Med-QUEST Division
Pay-for-Performance Hospital Quality Program
April 9, 2026

Med-QUEST, DHS

Agenda

1. Hospital supplemental data file (HSDF) template update
2. Data submission & acceptance process
3. REaL data standards and EHR changes

HSDF Template Update

HSDF Template Update

- The MQD Hospital Quality Pay for Performance (P4P) program is a collaborative effort to further the mission of administering innovative and high-quality healthcare programs with aloha to empower Hawai‘i’s residents towards improved and sustained wellbeing(1)
- The existing P4P measure five, “Healthy Hawai`i: HRSN Screening Rate” uses a hospital supplemental data file (HSDF) for calculation of an HRSN screening rate

1) HOSPITAL QUALITY PAY FOR PERFORMANCE GUIDANCE FOR MEASUREMENT YEAR 2026. Memo Nos: QI-2607, FFS 26-03, CCS-2602

HSDF Template Update – Change Log Conventions

- Change log and conventions
  - Introduction tab now includes a log of changes
    - Quick reference for changes between versions
  - New instructions to include all data fields, even if the field is not being collected at your hospital
    - Ensure consistent data structure across hospitals
  - New instructions for CSV file naming convention
    - Ensures file versions are controlled
  - New tab of abbreviated data field names
    - Full list which can be used as data check

HSDF Submission Process

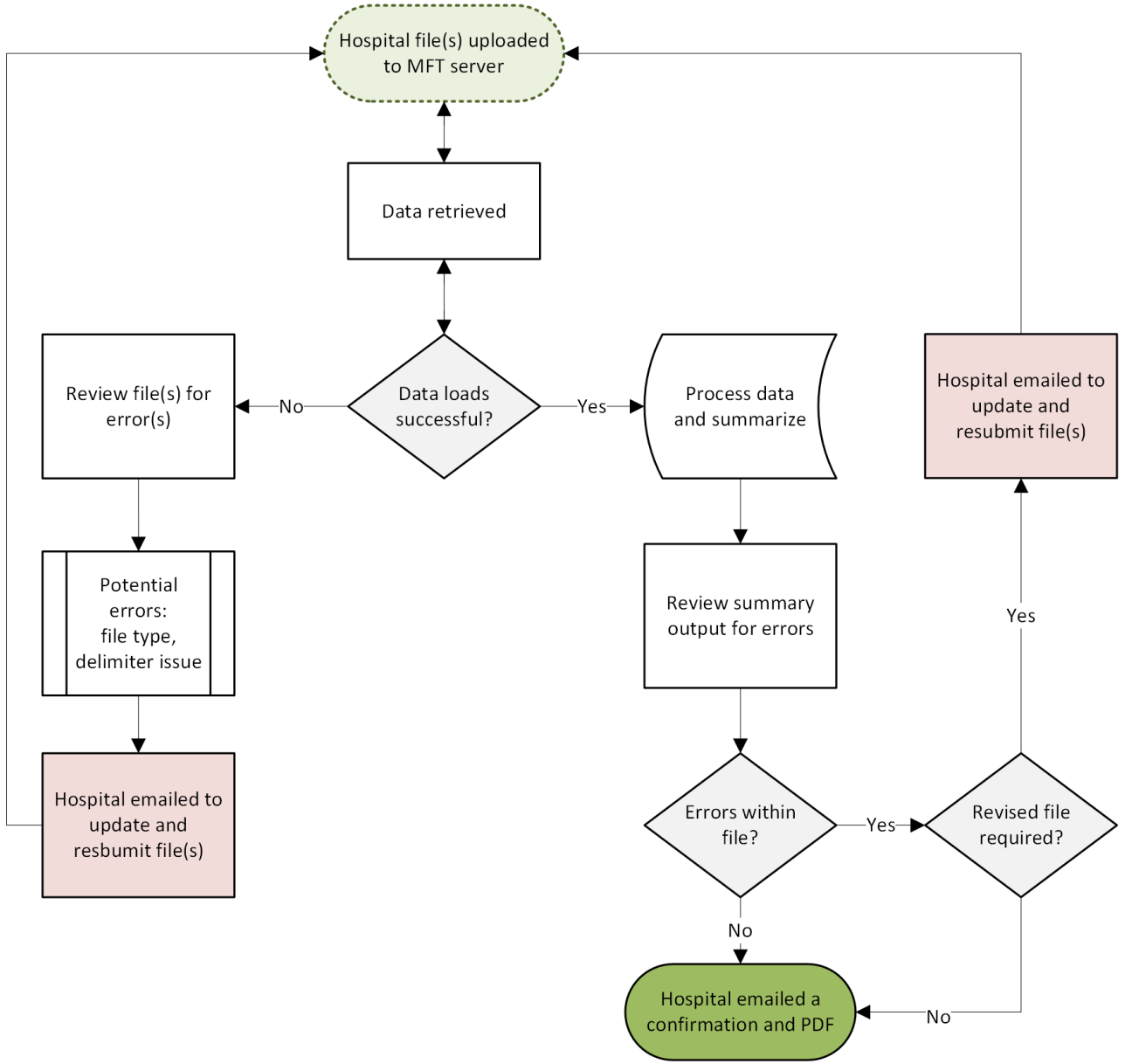
HSDF Submission Process

During the file load and review process, hospitals will receive communications from:

HI.MQD.Quality.HSDF@milliman.com

Please continue to send all questions and comments to the MQD CSO address:

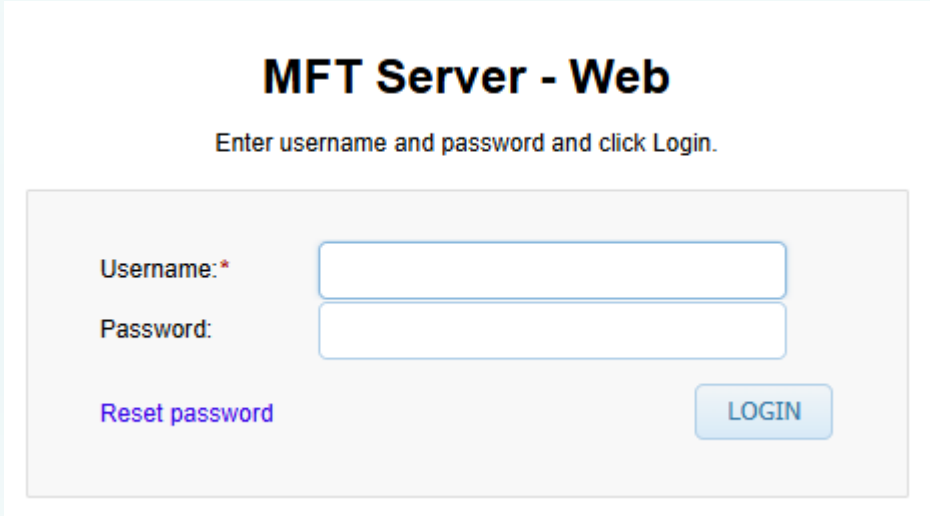
MQDCSO_Inquiries@dhs.hawaii.gov,
Subject line: Hospital Quality

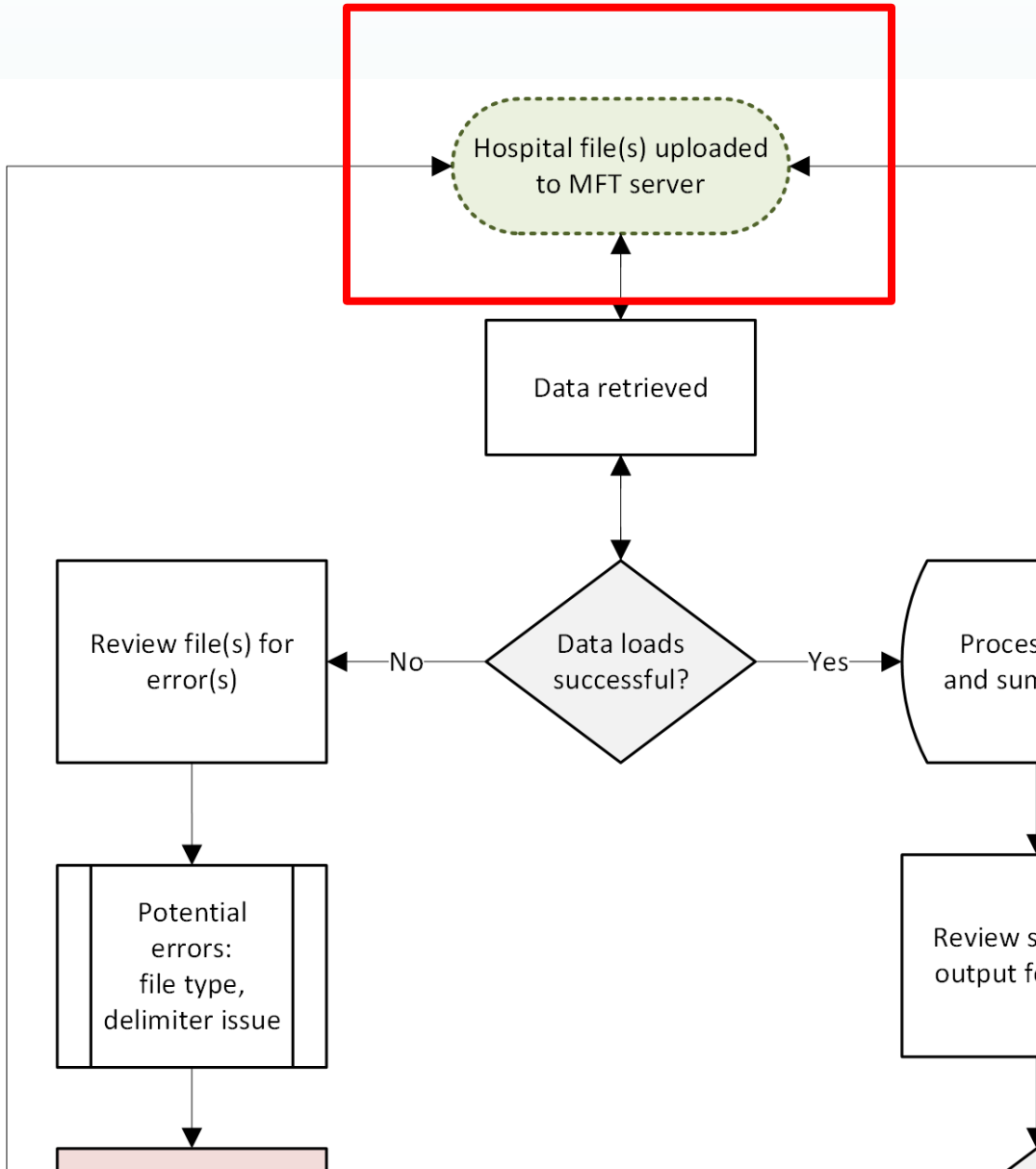


HSDF Submission Process

- Load hospital supplemental data file, saved as a comma separate value (CSV) to the secure MFT server
- Access instructions provided in January
- MFT overview provided in February

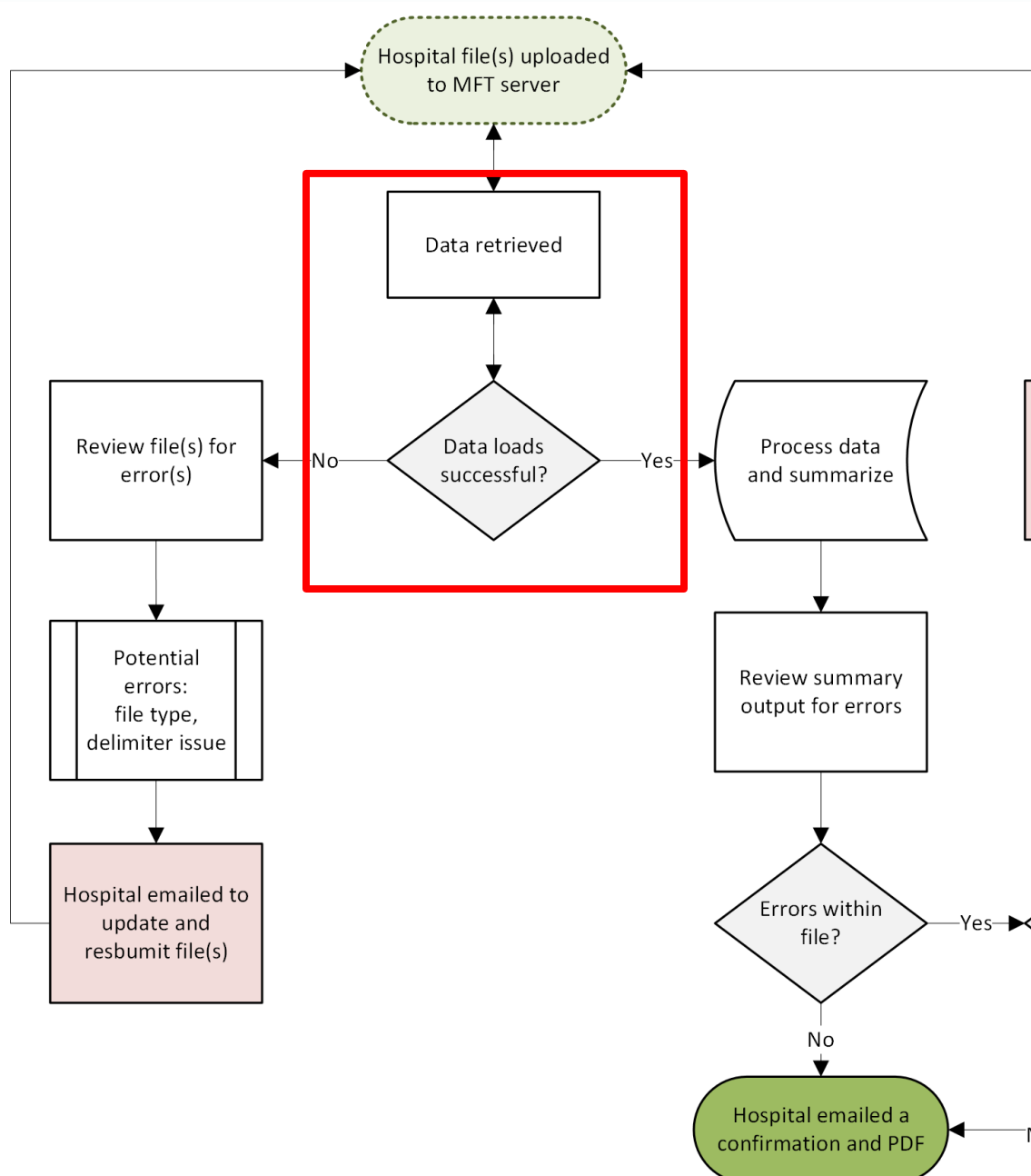
https://kui.medquest.hawaii.gov/login





HSDF Submission Process

- Once uploaded, hospital file(s) will be downloaded and saved to a secure server
- Can your CSV file be loaded successfully to the staging environment?
  - Yes
  - No

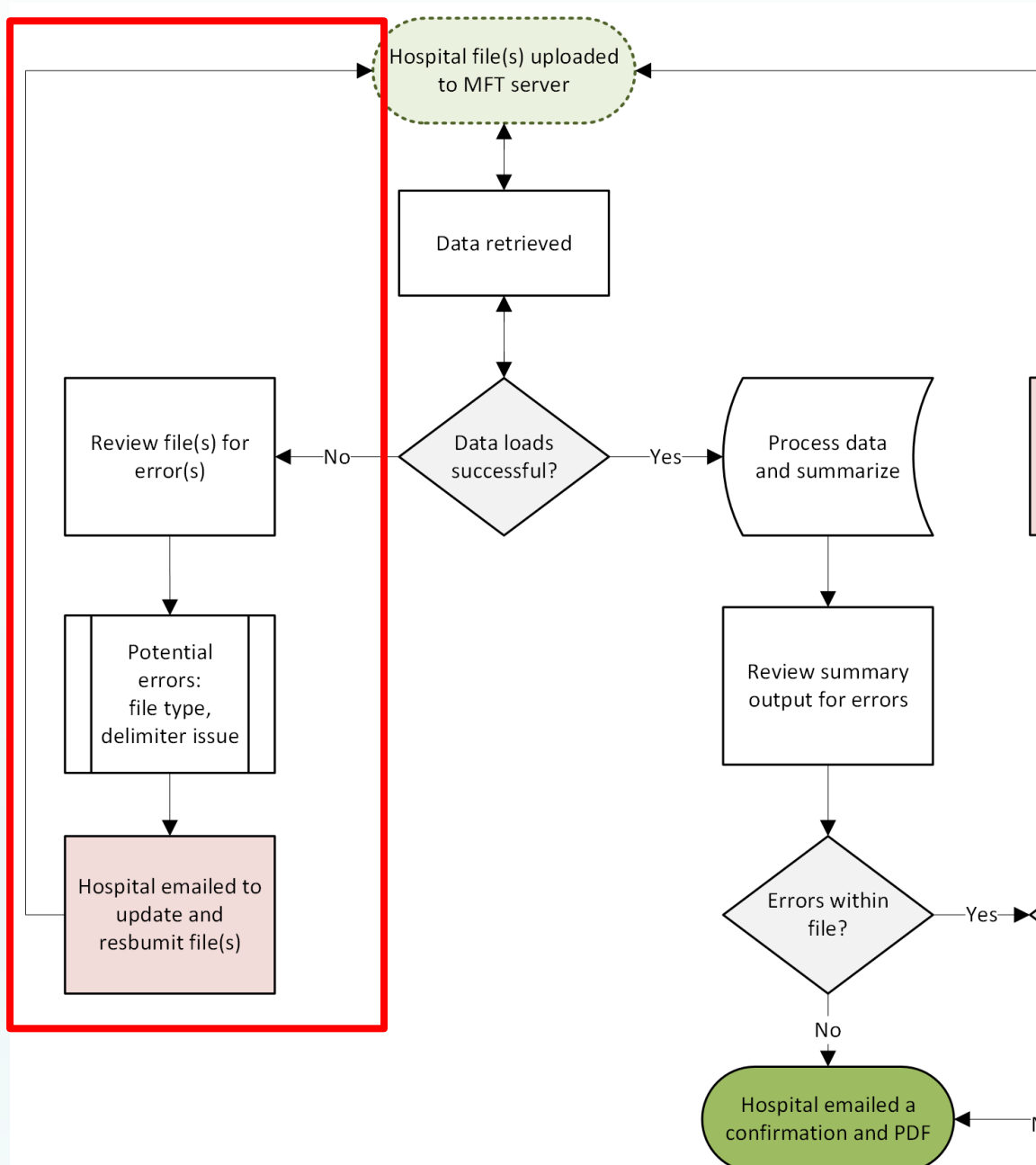


HSDF Submission Process

- Data load successful?

No

- File load errors are review
- Example errors:
  - Not in CSV format
  - Missing variables
  - Unnecessary padding
- Hospital is emailed the error and asked to resubmit

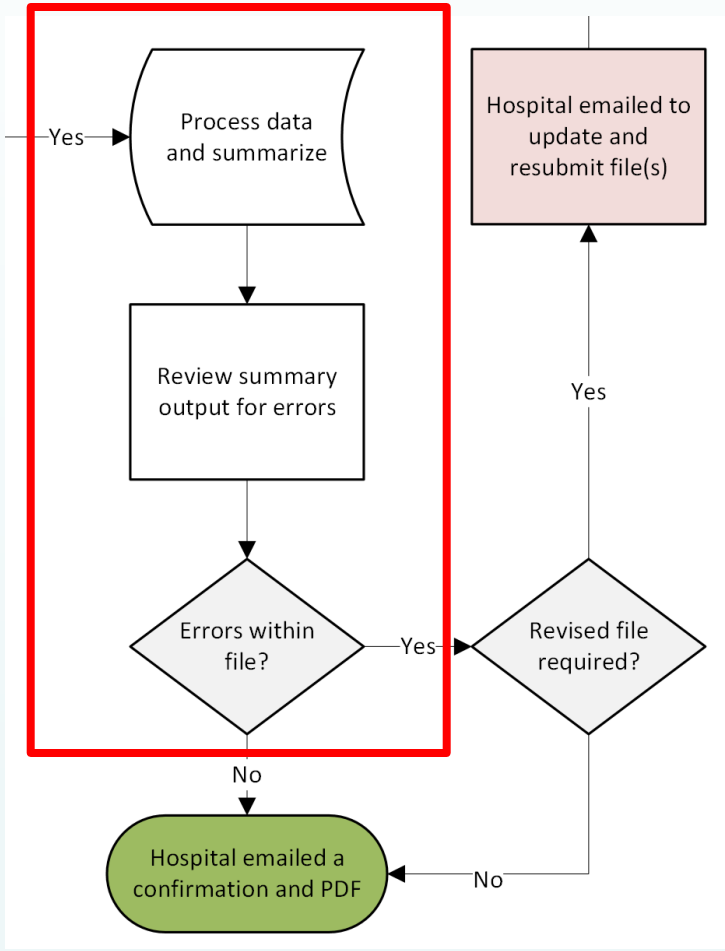


HSDF Submission Process

- Data load successful?

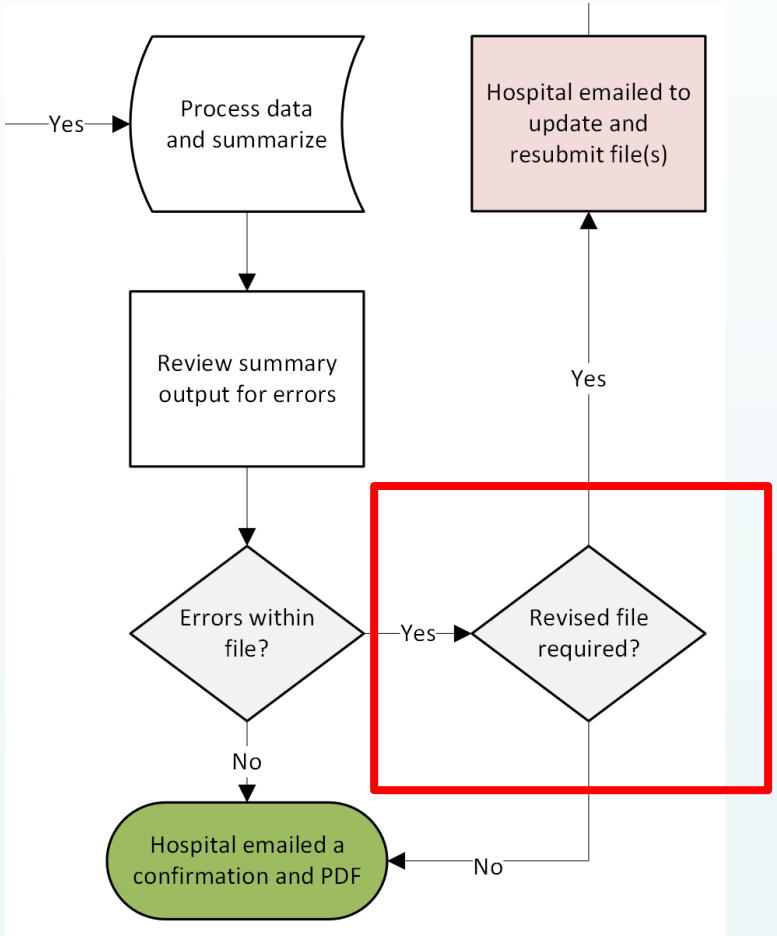
Yes

  - Hospital is emailed that the file was successfully loaded
    - Email includes count of records
  - Data is processed and summarized
  - File summary reviewed
- Are there errors within the data submission?
  - Yes
  - No



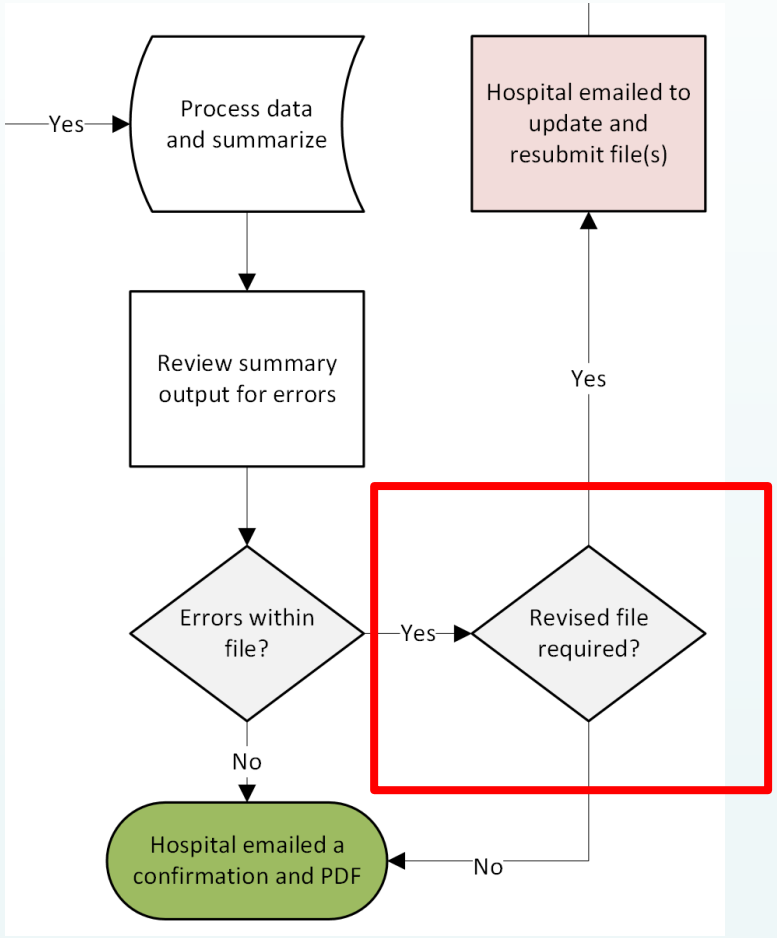
HSDF Submission Process

- Yes
  - Example errors:
    - Missing data for required field
      - e.g. nine-character Medicaid ID
    - Invalid value definition
      - e.g. valid value for field 15 (member screened for HRSN) is 1 or 2 but hospital submits value of 3
    - Invalid date
      - e.g. member date of birth is after date of file submission



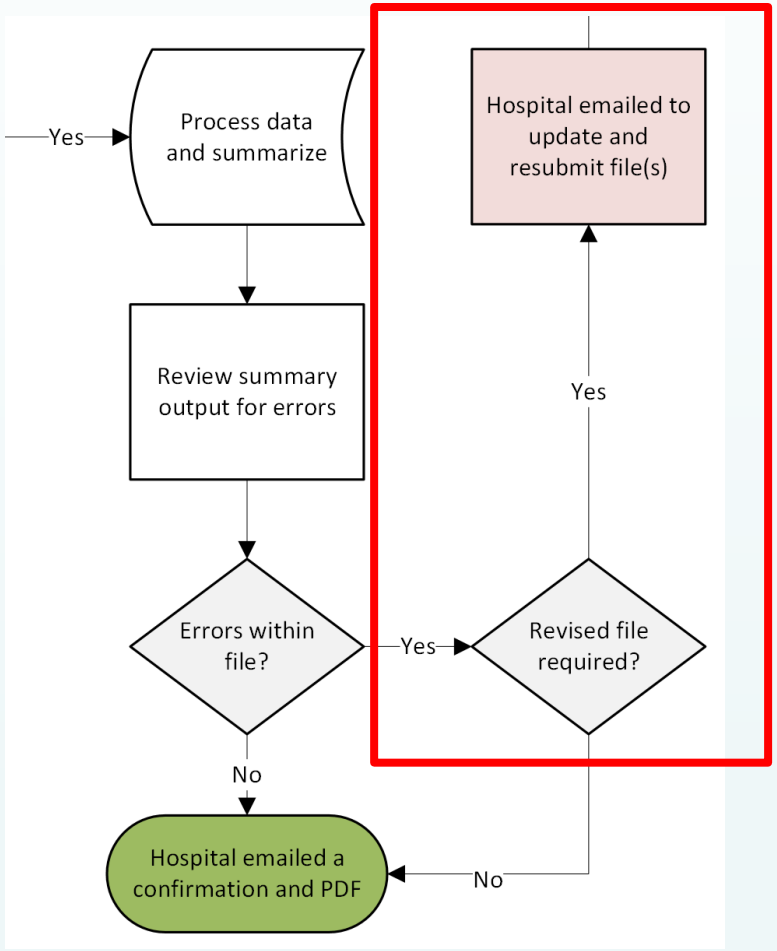
HSDF Submission Process

- Does the error require a revised file?
  - Yes
  - No



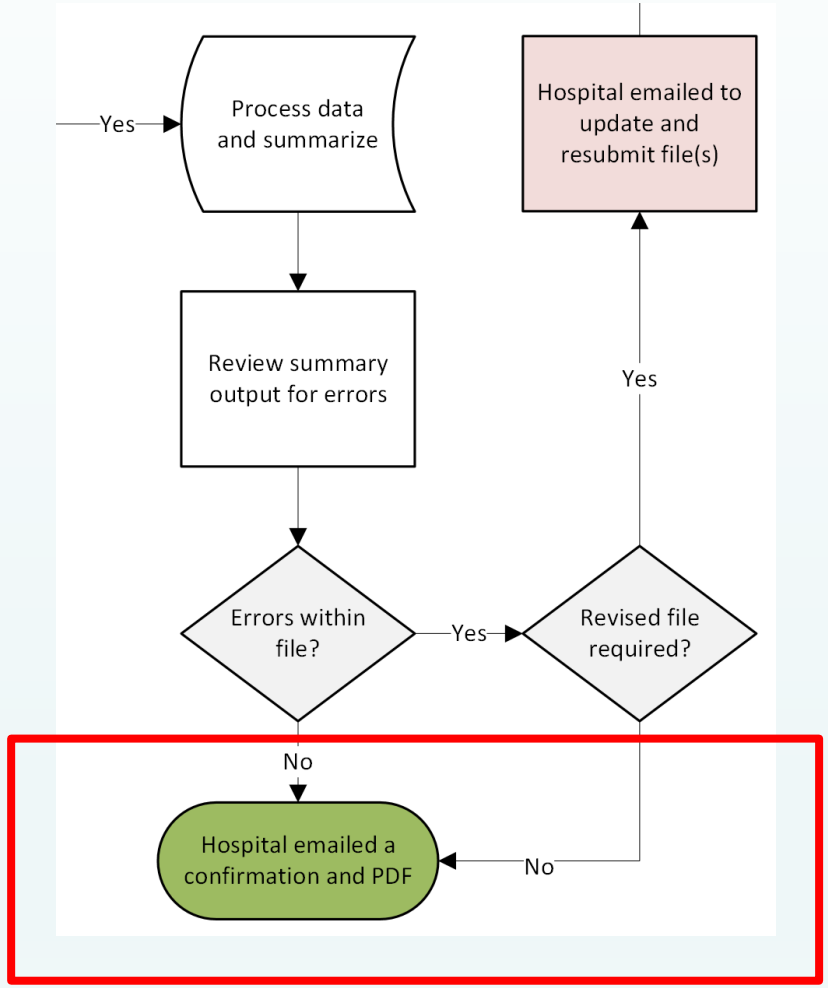
HSDF Submission Process

- Yes
  - Hospital emailed error summary file
  - Request to resubmit



HSDF Submission Process

- No
  - Hospital emailed summary
  - **Process complete**



HSDF Submission Process – Quality Control

- As a quality control step, we encourage hospitals/data teams to visually inspect their CSV file prior to submission (e.g. right click on the file and open using Notepad)
  - Does anything look “off”?
  - Are Provider and Medicaid IDs shown as text with leading zeros?
  - Are you seeing words where you should be seeing numbers?
  - Are you seeing rows with no data?

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process - FAQ

Please see **Frequently Asked Questions** in Appendix D of the 2025 memo and Appendix E of the 2026 memo

Med-Quest Memo: Hospital Quality P4P Guidance for MY2025 (QI-2521A)

Med-Quest Memo: Hospital Quality P4P Guidance for MY2026 (QI-2607)

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process – Q&A

Question: Are duals included?

Yes. Include all Medicaid members with visits in the reporting period, including when Medicaid is not the primary payer, regardless of whether HRSN data was collected. *(MY2025 memo, page 32)*

Example: John Doe is Medicare/Medicaid dually eligible and had one outpatient visit in 2025 and no HRSN data was collected.

John Doe would be included in the 2025 file. Since John Doe was not screened for HRSN during this one visit in 2025, Item 15, "Member screened for HRSN" (field MEM_HRSN_Screen) would equal 2 (value definition "No")

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process – Q&A

Question: How are "inpatient" and "outpatient" defined for HRSN screening?

The Hospital P4P program is a payment program for Medicaid inpatient and outpatient hospital services. The data collected for the inpatient and outpatient categories should align with the "Type of Bill" reported in the Medicaid hospital data for payment purposes. This would include hospital outpatient settings such as the ED.

Hospitals should exclude "lab-only" outpatient services billed using the outpatient claim type. Hospitals should also exclude clinic-based professional services (such as primary care services) that were not billed as an inpatient or outpatient claim type. *(MY2025 memo, page 33)*

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process– Q&A

Question: How should a hospital determine "Inpatient days"?

Inpatient days should align with MQD's inpatient reimbursement policies:

[Discharge Date] – [Admission Date]

For inpatient services with same day discharges that qualify for inpatient DRG reimbursement, set number of days to one (see memo QI-2211) *(MY2025 memo, page 33)*

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process – Q&A

Question: Patients may choose to Opt out of the HRSN screening. The EHR marks the task as complete. Template field #15, "Member screened for HRSN" lists values "yes" and "no." How will this opt out data be captured with this template? What impact will this have if we don't have a opt out value?
Patient refusal or inability to respond will be counted as a non-response. (*MY2026 memo, page 22)* Item 15, "Member screened for HRSN" (field MEM_HRSN_Screen) would equal 2 (value definition "No")

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process – Q&A

Question: When Reporting quarter/year date of service, is this only discharged patients? Or would we have to report on a patient that is in house at the end of the quarter?

The HSDF should include data for patients discharged in the quarter as well as patients still in house.

- If a patient spans *two* quarters, the patient will have data in *two* quarterly submissions
- If the patient was in house the *entire* quarter, the patient should be included in the quarterly submission and the number of days would be equal to:

[Last day of quarter] - [First day of quarter]

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process – Q&A

Question: Can our facility submit a test file?
Yes. If your facility is interested in submitting a test file, please reach out to MCD CSO email address below for instructions and coordination.

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

HSDF Submission Process – Additional Info

- MQD has contact information for your facility and information regarding your supplemental file submission will be shared with the contact(s)
- If you would like additional individuals to be notified of the data file review, please reach out to MQD at the email below
- If you are unsure who at your facility will be contacted following supplemental data submission, please reach out to MQD at the email below

Questions & Comments

MQDCSO_Inquiries@dhs.hawaii.gov, **Subject line: Hospital Quality**

REaL data standards and EHR changes

Today's Discussion

1. MQD identifies hospitals by EHR system, so you may discuss group solutions. Please work together!
2. MQD will include example screen shots to illustrate what it is looking for, along with ideas.
    a. These come from all of you.
    b. We didn't mention your names on the slides (but thank you!).
    c. You are welcome to self-identify.
3. Any concerns about me presenting any of this?
4. Any concerns about MQD sharing these slides?

Hospitals by EHR System

EPIC

- Queen's Manamana
- Molokai General
- North Hawaii
- Kohala
- Kona Community
- Kaiser Foundation
- Kapiolani
- Straub
- Pali Momi
- Wilcox
- Kau
- Hilo Benioff
- Ho'ola Hamakua
- Castle (beginning 8/2026)

CERNER

- Rehab Hospital
- Castle (until 8/2026)
- Samuel Mahelona
- Kauai Veterans Memorial
- Kuakini

DON'T KNOW

- Kahuku
- Kula
- Lanai Community
- Maui Memorial

Race and Ethnicity

Requirements 1.1 – 1.5

Requirement 1.1

- The hospital collects race and ethnicity as a combined field, rather than as separate fields. A key change in the new OMB standard is the combination of race and ethnicity into a combined field (display Appendix A).

☐ **Black or African American** – Provide details below.

☐ African American	☐ Jamaican	☐ Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** – Provide details below.

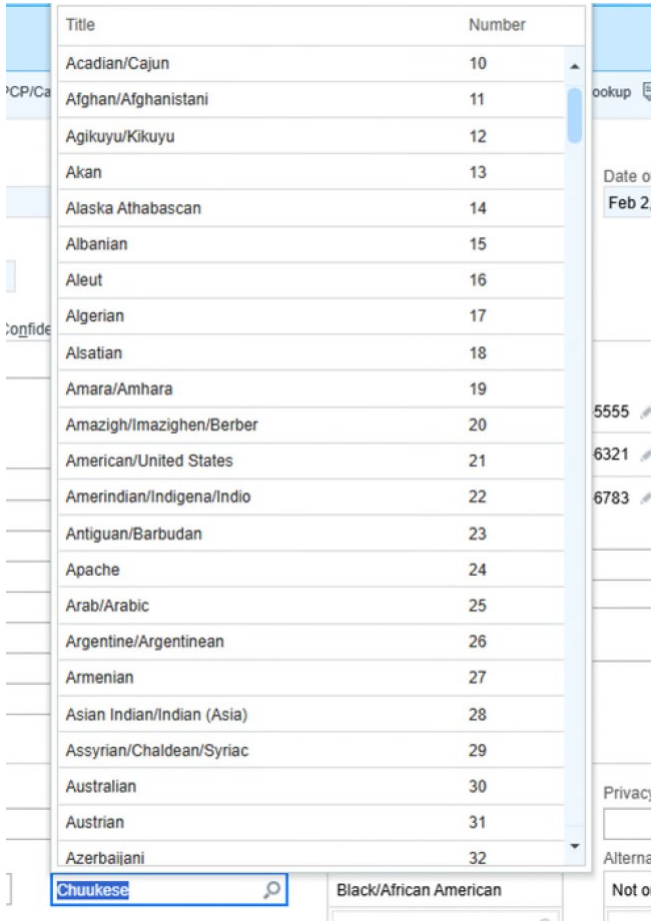
☐ Mexican	☐ Puerto Rican	☐ Salvadoran
☐ Cuban	☐ Dominican	☐ Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

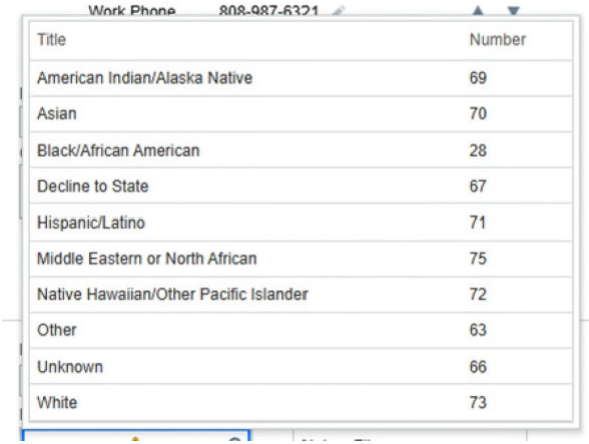
At least one hospital system in each EHR group achieves the spirit of the intention.

EPIC

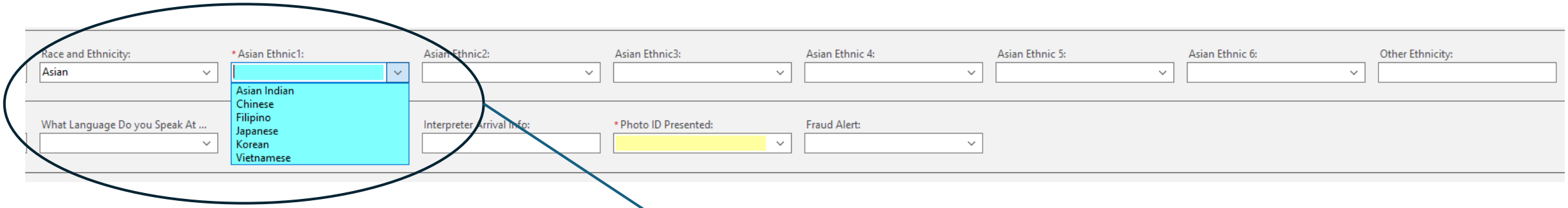

Ethnicity
1

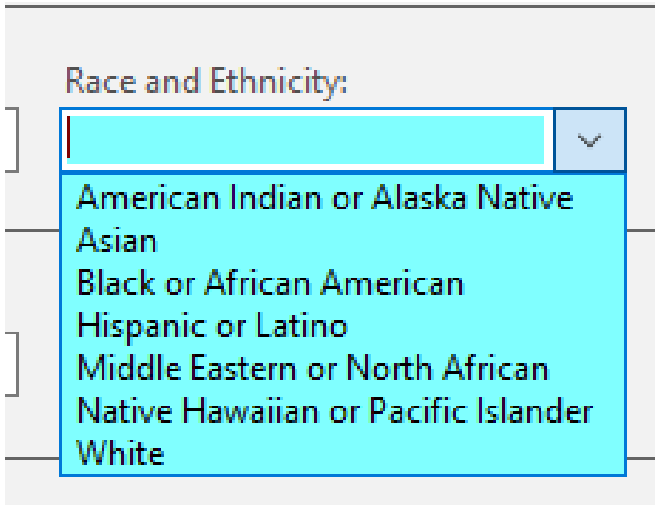

Title
Number
Acadian/Cajun 10
Afghan/Afghanistani 11
Agikuyu/Kikuyu 12
Akan 13
Alaska Athabascan 14
Albanian 15
Aleut 16
Algerian 17
Alsatian 18
Amara/Amhara 19
Amazigh/Imazighen/Berber 20
American/United States 21
Amerindian/Indigena/Indio 22
Antiguan/Barbudan 23
Apache 24
Arab/Arabic 25
Argentine/Argentinean 26
Armenian 27
Asian Indian/Indian (Asia) 28
Assyrian/Chaldean/Syriac 29
Australian 30
Austrian 31
Azerbaijani 32
Chuukese
Black/African American

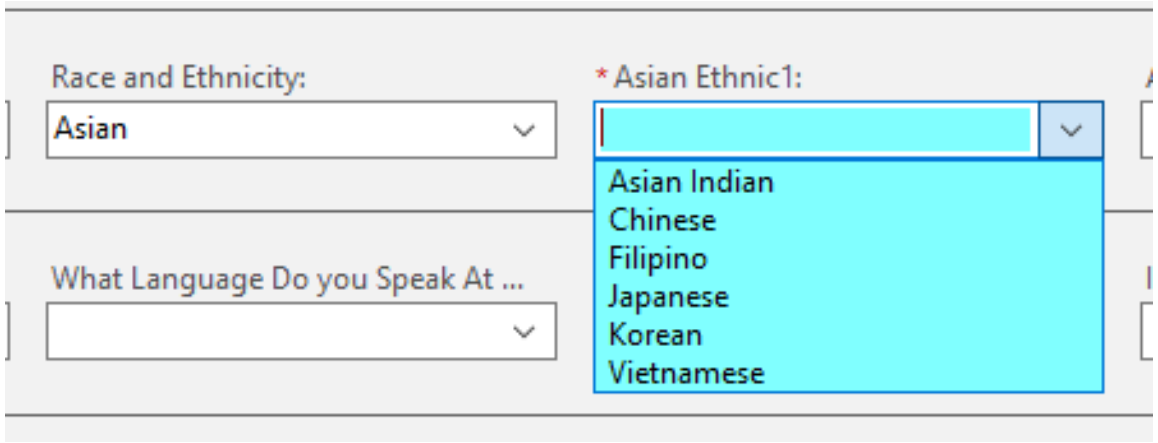

Race
2


Work Phone 808-987-6321
Title
Number
American Indian/Alaska Native 69
Asian 70
Black/African American 28
Decline to State 67
Hispanic/Latino 71
Middle Eastern or North African 75
Native Hawaiian/Other Pacific Islander 72
Other 63
Unknown 66
White 73

CERNER


Race and Ethnicity:
Asian
* Asian Ethnic1:
Asian Ethnic2:
Asian Ethnic3:
Asian Ethnic 4:
Asian Ethnic 5:
Asian Ethnic 6:
Other Ethnicity:
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
What Language Do you Speak At ...
Interpreter Arrival Info:
* Photo ID Presented:
Fraud Alert:


Race and Ethnicity:
American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Middle Eastern or North African
Native Hawaiian or Pacific Islander
White


Race and Ethnicity:
Asian
* Asian Ethnic1:
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
What Language Do you Speak At ...

MQD comments

- In both examples, “race” represents OMB’s race category and the concept of “ethnicity” equated to OMB’s detailed race categories
- In both examples, “Hispanic or Latino” is a race

Requirement 1.2

- The hospital is able to collect multiple race and ethnicity groups, to effectively collect data on multi-race individuals. A key change in the new OMB standard is the ability to select all race/ethnicity choices that apply (display Appendix A).

☐ **Black or African American** – Provide details below.

☐ African American	☐ Jamaican	☐ Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

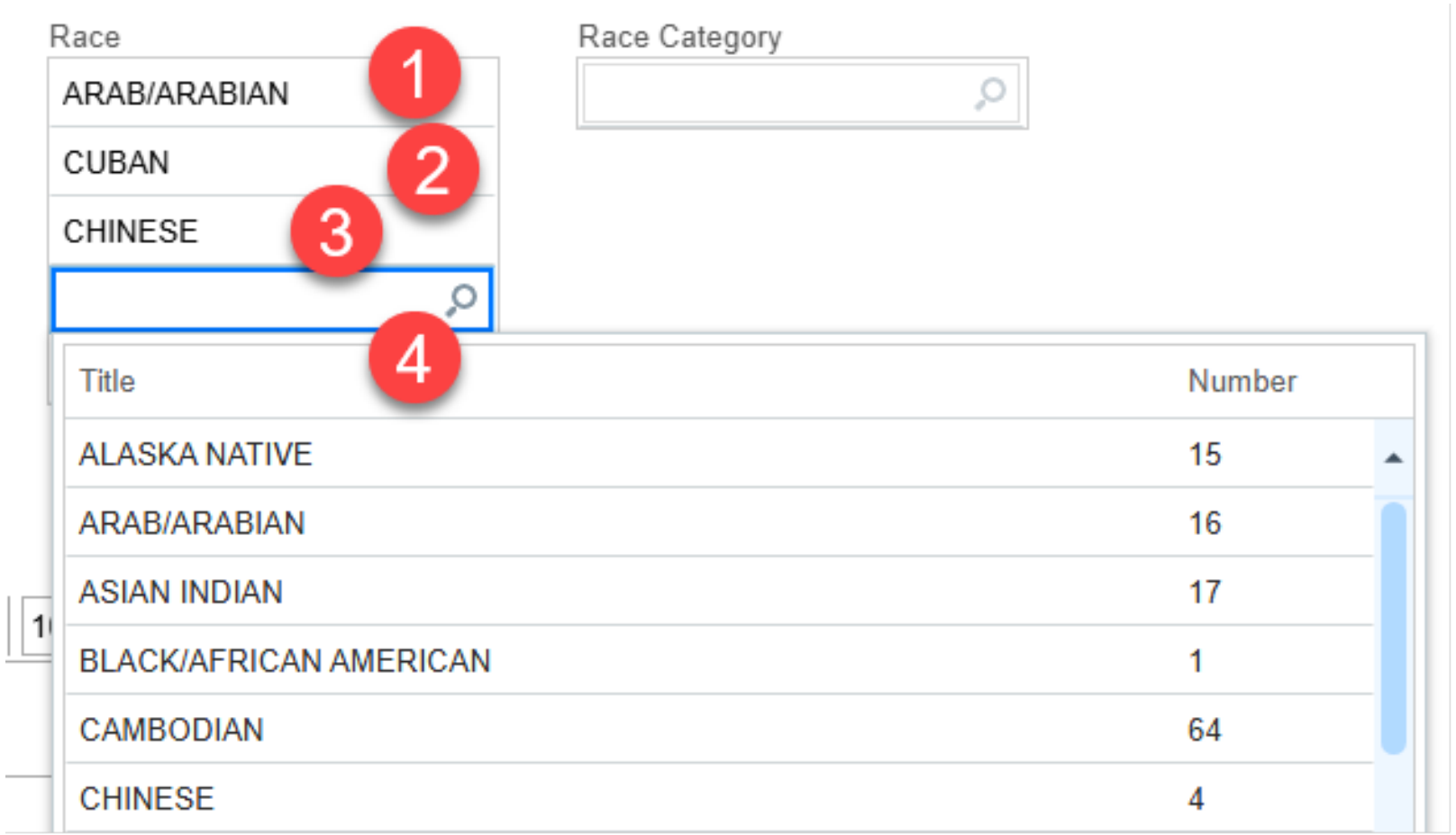
☐ **Hispanic or Latino** – Provide details below.

☐ Mexican	☐ Puerto Rican	☐ Salvadoran
☐ Cuban	☐ Dominican	☐ Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

Only EPIC hospitals have demonstrated the ability to select multiple races and multiple ethnicities.

EPIC


Race
ARAB/ARABIAN
CUBAN
CHINESE
1
2
3
4
Race Category
Title
Number
ALASKA NATIVE
15
ARAB/ARABIAN
16
ASIAN INDIAN
17
BLACK/AFRICAN AMERICAN
1
CAMBODIAN
64
CHINESE
4

MQD’s concerns

- For Cerner hospitals, although multi-select is not feasible, can multiple race + corresponding ethnicity fields be included?

Requirement 1.3

- The hospital has a drop down that includes at least all the race/ethnicity sub-categories that are listed in Appendix A. As long as the hospital collects all sub-categories listed in Appendix A, these can be rolled up to the higher race/ethnicity categories provided in Appendix A.

So far, MQD has not observed significant concerns in this area. Questions?

Requirement 1.4

- (Optional for 2025; Required for 2026) If the hospital collects more race/ethnicity categories than those listed in Appendix A, a crosswalk that demonstrates how these groups will be mapped to major race categories for reporting purposes in alignment with Appendix A.

So far, MQD has not observed significant concerns in this area. Questions?

MQD Comments

- Technically, all a hospital needs to collect is the detailed race. The race category can be mapped on the back end.
  - That said, collecting both is okay. MQD will want to understand how a hospital will report on non-matching race categories and detailed race.
  - For example, if a patient reports their race as “Black or African American” and then reports their ethnicity as “Vietnamese” and “Ethiopian” how will the hospital account for the fact that the selection of “Vietnamese” should map back to an “Asian” race category as well?

Requirement 1.5

- The hospital provides a free text entry for any other race/ethnicity group not identified in the hospital's drop-down list (or demonstrates that the system allows a provider to type in free text instead of using one of the provided drop down items)

☐ **Black or African American** – Provide details below.

☐ African American	☐ Jamaican	☐ Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

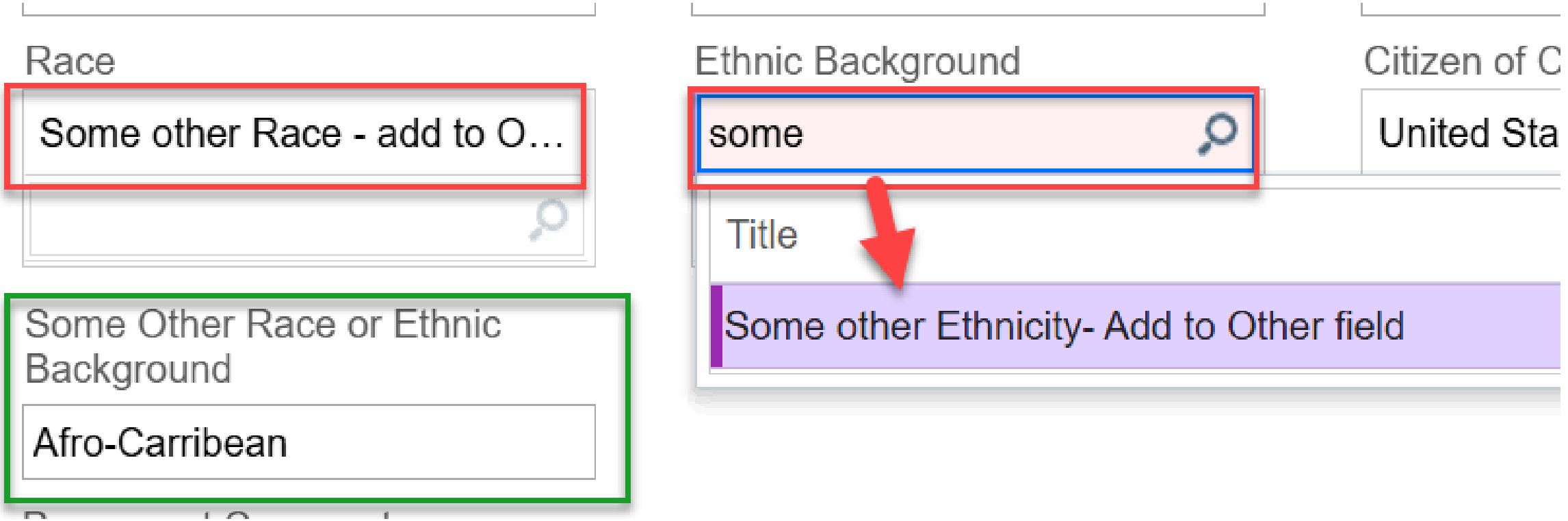
☐ **Hispanic or Latino** – Provide details below.

☐ Mexican	☐ Puerto Rican	☐ Salvadoran
☐ Cuban	☐ Dominican	☐ Guatemalan

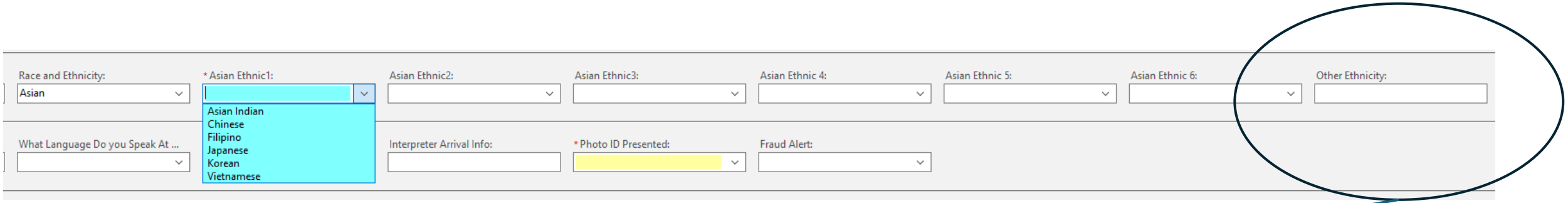
Enter, for example, Colombian, Honduran, Spaniard, etc.

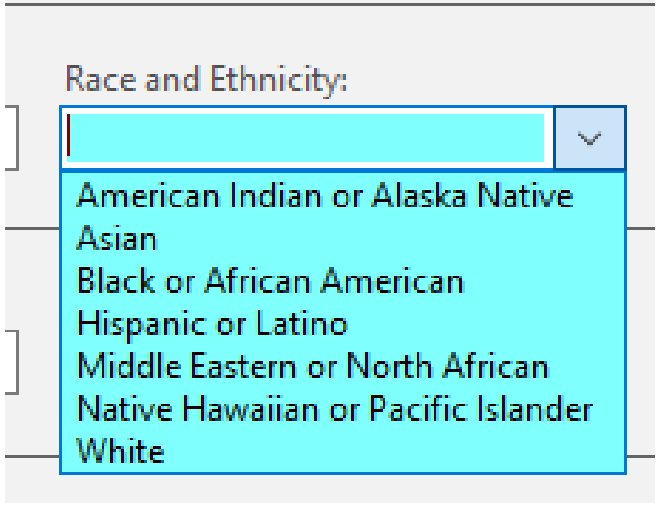
At least one hospital system in each EHR group achieves the spirit of the intention.

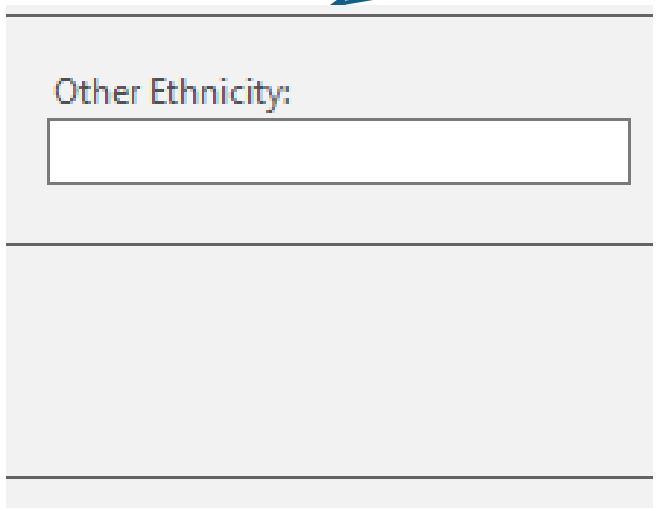
EPIC


Race
Some other Race - add to O…
Some Other Race or Ethnic Background
Afro-Carribean
Ethnic Background
some
Citizen of C
United Sta
Title
Some other Ethnicity- Add to Other field

CERNER


Race and Ethnicity:
Asian
*Asian Ethnic1:
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Asian Ethnic2:
Asian Ethnic3:
Asian Ethnic 4:
Asian Ethnic 5:
Asian Ethnic 6:
Other Ethnicity:
What Language Do you Speak At ...
Interpreter Arrival Info:
*Photo ID Presented:
Fraud Alert:


Race and Ethnicity:
American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Middle Eastern or North African
Native Hawaiian or Pacific Islander
White


Other Ethnicity:

Language

Requirements 2.1-2.4

Requirement 2.1

- The hospital identifies whether English is the patient's preferred language, or the hospital has an equivalent question to document the patient's primary/spoken language.

Language Data Fields

Is English your preferred language?

a. Yes
b. No

If NO is selected above, what language do you speak at home?

Cantonese
Chamorro
Chinese
Chuukese
Filipino
Hawaiian
Hearing Impaired
Ilocano
Japanese
Korean
Kosraean
Laotian
Mandarin
Marshallese
Pohnpeian
Portuguese

So far, MQD has not observed significant concerns in this area. Questions?

Requirement 2.2

- The hospital collects other preferred language for patients who report that English is not their preferred language.

So far, MQD has not observed significant concerns in this area. Questions?

Requirement 2.3

- The hospital has a drop down that includes at least all the languages that are listed in Appendix A among the other preferred languages that a patient may identify.

So far, MQD has not observed significant concerns in this area. Questions?

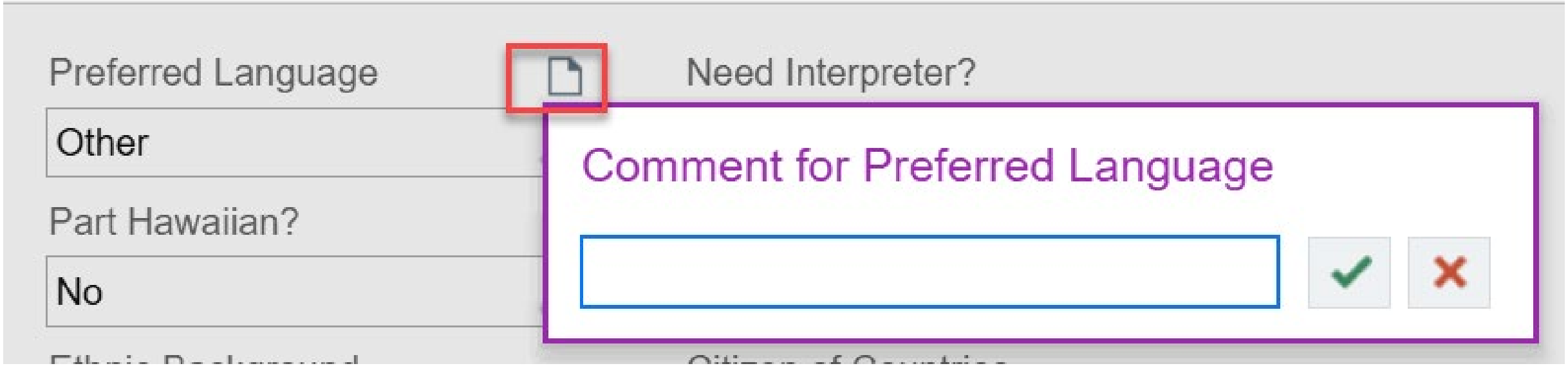
Requirement 2.4

- The hospital provides a free text entry for any language not identified in the hospital's drop-down list (or demonstrates that the system allows a provider to type in free text instead of using one of the provided drop down items) (the free text field is identified in Appendix A).

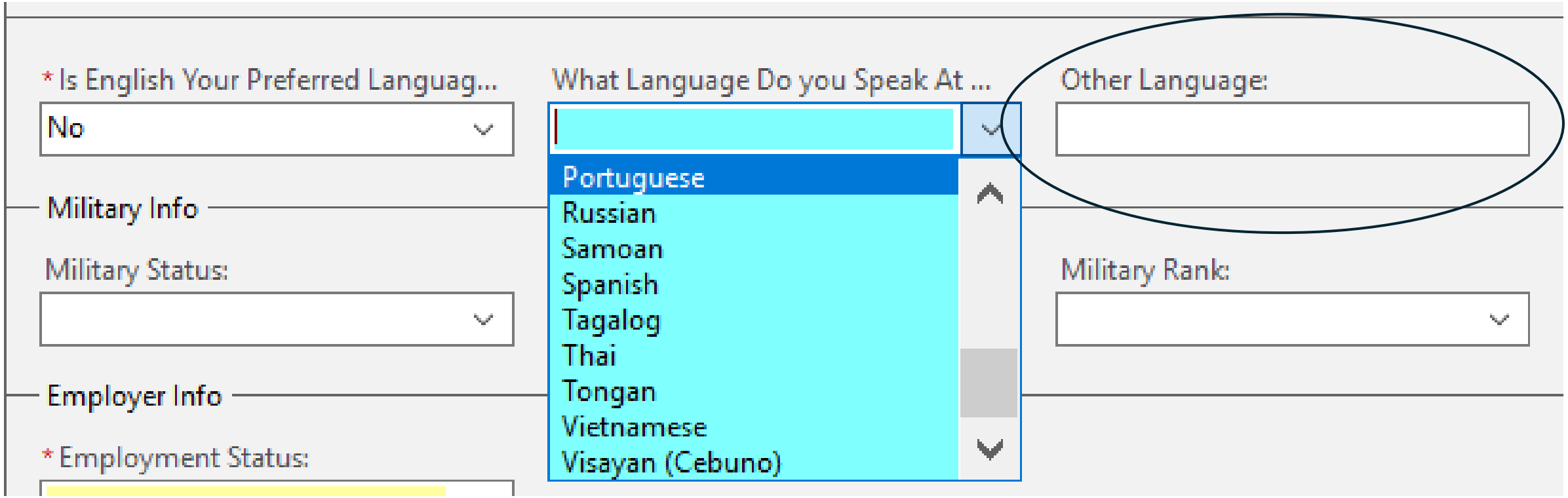

Pohnpeian
Portuguese
Russian
Samoan
Spanish
Tagalog
Thai
Tongan
Vietnamese
Visayan (Cebuno)
Other Micronesian
Language Other:_____

At least one hospital system in each EHR group achieves the intention.

EPIC


Preferred Language
Need Interpreter?
Other
Part Hawaiian?
No
Comment for Preferred Language

CERNER

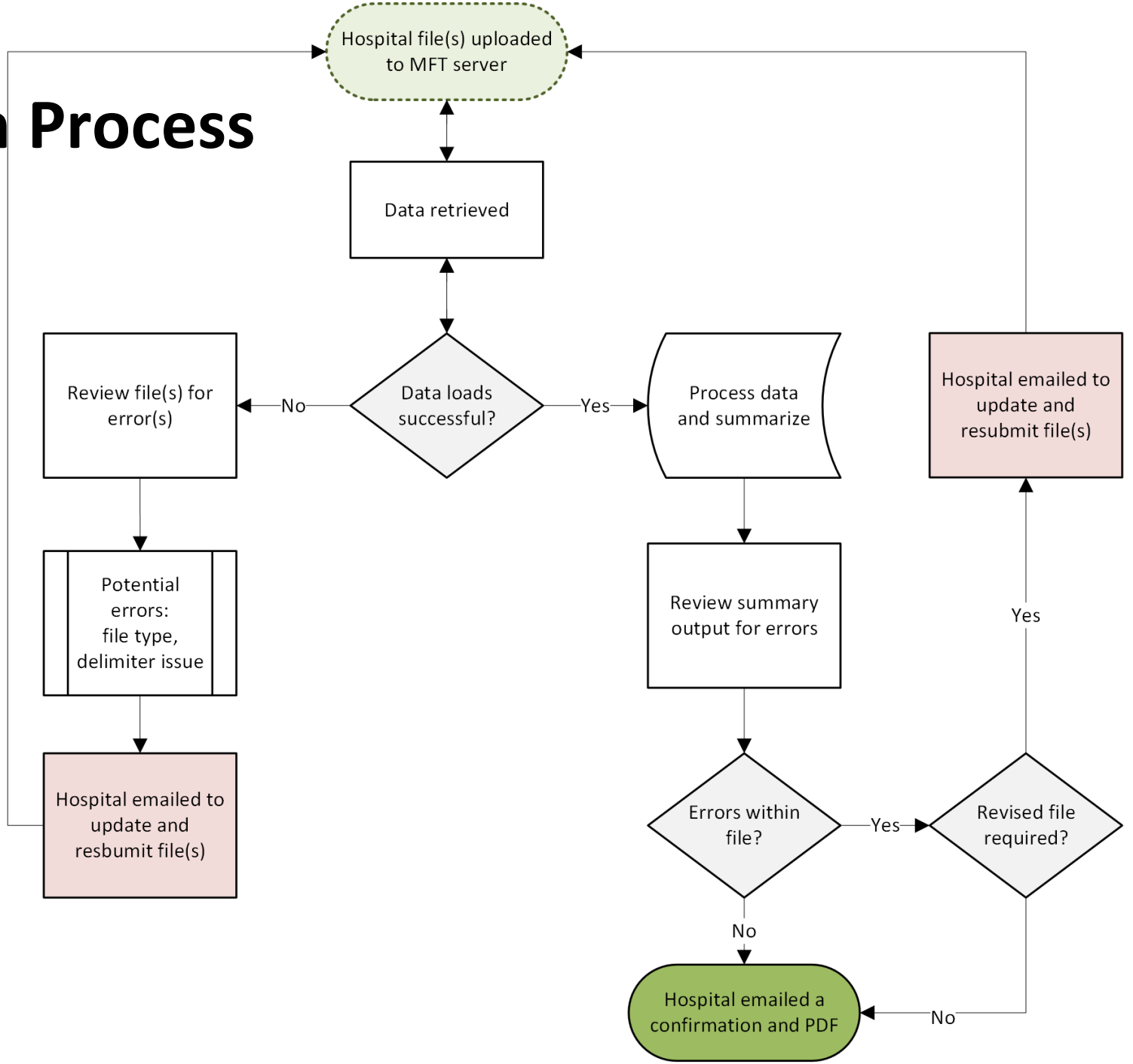

* Is English Your Preferred Languag...
No
What Language Do you Speak At ...
Other Language:
Portuguese
Russian
Samoan
Spanish
Tagalog
Thai
Tongan
Vietnamese
Visayan (Cebuno)
Military Info
Military Status:
Military Rank:
Employer Info
* Employment Status:

Questions


Mahalo!

Appendix

HSDF Submission Process



Upcoming Q1/Q2 Deliverables

Program Year	Reporting Element	Due Date	Submission Process
2025	Reduce ED Visits	4/30/26	HAH submits to MQD
	Reduce Hospital-Wide Readmission	4/30/26	HAH submits to MQD
	ED Admit to Discharge	4/30/26	HAH submits to MQD
	5.c. HRSN Supplemental Data File *Extension*	***05/01/26***	Hospitals submit to MQD via MFT
2026	5.b.i. Q1 HRSN Data Reporting	04/30/26	Hospitals submit to MQD via MFT
	5.a.i. Domain and Element Selection	05/01/26	Hospitals submit to HAH