



PARTNERSHIP

2024 Palliative Care Quality Incentive Program Kick-off Webinar

Tuesday, January 23, 2024

Noon – 1pm

Presented by:

Eva Lopez, Program Manager

HEALTHPLAN

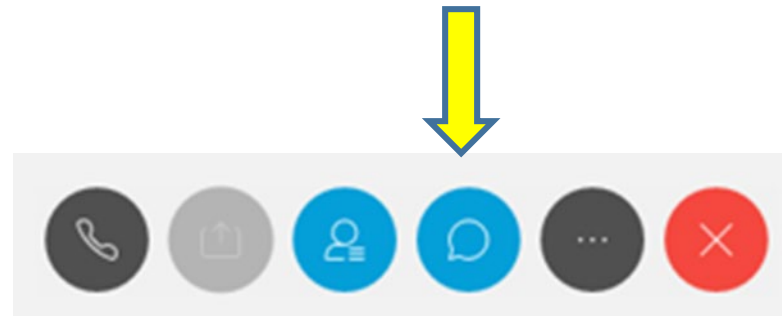
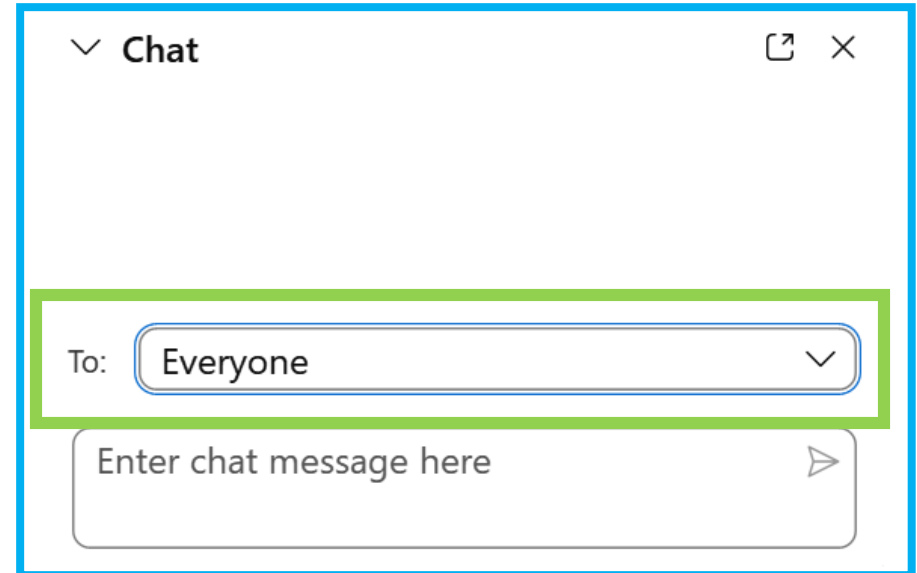
of CALIFORNIA

A Public Agency



Webinar Instructions

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- Time is put aside for questions at the end of the webinar.
- If you have a question, please type your question in the CHAT BOX, and address to “EVERYONE.”



Agenda

- About Us & Guiding Principals
- Program Structure and Timeline
- 2024 Measurement Set
- Best Practice for Success!
- PCQC Updates
- Upcoming Events & Reminders
- Q & A

About Us



- Partnership Health Plan of California is a non-profit community based health care organization
- As of January 1, 2024, Partnership Health Plan of California has expanded into 10 counties in the Eastern Region of Northern California!
- Servicing 24 Northern California counties with a total membership of around 918,000

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

1. Where possible, pay for outcomes instead of processes
2. Actionable measures
3. Feasible data collection
4. Collaboration with providers in measure development
5. Simplicity in the number of measures
6. Representation of different domains of care
7. Align measures that are meaningful
8. Stable measures

Program Structure

Eligibility Requirements

- All contracted Intensive Outpatient Palliative Care providers are automatically enrolled in the Palliative Care Quality Incentive Program (QIP) and eligible for payment.
- Providers must have a PHC contract within the first (3) months of the measurement year. The provider must remain contracted through the end of the 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, PHC has the sole authority to further determine if a provider is in Good Standing.

Program Structure

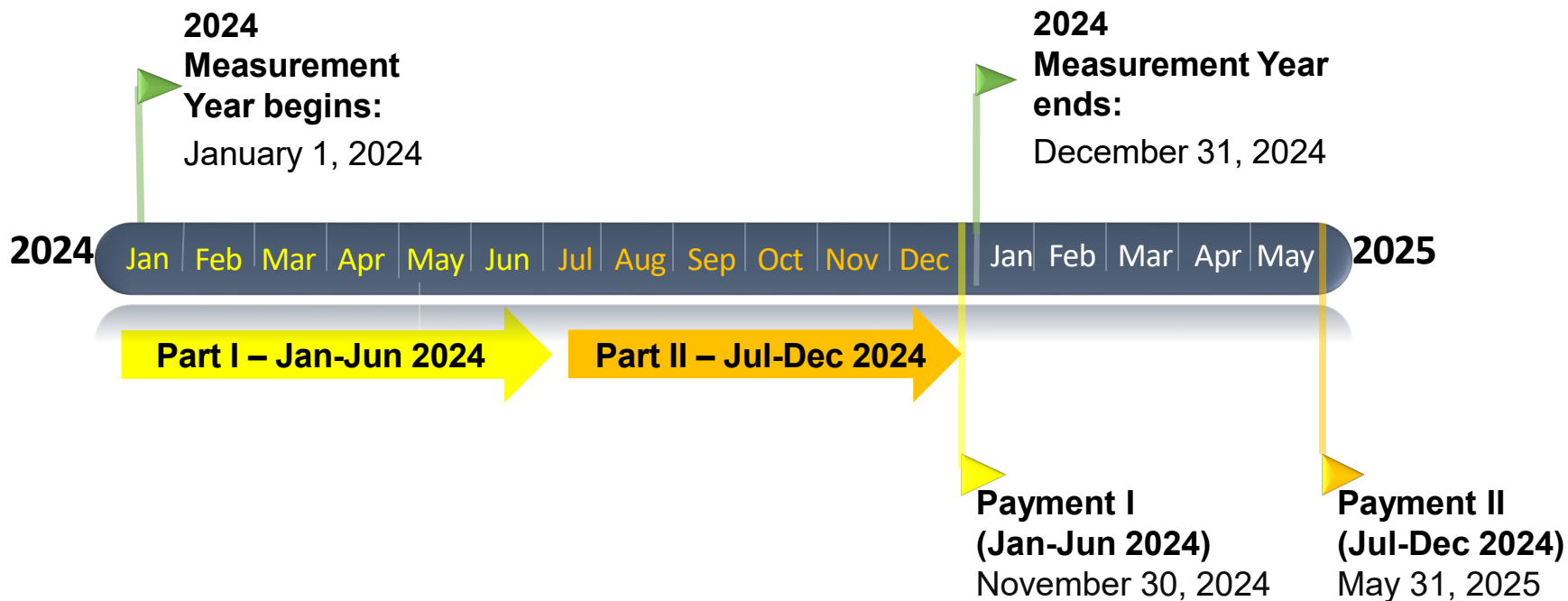
Payment Methodology

- 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 bi-annually:

<u>Payment</u>	<u>Measure Period</u>	<u>Payment Date</u>
Payment I	Jan-Jun 2024	November 30, 2024
Payment II	Jul-Dec 2024	May 31, 2025

Program Structure

2024 Measurement Year Timeline



Measure 1

Avoiding Hospital & Emergency Room Visits

Target: Zero admissions or 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 3 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.

Measure 2

Completion of POLST and Use of Palliative Care Quality Collaborative (PCQC)

Target: Completion of a signed POLST and documentation using the PCQC Tool

Incentive: \$120 per member enrolled in the palliative care program

Example: A member is...

- enrolled in the program on February 25 to May 30
- Documentation of a signed POLST completed within the enrollment timeframe, using the PCQC tool

The provider site will be eligible for a total payment for completing a signed POLST and documenting using PCQC of \$120.

Reporting: No reporting by provider sites is required. PHC will obtain data from PCQC.

Measure 3

Completion of Standardized Palliative Care Quality Collaborative (PCQC) Assessments & Use of PCQC Tool

Target: At least two (2) patient encounters per month, completing a standardized PCQC assessment within the designated thresholds for capturing required data elements per encounter, and documented using the PCQC tool.

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 to May 30
- Documentation of at least two (2) visits documented on PCQC with the completion of a Palliative Care Quality Collaborative assessment form per visit within the designated thresholds for capturing required data elements each month, but entered into PCQC in April and May, the number of months meeting this measure is 2 (April and May)

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

Reporting: No reporting by provider sites is required. PHC will obtain data from PCQC.



Measure 3

(Thresholds and benchmarks for payment)

Thresholds:

- > 85% of data elements entered on assessments = Full points (\$120 Per Member Per Month (PMPM))
- 70-84.9% of data elements entered on assessments = Partial points (\$60 PMPM)

Threshold Benchmarks for Payment:

Assessment 1	Assessment 2	Credit for Payment
85% or more	85% or more	Full credit (\$120)
85% or more	70-84.9%	Partial credit (\$60)
85% or more	Less than 70%	Partial credit (\$60)
70-84.9%	70-84.9%	Partial credit (\$60)
70-84.9%	Less than 70%	Partial credit (\$60)
Less than 70%	Less than 70%	No credit



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 check boxes are clearly marked. If no box is checked or checked as “unknown”, 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
- PHC 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 contact(s)

PCQC Updates

- PCQC partnering with Amazon Web Services as their new data registry!
- Migration of data from Arbormetrix to Amazon Web Services expected to be completed by end of month
- PCQC working with consultants to ensure new data registry can accept data from EHRs
- New site for data entry – PCQC working on scheduling trainings
 - New clinical data capture form hosted on Qualtrix
 - Active PCQC account holders will receive a unique, reusable link for data entry
 - Emails from Qualtrix to be sent to active PCQC account holders on Monday, January 22, 2024 with unique link
- Reports will be sent via email until secure portal is created – PCQC to work with providers to create a schedule for receiving reports

Upcoming Events & Reminders

2023 Payment II Processing (Jul-Dec 2023):

- Preliminary payment statements will be sent out 2-3 weeks with a one (1) week comment period.
- Incentive payments are scheduled to be mailed out by May 31, 2024.

Palliative Care Clinician Workgroup Meetings:

- Date/time TBD – Stay tuned

Contact Changes:

- Please email our Palliative Care QIP Team with any changes to staff contacts to maintain good communication with you throughout the year.



Palliative QIP Contact Information

Palliative Care QIP Team:

Amy McCune, Manager of Quality Incentive Programs

Eva Lopez, Program Manager

Contact us at: PalliativeQIP@partnershiphp.org

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

PCQC Questions:

Contact the PCQC Team via email at info@palliativequality.org or by phone at (833) 903-2201



Additional Contacts

- **Utilization Management Department**
Phone: 1-800-863-4144
 - Assist with questions regarding TARs, RAFs, Palliative Benefit, etc.
- **Claims Department**
Phone: 1-855-798-8757
 - Assist with questions regarding claims submission, claims resolution, etc.
- **Provider Relations Department**
Phone: 1-800-863-4155
 - Assist with contracting, credentialing, provider education

Q & A

Please type your question in the CHAT BOX



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

Resources

PCQC. Palliative Care Quality Collaborative.
(n.d.). Contact us.

<https://www.palliativequality.org/contact-us>

Q & A

Q: Would I reach out to additional contacts to see how to submit a TAR online?

A: Please contact the UM Department at 1-800-863-4144 for questions regarding TAR submission. You can also contact your Provider Relations Representative at 1-800-863-4155 to schedule a training for your team.

Q: What should we do with PCQC data forms that were not completed in December, but were not entered into Arbor Metrics?

A: You can use the new PCQC data entry site to enter any information from PCQC assessment forms that were completed in December or prior.

Q: Going forward, do we need to do PCQC data entry manual entry?

A: Please use the new PCQC data entry site to enter information from your completed PCQC assessment forms.