17 or 12-20? Thinking of ECM Population of Focus ages.**

The PHQ-A screening tool is for the 11-17 age range.

- **Had to step away not sure if you mentioned screening or process for patients with developmental delay?**

For members with intellectual and/or developmental disabilities, we recommend using the Geriatric Depression Scale Short Form (GDS) or PHQ-9(OV) (observational version) tools.

Tool	Positive Finding
Geriatric Depression Scale Short Form (GDS)	Total Score ≥ 5
Patient Health Questionnaire (PHQ-9) (OV) (Observational Version)®	Total Score ≥ 10

- **Can you please define Normal for the PHQ-2/9? Is it a score of 15?**

PHQ-2 results of ≤ 2 points are considered normal. PHQ-9 results of ≤ 14 points are considered normal.

- **If a child is under 12, do we complete the PHQ? Does this qualify for the QIP?**
Youth members 11 years and younger are excluded from the depression screening measure and are removed from the provider's denominator. Youth members 12 and older should be screened to receive credit.
- **We have tried ordering PHC Blood Pressure kits but some of our patients, but we have been denied due to not having a qualifying condition.**
When you complete the Medical Equipment Distribution Services Request Form, it is recommended to check the "Other" box after all the listed conditions and explain in the write-in section that blood pressure screening is required for all ECM enrolled members. You can also contact Partnership's DME Team at request@partnershiphp.org for guidance.
- **I have reached out in the past for BP screening tools and no reply.**
We are sorry you did not receive blood pressure screening tools when you reached out. Please email us at ECMQIP@partnershiphp.org again, and we will be sure to send the information to you as soon as possible.
- **Can you get BP results over the phone from a member using an approved home BP pressure kit?**
Yes, the provider can obtain screening results over the phone if the member is using a Partnership-approved home blood pressure kit.
- **I just want to confirm, the blood pressure and depression screening log should include all enrolled members even from prior quarters, not just the members enrolled in that quarter, correct?**
All members enrolled at any time within the current quarter (even if disenrolled at some point within the current quarter) must be included in the screening template. Members enrolled in previous quarters but not enrolled at any time in the current quarter do not need to be entered on the template.

Measure 4: Timely Review of ED/Admissions Notifications

- **I would like to confirm what the review of the notifications are. Is it the fact of opening the email?**
This is a two-part measure. Part 1 involves setting up ED/Admissions notifications in PCC, which is done by contacting PointClickCare for assistance. During the set up, you will choose your preference to receive notifications. The email and text message methods will give you a link to follow and review the notification. You can also view notifications on the portal. Fax notifications are also available but will include member PHI, and a secure fax location is recommended. Part 2 measures providers on the percentage of notifications reviewed within 72 hours of receiving the notification.

- **I notice in Point Click Care there is a "perform review" option on the notification - does that need to be completed for it to register as reviewed?**

Selecting the “perform review” option will take you to the patient overview page where you can review the notification. This will register the notification as reviewed.

- **After receiving an ER notification in PCC, what are expectations for follow through with that member?**

Providers must review the notification within 72 hours of receiving the notification alert.

- **PCC admission notifications were not part of the initial contract. We only have ED. Do we have to pay for this addition?**

ED and admissions cohorts can be set up at no extra charge to the provider.

- **Regarding Part 2 of ED notifications, how are we to pay our staff to work on paid holiday weekends to open the ED notifications in a timely manner? Shouldn't there be an exception for holiday weekends?**

Holiday weekends were kept in mind while developing this measure, and target percentages for this measure were deliberately set lower to account for the holiday weekends.

- **We have a team extracting the notifications out of PCC and loading them into our care platform. How do we see that we are getting credit for reviewing these notifications? What is the trigger in PCC "to count" as reviewed?**

Providers are required to review the received notification in PCC to receive credit for the notification. PCC sends the results in a metrics report to Partnership. If you are extracting the notifications out of PCC and loading them to your internal platform you will not receive credit.

- **Going through the hyperlink for the ED notifications does not count?**

Yes, the notification review will count if you receive the notification and open the hyperlink to review the notification.

- **Who can we contact about how to get our post-discharge process to count? We aren't managing the follow up in PCC but loading the notifications in our care management platform and documenting the timely follow-up there. Is there alternative reporting we can provide as evidence of this work? I would love a conversation about this.**

This was discussed at the end of 2024 when the measure was under development, and it was decided that providers would be required to review the notification alerts within PointClickCare. and no other methods like a provider’s EHR. PointClickCare produces the results in a metrics report and provides it to Partnership. Alternative reporting methods are not accepted and will not receive credit.

- **We occasionally receive notifications from PCC from clients whose ECM services have ended. How should those be handled?**

Please reach out to the ECM program team at ECM@partnershiphp.org to discuss this. PointClickCare should only have your active members from the most recent MIF.

For more information about Timely Review of ED/Admissions Notifications measure, please review the PointClickCare Notifications Set-Up & Review Instructions located on our [ECM QIP webpage](#).

Other

- **Is there a direct contact for the ECM team other than a general email?**

For any ECM related inquiries, please reach out to ECM@partnershiphp.org.

- **Are you confident that ECM and CalAIM are going to continue to be funded?**

DHCS has indicated that ECM will continue.

- **For TAR corrections/submissions/renewals regarding Medi-Medi clients with/without D-SNP services, how can I confirm partnership is receiving the attached documents (copy of Medicare card/attestation form)?**

Per updated guidance, attestations are now only required for members who have a Medicare Senior Advantage Plan. We recommend checking the status of the TAR to ensure the attestation was received and the TAR was able to be approved.

- **For 2026, do the measurements conducted in Q4 of 2025 count? Or does everything start over?**

If you are referring to the ECM QIP measures, the 2026 measure set includes the same measures from the 2025 measurement year.

For detailed information about all ECM QIP measures, we encourage you to review the 2026 ECM QIP Program Specifications located on our [ECM QIP webpage](#). The following documents are also accessible on the webpage:

- PHQ-9 Depression and Blood Pressure Screening Template
- Depression Screening Tools
- PointClickCare Notifications Set-Up & Review Instructions
- 2026 ECM QIP Kick-Off Webinar presentation recording and slides

Please reach out to us at ECMQIP@partnershiphp.org for any additional questions.