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December 19, 2025

MEMORANDUM

MEMO NOS.

QI-2521A (Replaces QI-2521)
FFS 25-08A (Replaces FFS 25-08)
CCS-2507A (Replaces CCS-2507)

TO: Hospitals, QUEST Integration (QI) Health Plans, Medicaid Fee-For-Service (FFS) Providers, and Community Care Services (CCS) Health Plans

FROM: Judy Mohr Peterson, PhD *JP*
Med-QUEST Division Administrator

SUBJECT: HOSPITAL QUALITY PAY FOR PERFORMANCE GUIDANCE FOR MEASUREMENT YEAR 2025

This memorandum replaces QI-2521, FFS 25-08, and CCS-2507 issued on August 29, 2025. Updated guidance is in shaded text. Voided text is stricken.

KEY UPDATES

- Measures 5.b. and 5.c. – additional information
- Measure 6 – specific to Rehab Hospital added
- Added Appendix C – HRSN Data Collection Fields and Appendix D – Hospital Quality P4P Frequently Asked Questions (FAQs)

This memorandum provides guidance and description of the mechanisms through which hospital performance will be evaluated, scored, and final payments will be calculated, for the 2025 Hospital Quality Pay for Performance (P4P) program. The guidance herein applies to the

state directed payment programs for both private hospitals and Hawai'i Health Systems Corporation (HHSC) public hospitals.

The 2025 P4P measures were selected and updated to align with the future direction of the States Achieving Healthcare Efficiency through Accountable Design ~~Advancing All Payer Health Equity Approaches and Development~~ (AHEAD) model, and reflects the increased size of the program, new federal requirements, and input received from Healthcare Association of Hawai'i (HAH) and participating hospitals.

Table 1 displays the performance measures included in the P4P program starting calendar year (CY) 2025 and Table 2 includes weighting for each P4P measure.

Note the following key changes to the program measures for 2025 as compared to 2024:

- The readmissions learning collaborative measure has been replaced with a quantitative readmissions measure; and applies a target setting methodology and payout determination that rewards performance relative to a benchmark as well as a hospital's improvement over self.
- The target setting methodology and payout determination for the emergency department (ED) visit measure has been revised to reward a hospital's improvement over self.
- Measure weighting has been updated such that each hospital has 40% of its quality funding at risk for performance and improvement on quantitative outcome measures.

Questions may be directed to Med-QUEST Division Clinical Standards Office at

MQDCSO_Inquiries@dhs.hawaii.gov.

APPENDICES

Appendix A – REaL Data Fields

Appendix B – Participating Hospitals

Appendix C – HRSN Data Collection Fields

Appendix D – Hospital Quality P4P Frequently Asked Questions (FAQs)

Table 1—Summary of 2025 Hospital P4P Measures

Measure/Metric Name	Measure Type
1. Reduce ED Visits for Medicaid Members with 4 or more visits	At Risk Quantitative Outcome
2. Reduce Hospital-Wide Readmission Rates for Medicaid Members	At Risk Quantitative Outcome
3. OP-18 Time from ED Admit to Discharge	At Risk Quantitative Outcome
4. Hawai'i AIM Perinatal Collaborative Metrics	Required Reporting
5. Healthy Hawai'i Quality Improvement Metrics	Required Reporting
6. Measures Specific to Rehab Hospital	At Risk Quantitative Outcome

Policies on Reporting and Payment Deadlines

HAH will collect information on hospital performance (for both at-risk quantitative outcome measures and required reporting measures) and will report to MQD final 2025 performance results by April 30, 2026.

MQD will review final reporting results within 30 calendar days and issue a scorecard for payments to its Health Plans. The Health Plans will then have 15 calendar days upon receipt of the scorecard to issue payments to hospitals.

Required reporting metrics have specific reporting deadlines. If a hospital is not able to meet a reporting deadline, they may request an extension of up to 90 days by notifying Med-QUEST Division (MQD) in writing by emailing the MQD Clinical Standards Office at MQDCSO_Inquiries@dhs.hawaii.gov. A hospital that requests an extension to a reporting deadline may be subject to a delay in issuing final payments to ensure that a reporting requirement is met. Extensions beyond 90 days may be considered in extenuating circumstances such as natural disasters.

Program Policy Changes

This P4P methodology is for Calendar Year (CY) 2025.

Guidelines in this memo may change in response to changes required by CMS applicable to this program. The continuation of this program beyond CY2025 is subject to, and contingent upon, CMS approval. MQD reserves the right to update or change the measure list as well as the number of total measures included in the Hospital Quality P4P program in future years due to

measure revisions or retirements, as strategic priorities change, or as statewide performance goals for measures are reached.

MQD may grant a hospital a reporting deadline extension if there has been unexpected or significant impact on data systems out of the hospital's control, such as incapacitation of data systems or natural disasters affecting operations. When system incapacitation events affect reporting to the point of a delay beyond the reporting deadline, the hospital must notify MQD in writing as soon as it is aware of the delay. Other exemptions may be provided as allowable, for example, as indicated in Memo No QI-2517, CCS- 2506, FFS 25-07 related to coding for Health-Related Social Needs screening.

Audit Guidance

MQD reserves the right to require additional verification of any data, related documentation, and compliance with all program requirements, and to audit data from participating hospitals at any time. Hospitals must, upon state or federal official request, provide any additional information or records related to Hospital P4P reporting, and, in the case of an audit, provide information and access deemed necessary by state or federal officials, or their auditors.

Table 2—Measure and Metric Weight Summary (Private and HHSC Hospitals)

Measure/Metric Name	With OB ¹	Without OB	CAH ²	Rehab
1. Reducing ED Visits for Medicaid Members with 4 or more visits	20%	20%	-	-
2. Reduce Hospital-Wide Readmission Rates for Medicaid Members	20%	20%	-	-
3. OP-18 Time from ED Admit to Discharge	-	-	40%	-
4. Perinatal Collaborative Metrics	10%	-	-	-
5. Healthy Hawai'i Quality Improvement Metrics	50%	60%	60%	60%
6. Measures Specific to Rehab Hospital	-	-	-	40%

¹OB: Obstetrics Departments; ²CAH: Critical Access Hospitals

Each participating hospital is allocated an initial portion of the total value of the P4P program. The type of hospital (e.g. hospitals with OB, hospitals without OB, etc.) as defined in Appendix B

will then determine how that portion is allocated across measures applicable to that hospital (Table 2). Therefore, each hospital begins each P4P year with a set of required measures, and funding allocation per measure. The performance of the hospital on the measure will drive actual earnings.

Final P4P Earnings Determination

P4P earnings are calculated according to the following steps, with separate determinations for the private hospital program and for the HHSC program.

1. For each hospital, apply measure specific weights shown in Table 2 to the hospital quality allocation to determine the measure specific potential quality payment.
2. Follow the measure specific target setting methodology and 2025 payout determination included in this memo to determine the percent of the potential quality payment a hospital has earned for each measure.
 - a. If the percent of a measure specific earned quality payment is 100% or greater, the provider will receive the full potential measure-specific payment.
 - b. If the percent of a measure specific earned quality payment is less than 100%, the provider will receive the corresponding percentage of the potential measure-specific payment amount, and the unearned funding will be allocated to a redistribution pool.
 - c. If the percent of a measure specific earned quality payment earned is greater than 100%, the provider is eligible to receive additional funding that will be allocated from the redistribution pool. If there is no funding available in the redistribution pool, then the measure specific quality payment will be limited to 100% of the potential quality payment.
3. Sum the unearned payment from all providers and measures to determine the value of the redistribution pool.
4. Once the value of the redistribution pool is determined:
 - a. First assign the redistribution dollars to hospitals that have earned more than 100% of the measure specific potential quality payment. If fewer dollars are in the redistribution pool than have been earned, the redistribution will be scaled proportionally based on the payments owed from the redistribution pool.
 - b. If any dollars remain, assign remaining dollars in the redistribution pool proportionally to all hospitals based on payments earned in steps 1 – 4.a.
5. Each Health Plan will be directed to make payments to the hospitals, based on the amount earned in steps 1 – 4.b.

Interim Payments

In 2025, MQD may issue at least two interim payments prior to receipt of final 2025 performance results. If, after receipt of the 2025 performance results and determination of P4P earnings, a hospital is found to have earned less than was received in interim payments, the unearned funds will be recouped.

Beginning with the 2026 P4P program, interim payments will be tied to required reporting.

2025 P4P Program Quantitative Outcome Measures

Measure 1. Reduce ED Visits for Medicaid Members with 4 or More Visits in a year

Measure 1 Details	
Objective & Rationale	The objective of this measure is to reduce unnecessary and otherwise preventable emergency department (ED) utilization over time.
Target Setting Method	The measure is calculated as the number of ED visits for Medicaid members with 4+ ED visits to the same facility in the year divided by the total number of Medicaid member ED visits to the facility in the year. Lower is better.
2025 Payout Determination	<p>Actual payment is determined based on a sliding scale (with an increase or decrease in payout by 5% for every corresponding 1% change in the metric).</p> <ul style="list-style-type: none"> • If the percentage is $\geq 35\%$, hospitals earn 0% of allocated funds. • If the percentage is $\leq 15\%$, hospitals earn 100% of funds. • Hospitals can earn up to 110% of allocated funds if they reduce the rate to $\leq 13.00\%$. <p>Hospitals can earn back unearned funds by improving over their prior year performance, up to 100% of unearned funds. A 10% improvement earns back 100% of funds.</p> <p>Improvement less than 10% will be awarded proportionally, for example a 5% improvement earns back 50% percent of unearned funds.</p>
Eligible Hospitals	<ul style="list-style-type: none"> • Private and HHSC hospitals with obstetrics (O/B) • Private and HHSC hospitals without O/B

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**Measure 1. Reduce ED Visits
for Medicaid Members with 4
or More Visits in a year
Payment Scales**

2025 Performance Rate	Payment
35.00%	0%
34.00%	5%
33.00%	10%
32.00%	15%
31.00%	20%
30.00%	25%
29.00%	30%
28.00%	35%
27.00%	40%
26.00%	45%
25.00%	50%
24.00%	55%
23.00%	60%
22.00%	65%
21.00%	70%
20.00%	75%
19.00%	80%
18.00%	85%
17.00%	90%
16.00%	95%
15.00%	100%
14.00%	105%
13.00%	110%

Measure 1. Example Performance Calculation

Example Hospital A:

Hospital-Measure Specific Potential Quality Payment: \$1,000,000

	Performance Rate	Payment Scale %	Payment Earned
2024 Performance:	27.0%	NA	NA
2025 Performance:	25.0%	50%	\$ 500,000
Improvement between 2024 and 2025	$(27\% - 25\%) / 27\% = 7.4\%$	74%	$(\$1,000,000 - \$500,000) \times 74\% = \$370,000$
2025 Hospital-Specific Earned Quality Payment			\$870,000

Example Hospital B:

Hospital-Measure Specific Potential Quality Payment: \$1,000,000

	Performance Rate	Payment Scale %	Payment Earned
2024 Performance:	20.0%	NA	NA
2025 Performance:	19.0%	80%	\$800,000
Improvement between 2024 and 2025	$(20\% - 19\%) / 20\% = 5\%$	50%	$(\$1,000,000 - \$800,000) \times 50\% = \$100,000$
2025 Hospital-Specific Earned Quality Payment			\$900,000

NOTE: Performance rate improvement percentages are rounded to one decimal for illustration purposes.

**Measure 2 Reduce Hospital-Wide Readmission Rates for Medicaid Members
(New in 2025)**

Measure 2 Details	
Objective & Rationale	The objective of this measure is to apply lessons learned from the readmissions collaborative to reduce hospital specific readmissions for all causes (Ages 18+).
Target Setting Method	The measure is calculated as the hospital specific improvement in hospital-wide readmissions observed/expected (O/E) ratio among Medicaid members. Lower is better.
2025 Payout Determination	<p>Actual payout is determined based on a sliding scale (with an increase or decrease in payout by 2% for every corresponding .01 change in the ratio of O/E readmissions below 1.25).</p> <ul style="list-style-type: none"> • If the annual O/E ratio is >1.25 a hospital will earn 0% of allocated funds • If the annual O/E ratio is ≤1.25 a hospital will earn at least 50% of allocated funds • If the annual O/E ratio is ≤1.0 a hospital will earn 100% or greater of allocated funds • Hospitals can earn up to 112.5% of allocated funds if they reduce the ratio to 0.75 or lower <p>Hospitals can earn back unearned funds by improving over their prior year performance, up to 100% of unearned funds. A 10% improvement earns back 100% of funds.</p> <p>Improvement less than 10% will be awarded proportionally, for example, a 5% improvement earns back 50% of unearned funds.</p>
Eligible Hospitals	<ul style="list-style-type: none"> • Private and HHSC hospitals with O/B • Private and HHSC hospitals without O/B

Measure 2. Reduce Hospital-Wide Readmission Rates for Medicaid Members Payment Scales

2025 Performance Rate		Payment	
>1.25	0%		
1.25	50%		
1.24	52%		
1.23	54%		
1.22	56%		
1.21	58%		
1.20	60%		
1.19	62%		
1.18	64%		
1.17	66%		
1.16	68%		
1.15	70%		
1.14	72%		
1.13	74%		
1.12	76%		
1.11	78%		
1.10	80%		
1.09	82%		

2025 Performance Rate		Payment	
1.08	84%		
1.07	86%		
1.06	88%		
1.05	90%		
1.04	92%		
1.03	94%		
1.02	96%		
1.01	98%		
1.00	100%		
0.99	100.5%		
0.98	101.0%		
0.97	101.5%		
0.96	102.0%		
0.95	102.5%		
0.94	103.0%		
0.93	103.5%		
0.92	104.0%		
0.91	104.5%		

2025 Performance Rate		Payment	
0.90	105.0%		
0.89	105.5%		
0.88	106.0%		
0.87	106.5%		
0.86	107.0%		
0.85	107.5%		
0.84	108.0%		
0.83	108.5%		
0.82	109.0%		
0.81	109.5%		
0.80	110.0%		
0.79	110.5%		
0.78	111.0%		
0.77	111.5%		
0.76	112.0%		
0.75	112.5%		

Measure 2. Example Performance Calculation

Example Hospital A: Hospital-Measure Specific Potential Quality Payment: \$1,000,000

	Performance Rate	Payment	
		Scale %	Payment Earned
2024 Performance:	1.10	NA	NA
2025 Performance:	1.05	90%	\$ 900,000
Improvement between 2024 and 2025	(1.10 - 1.05) / 1.10 = 4.5%	45%	(\$1,000,000 - \$900,000) x 45% = \$45,000
2025 Hospital-Specific Earned Quality Payment			\$945,000

Example Hospital B: Hospital-Measure Specific Potential Quality Payment: \$1,000,000

	Performance Rate	Payment	
		Scale %	Payment Earned
2024 Performance:	1.40	NA	NA
2025 Performance:	1.30	0%	\$0
Improvement between 2024 and 2025	(1.40 - 1.30) / 1.40 = 7.1%	71%	(\$1,000,000 - \$0) x 71% = \$710,000
2025 Hospital-Specific Earned Quality Payment			\$710,000

NOTE: Performance rate improvement percentages are rounded to one decimal for illustration purposes.

Measure 3. OP-18 Time from ED Admit to Discharge

Measure 3 Details	
Objective & Rationale	The objective of this measure is to reduce the overall time spent by patients in the ED (from arrival to discharge).
Target Setting Method	This measure is based on the Medicare Beneficiary Quality Improvement Project (MBQIP) measure. The measure is calculated as the average time patients spent in the ED before discharge. The nationwide average for this measure is 105.75 minutes, while the Hawai'i average is 80.81 minutes. Data for this measure will be self-reported by hospitals and based on sampling. Lower is better.
2025 Payout Determination	Payment for this measure is based on: <ul style="list-style-type: none">• Better than or equal to the 90th percentile - 100%• Better than or equal to the national average (but below 90th percentile) - 75%• Worse than the national average - 50%• Did not participate all 4 quarters - 0%
Eligible Hospitals	• Private and HHSC Critical Access Hospitals (CAHs)

Measure 4. Hawai'i AIM Perinatal Collaborative Measures

Measure 4 Details	
Objective & Rationale	The objective of this measure is to partner with American College of Obstetricians and Gynecologists (ACOG), the Hawai'i Department of Health (DOH), the Alliance for Innovation on Maternal Health (AIM), and other key stakeholders statewide to create and sustain the Hawai'i AIM Collaborative and implement Patient Safety Bundles in birthing facilities statewide.
Target Setting Method	<p>4.a: Participate in 80% of Perinatal Quality Collaborative / Alliance for Innovation on Maternal Health (AIM) State Collaborative meetings and sharing of best practices, successes, and challenges for Perinatal Quality Improvement efforts.</p> <p>4.b: Submission of data for Obstetric Hemorrhage, Severe Hypertension (HTN), and Care for Pregnant and Postpartum People with Substance Use Disorder (CPPSUD) Safety Bundles.</p> <p>4.c: Due by March 31, 2026. Complete and submit progress/summary report for the calendar year 2025, detailing steps taken towards, and gap analysis of, current bundle components including structure, process, and outcome measures for Safety Bundles. Complete the Perinatal Quality Collaborative evaluation interview hosted by University of Hawai'i Social Science Research Institute. At least one member of your facility team must participate.</p>
2025 Payout Determination	<ul style="list-style-type: none"> • 4.a: 50% payment • 4.b: 25% payment • 4.c: 25% payment
Eligible Hospitals	• Private and HHSC hospitals with O/B

Measure 5. Healthy Hawai'i Quality Improvement Measures (New in 2025)

Measure 5 Details	
Objective & Rationale	The objective of this measure is to develop a healthcare system that supports the people of Hawai'i to live healthy lives, improve data quality, and ensure adoption of best practices across hospitals.
Target Setting Method	<p>5.a: Complete the Healthy Hawai'i Assessment, develop and implement Hospital Roadmap, and establish Workgroups. The Healthy Hawai'i Assessment is based on a tool developed by the Institute for Healthcare Improvement and defines five components of transformation. For each component, the assessment determines where the hospital is on a scale of 1 - 5.</p> <ul style="list-style-type: none"> i. (15%) By October 13, 2025 First business day forty-five days after issue date of this memo: Complete the Healthy Hawai'i Assessment and share results with HAH and MQD. ii. (40%) By January 12, 2026 First business day forty-five days after issue date of this memo: Develop and present to HAH and MQD a written Roadmap and Transformation Plan for each component that includes defined initiatives, metrics, and annual milestones for 2026 – 2030. MQD will review and accept Roadmaps and Transformation Plans including annual milestones and may provide feedback and request revisions to ensure plans will reasonably result in meeting MQD program goals. iii. (30%) By March 31, 2026 December 31st, 2025: Demonstrate movement along the continuum for at least one component. Movement along the continuum is defined as moving up at least two positions along the continuum or achieving a level of 5 on at least one component that was not at a 5 at the time of the initial assessment. iv. (15%) By March 31, 2026 December 31st, 2025: Establish workgroups to develop collaborative strategies and share best practices in support of hospital roadmaps and transformation plans. Required deliverable includes an executed charter for each workgroup, defining membership, developing a meeting timeline, and proposing workgroup goals (statewide goal). <p>5.b: Improve Demographic Data Capture in line with MQD requirements.</p>

Measure 5 Details

- i. (20%) By **November 28, 2025** ~~First business day ninety days after issue date of this memo~~: Submit to MQD an assessment of hospital-level data completeness for collection of race, ethnicity, and language (REaL) data, ~~and an assessment of hospital level data completeness for sexual orientation and gender identity (SOGI) data~~. Assessment should include a review of inpatient and outpatient encounters occurring during July 1, 2024 through June 30, 2025. Assessment results should be submitted to MQD. Submission instructions to be provided at a later date.
- ii. (80%) By December 31, 2025: Demonstrate that a hospital's electronic medical record conforms with minimum standards for the collection of REaL and SOGI data. REaL and SOGI data collection standards should, at a minimum, align with or be aggregated at the data categories identified in Appendix A of this memorandum. Compliance will be demonstrated by the hospital providing screenshots of its Electronic Health Record System with the updated data collection fields.

5.c: By **December 31, 2025**: Demonstrate the ability to comply with MQD defined Health-Related Social Needs (HRSN) screening claims-based submissions by submitting an attestation of full compliance with the requirements as specified in memo [QI-2517, CCS-2506, FFS 25-07](#) and identifying the selected Option used as described in provider memorandum ~~QI-2517, CCS-2506, FFS 25-07~~. As noted in the memo, facilities who are unable to comply with the coding guidance provided in one or more settings may reach out to MQD for additional discussion on an alternative method to meeting the requirement. Facilities that successfully submit HRSN procedure codes, along with diagnostic codes when warranted for screenings conducted in the inpatient and outpatient settings; using either a fully claims-based approach or a mixed approach that includes claims-based reporting to the greatest extent feasible; shall meet the 2025 P4P Program reporting requirement for Measure 5.c ~~6-e~~.

Facilities that are unable to fully comply with the coding guidance outlined in QI-2517 may submit HRSN screening results to MQD through a supplemental data file as described in Appendix C.

- For the 2025 hospital P4P program, hospitals must request

Measure 5 Details

exemption from claims-based reporting by December 1, 2025.

- Hospitals should report HRSN data through claims-based submissions to the extent feasible. If a hospital is not able to fully comply with claims-based reporting, as described in provider memorandum [QI-2517, CCS-2506, FFS 25-07](#), a supplemental data file is necessary to meet the requirement.
- For any hospital using the supplemental data file, MQD requires that the supplemental data file contain all inpatient and outpatient data on all Medicaid members seen during the reporting period. This means the following:
 - Even if a given hospital used claims-based submissions to report HRSN screenings/results on a subset of Medicaid encounters, all those encounters should be included in the Supplemental File.
 - The Supplemental File should include Medicaid members with visits during the reporting period, regardless of whether HRSN data was collected. As such, the Supplemental File should allow Med-QUEST to evaluate the full Medicaid HRSN screening rate across outpatient and inpatient settings.
- For 2025, the Supplemental File will be submitted to MQD once via a secure FTP site. The Supplemental File will include all members with encounters between January 1, 2025 and December 31, 2025. The file will be due on February 2, 2026.
- The Supplemental File should follow the format defined in Appendix C and be thoroughly populated with data for all required elements. MQD shall evaluate the data quality of the file upon submission, as part of the assessment for payout, and may require resubmission if the file is rejected for insufficient data quality.

2025 Payout Determination	<ul style="list-style-type: none">• 5.a: 40% payment• 5.b: 40% payment• 5.c: 20% payment
Eligible Hospitals	<ul style="list-style-type: none">• Private and HHSC hospitals with O/B• Private and HHSC hospitals without O/B• Private and HHSC Critical Access Hospitals (CAHs)• Rehab Hospital (5.a. and 5.b. only, equally weighted)

Measure 6. Measures specific to Rehabilitation Hospital of the Pacific

Measure 6 Details	
Objective & Rationale	The objective of this measure is to increase rates of discharge to the community and decrease rates of discharge to acute care for patients of Rehabilitation Hospital of the Pacific (Rehab Hospital).
Target Setting Method	Annual Program Evaluation Model (PEM) Score Card from Uniform Data System for Medical Rehabilitation (UDS): 5.a. Percent Discharge to Community (higher is better) 5.b. Percent Discharge to Acute care (lower is better)
2025 Payout Determination	<p><u>BASE SCORE</u></p> <ul style="list-style-type: none">• 110% if Rehab Hospital is more than 5% above target (as provided by scorecard)• 100% if Rehab Hospital is within 5% of the target (as provided by scorecard)• 75% if Rehab Hospital is within 25% below the target (as provided by scorecard)• 50% if Rehab Hospital is more than 50% below the target (as provided by scorecard) <p><u>IMPROVEMENT SCORE</u></p> <ul style="list-style-type: none">• 10% if improved from prior year• 0% if no improvement
Eligible Hospitals	• Rehab Hospital

Appendix A: REaL Data Fields

Race and Ethnicity Data Fields

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- Asian – Provide details below.**

<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

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

<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

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

- Hispanic or Latino – Provide details below.**

<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan

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

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Middle Eastern or North African – Provide details below.

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

Native Hawaiian or Pacific Islander – Provide details below.

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

White – Provide details below.

<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Source: OMB Federal Register (Figure 1. Race and Ethnicity Questions with Minimum Categories, Multiple Detailed Checkboxes, and Write-In Response Areas with Example Groups)

[https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs- statistical-policy- directive-no-15-standards-for-maintaining-collecting-and](https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy- directive-no-15-standards-for-maintaining-collecting-and)

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

Source: <https://www.hrsa.gov/sites/default/files/hrsa/rural-health/handout-language-identification-questions.pdf> and the State of Hawai'i Office of Language Access reporting recommendations <https://health.hawaii.gov/ola/>

Appendix B: Participating Hospitals

2025 Hospital P4P Participant List

Hospital reporting will be in accordance with the MQD provider ID level identified below. Hospitals should include all services and campuses in the same MQD provider ID for cost reporting purposes to CMS. Hospitals that include multiple locations should include all locations within the MQD provider ID listed below in quality reporting.

MEDICARE ID	MQD PROVIDER ID	HOSPITAL NAME	PRIVATE/ HHSC	P4P HOSPITAL TYPE	CITY	ISLAND	AFFILIATION
120006	082268	Adventist Health Castle	Private	With OB	Kailua	O'ahu	Not applicable
121307	592445	Hale Ho'ola Hamakua	HHSC	Critical Access Hospital	Honoka'a	Hawai'i	HHSC
120005	251745	Hilo Benioff Medical Center	HHSC	With OB	Hilo	Hawai'i	HHSC
121304	617475	Kahuku Medical Center	HHSC	Critical Access Hospital	Kahuku	O'ahu	HHSC
120011	082521	Kaiser Foundation Hospital	Private	With OB	Honolulu	O'ahu	Kaiser
123300	085498	Kapi'olani Medical Center - WC	Private	With OB	Honolulu	O'ahu	Hawai'i Pacific Health System
121301	005675	Ka'u Hospital	HHSC	Critical Access Hospital	Pahala	Hawai'i	HHSC
121300	508145	Kaua'i Veterans Memorial Hospital	HHSC	With OB	Waimea	Kaua'i	HHSC
121302	592370	Kohala Hospital	HHSC	Critical Access Hospital	Kapaau	Hawai'i	HHSC
120019	005774	Kona Community Hospital	HHSC	With OB	Kealakekua	Hawai'i	HHSC
120007	006236	Kuakini Medical Center	Private	Without OB	Honolulu	O'ahu	Not applicable
121308	803701	Kula Hospital	Private	Critical Access Hospital	Kula	Maui	Maui Health
121305	803719	Lāna'i Community Hospital	Private	Critical Access Hospital	Lāna'i City	Lāna'i	Maui Health

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MEDICARE ID	MQD PROVIDER ID	HOSPITAL NAME	PRIVATE/ HHSC	P4P HOSPITAL TYPE	CITY	ISLAND	AFFILIATION
120002	803678	Maui Memorial Medical Center	Private	With OB	Wailuku	Maui	Maui Health
121303	002452	Moloka'i General Hospital	Private	Critical Access Hospital	Kaunakakai	Moloka'i	The Queen's Health Systems
120028	078352	North Hawai'i Community Hospital	Private	With OB	Kamuela	Hawai'i	The Queen's Health Systems
120026	085499	Pali Momi Medical Center	Private	Without OB	Aiea	O'ahu	Hawai'i Pacific Health System
123025	505521	Rehabilitation Hospital of the Pacific	Private	Rehab Hospital	Honolulu	O'ahu	Not applicable
121306	592403	Samuel Mahelona Memorial Hospital	HHSC	Critical Access Hospital	Kapaa	Kaua'i	HHSC
120022	506074	Straub Clinic and Hospital	Private	Without OB	Honolulu	O'ahu	Hawai'i Pacific Health System
120001	490417	The Queen's Medical Center	Private	With OB	Honolulu	O'ahu	The Queen's Health Systems
120014	085500	Wilcox Memorial Hospital	Private	With OB	Lihue	Kaua'i	Hawai'i Pacific Health System

2025 Non-Participating Hospitals

MEDICARE ID	MQD PROVIDER ID	HOSPITAL NAME	PRIVATE/ HHSC	NOTES
122001	778673	Leahi Hospital	HHSC	Skilled Nursing Facility/Intermediate Care Facility with four acute tuberculosis beds
120004	490368	Wahiawā General Hospital	Private	Acquired by The Queen's Health Systems in 2024
124001	508129	Kahi Mohala	Private	Acquired by The Queen's Health Systems in 2024
123301	684804	Shriners Children's Hawai'i	Private	

Appendix C: HRSN Data Collection Fields

HRSN Screening questions shall reflect the questions listed in the table below in alignment with Accountable Health Communities Health Related Social Needs (HRSN) Screening Tool core questions.

^A Following a field description indicates a field that is optional in 2025

^B Following a field description indicates a field that is an approved alternate HRSN screening question for hospitals that received prior approval to use a comparable instrument in 2025

MQD will provide hospitals with detailed specifications for developing a CSV file.

HRSN Screening Questions Source: [The AHC Health-Related Social Needs Screening Tool](#)

Field Description	Data Type	Value
Report Number	Numeric	Sequential value starting at 1
Facility Name	Alpha Numeric	Free text
Facility Medicaid Provider ID	Numeric	ID
Facility Billing Provider NPI	Numeric	NPI
Member Health Plan Name (Leave blank if missing)	Alpha Numeric	<i>HMSAAA</i> <i>KAISER</i> <i>UNITED</i> <i>ALOHAC</i> <i>OHANAA</i>
Member First Name	Alpha Numeric	Free text
Member Last Name	Alpha Numeric	Free text
Member Medicaid ID	Alpha Numeric	NNNNNNNNNN
Member date of birth	Date	MM/DD/YYYY
Reporting quarter (Leave blank for 2025)	Numeric	1. Quarter 1 (Jan – March) 2. Quarter 2: (Apr – Jun) 3. Quarter 3: (July – Sept) 4. Quarter 4: (Oct – Dec)
Reporting year	Numeric	YYYY
Last date of service during reporting period (hospital outpatient encounter or hospital inpatient discharge date)	Date	MM/DD/YYYY

Field Description	Data Type	Value
Total number of unique outpatient encounters with a unique date of services during the measurement period	Numeric	Number
Number of inpatient days during the measurement period	Numeric	Number
HRSN Screening		
Member screened for HRSN	Numeric	1. Yes 2. No
Date of most recent social needs screening – Food Insecurity	Date	MM/DD/YYYY
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Numeric	1. Often true 2. Sometimes true 3. Never true 4. Do not know 5. Unable to answer 6. Declined to respond
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Numeric	1. Often true 2. Sometimes true 3. Never true 4. Do not know 5. Unable to answer 6. Declined to respond
Date of most recent social needs screening – Housing	Date	MM/DD/YYYY

Field Description	Data Type	Value
What is your living situation today?	Numeric	<ol style="list-style-type: none"> 1. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) 2. I have a place to live today, but I am worried about losing it in the future 3. I have a steady place to live 4. Do not know 5. Unable to answer 6. Declined to respond
Think about the place you live. Do you have problems with pests such as bugs, ants, or mice? ^A	Numeric	<ol style="list-style-type: none"> 1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Do you have problems with mold? ^A	Numeric	<ol style="list-style-type: none"> 1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Do you have problems with lead paint or pipes? ^A	Numeric	<ol style="list-style-type: none"> 1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Do you have problems with lack of heat? ^A	Numeric	<ol style="list-style-type: none"> 1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Do you have problems with your oven or stove not working? ^A	Numeric	<ol style="list-style-type: none"> 1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond

Field Description	Data Type	Value
Do you have problems with smoke detectors being missing or not working? ^A	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Do you have problems with water leaks? ^A	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Do you have none of the above problems? ^A	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Date of most recent social needs screening – Transportation	Date	MM/DD/YYYY
In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
How often has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? ^B	Numeric	1. Often 2. Sometimes 3. Never 4. Do not know 5. Unable to answer 6. Declined to respond
Do you need assistance with transportation for an upcoming appointment? ^B	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Date of most recent social needs screening – Utilities	Date	MM/DD/YYYY

Field Description	Data Type	Value
In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?	Numeric	1. Yes 2. No 3. Already shut off 4. Do not know 5. Unable to answer 6. Declined to respond
Date of most recent social needs screening – IPV	Date	MM/DD/YYYY
How often does anyone including your family and friends physically hurt you?	Numeric	1. Frequently 2. Fairly often 3. Sometimes 4. Rarely 5. Never 6. Do not know 7. Unable to answer 8. Declined to respond
How often does anyone including family and friends insult or talk down to you?	Numeric	1. Frequently 2. Fairly often 3. Sometimes 4. Rarely 5. Never 6. Do not know 7. Unable to answer 8. Declined to respond
How often does anyone including family and friends threaten you with harm?	Numeric	1. Frequently 2. Fairly often 3. Sometimes 4. Rarely 5. Never 6. Do not know 7. Unable to answer 8. Declined to respond
How often does anyone including family and friends scream or curse at you?	Numeric	1. Frequently 2. Fairly often 3. Sometimes 4. Rarely 5. Never 6. Do not know 7. Unable to answer 8. Declined to respond

Field Description	Data Type	Value
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner? ^B	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Within the last year, have you been afraid of your partner or ex-partner? ^B	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner? ^B	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner? ^B	Numeric	1. Yes 2. No 3. Do not know 4. Unable to answer 5. Declined to respond
Date of most recent social needs screening – Financial Strain	Date	MM/DD/YYYY
How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is: ^A	Numeric	1. Very hard 2. Somewhat hard 3. Not hard at all 4. Do not know 5. Unable to answer 6. Declined to respond
Date of most recent social needs screening – Employment	Date	MM/DD/YYYY
Do you want help finding or keeping work or a job? ^A	Numeric	1. Yes, help finding work 2. Yes, help keeping work 3. I do not need or want help 4. Do not know 5. Unable to answer 6. Declined to respond

Appendix D: Hospital Quality P4P Frequently Asked Questions (FAQs)

The following responses to FAQs are related to the State of Hawai`i Med-QUEST Division's hospital quality pay for performance program for year 2025.

Questions about the program may be sent to: MQDCSO_Inquiries@dhs.hawaii.gov

General Questions	
Question or Comment	MQD Response
1. Do quantitative outcome measures such as Emergency Department (ED) visits and Readmissions include all Medicaid patients (including patients covered by mainland State Medicaid programs)? Or only patients covered by the State of Hawai`i Medicaid program?	The Hospital Quality P4P program is specific to State of Hawai`i QUEST Integration (QI) Plan members, or in other words, Medicaid beneficiaries belonging to one of the QUEST Integration (QI) Health Plans (AlohaCare, HMSA, Kaiser Permanente, UnitedHealthcare Community Plan, or 'Ohana Health Plan). All QI Plan members should be included. Questions specific to methodology for Measure 1 and 2 in 2025 should be directed to the Healthcare Association of Hawai`i (HAH).
2. Do changes in Centers for Medicare & Medicaid Services' (CMS') requirements for Medicare quality programs impact the Hospital Quality P4P measures?	Generally, Medicare and Medicaid are separate programs, and CMS' decisions on Medicare quality/reporting do not affect Medicaid. MQD does not expect changes to Medicare hospital quality measures to affect the 2025 program.

Measure 1. Reduce ED Visits for Medicaid Members with 4 or more visits

Question or Comment	MQD Response
1. How can hospitals review the data definitions for ED visits?	The ED visit measure in 2025 is calculated by DataGen. Questions about the methodology should be directed to HAH.

Measure 2 Reduce Hospital-Wide Readmission Rates for Medicaid Members

Question or Comment	MQD Response
1. How is the 'expected' readmission rate calculated?	The readmissions measure has historically been calculated by an HAH vendor (currently, DataGen) following the specifications for the measure Hospital Wide Readmissions. Questions about the methodology should be directed to HAH.

Measure 5.a. Complete the Healthy Hawai'i Assessment

Question or Comment	MQD Response
1. Can the workgroups be formed as cross-hospital collaboratives, or are they intended to be internal groups within each hospital?	MQD would like the workgroups to be formed as cross-hospital collaboratives and not as internal groups with each hospital.
2. Must there be a workgroup for each domain from the Institute for Healthcare Improvement (IHI) assessment? Or could workgroups be organized around identified gaps in the assessment?	The number of workgroups may vary as long as all five domains are addressed.
3. Does the five-year roadmap need to include process measures?	A roadmap should include the steps that hospitals will take to achieve the five-year goals, including processes measures as relevant.
4. Can the high-level roadmap apply system-wide (e.g., all acute vs. Rural vs. Critical Access Hospitals) or should each hospital develop its own roadmap?	Each hospital should have a distinct roadmap.
5. Where do we submit questions about the 5.a. measure?	All questions may be submitted to MQDCSO_Inquiries@dhs.hawaii.gov .

Measure 5.b. Demographic Data Capture

Question or Comment	MQD Response
1. Hospitals are concerned about the administrative lift and timeline for meeting Sexual Orientation and Gender Identity (SOGI) data standards.	MQD is no longer requiring the collection of SOGI data for the 2025 P4P Program. MQD will update the 2025 Hospital P4P Quality Memo accordingly.

Measure 5.b. Demographic Data Capture	
Question or Comment	MQD Response
2. Why is MQD asking hospitals to collect Race, Ethnicity, and Language (REaL) data in a standardized manner?	<p>Collecting REaL data supports a hospital's ability to analyze data and understand where disparities exist.¹ The IHI Health Equity Framework² includes elements related to REaL data, including that an organization stratifies workforce data and patient data for key outcome measures by REaL factors to identify potential inequities, and that an organization shares such data transparently.</p> <p>The standard presented by MQD aligns with the new Race Standard established by the U.S. Office of Management and Budget (OMB). In an article published by the American Hospital Association (AHA), "the updated [standard released in April 2024] is effective immediately. However, federal agencies have until March 28, 2029, to bring existing data collection and reporting activities into compliance with the updated Statistical Policy Directive No. 15 (SPD 15) and must submit action plans to OMB on how they will comply with the requirements by September 28, 2025."</p> <p>As MQD introduces REaL data collection into its P4P program, it is hoped that this will simultaneously support hospitals to achieve compliance with standards that will be in effect soon.</p>

¹ <https://www.ihi.org/sites/default/files/IHIAchievingHealthEquityWhitePaper.pdf>

² [IHI_ImprovingHealthEquity_AssessmentTool.pdf](https://www.ihi.org/sites/default/files/IHI_ImprovingHealthEquity_AssessmentTool.pdf)

Measure 5.b. Demographic Data Capture	
Question or Comment	MQD Response
3. Do hospitals have to ask questions exactly as defined in Appendix A and the supplemental guidance document?	<p>A hospital's data REaL collection processes should align with the data categories identified in Appendix A. The major differences from previous race and ethnicity questions are:</p> <ul style="list-style-type: none"> - The requirement to use a combined race/ethnicity question; - The addition of a new "Middle Eastern and North African" reporting category; and - A requirement to collect detailed race/ethnicity responses. <p>In general, Hospitals are expected to revise their data collection to align to the new requirements. MQD will review and approve exceptions on a case-by-case basis for hospitals that are able to demonstrate that their current data capture can meet these requirements or demonstrate how their data capture will map back to the categories in Appendix A of the 2025 Hospital P4P Memorandum.</p>
4. Is MQD requesting patient-specific data results, or will aggregate-level reporting be acceptable?	MQD is requesting aggregate-level reporting stratified by age (pediatric and adult) and setting (inpatient hospital and outpatient hospital) for the 2025 P4P program. More detailed reporting will be required in future years.
5. What should be included in "hospital inpatient" and "hospital outpatient?"	<p>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.</p> <p>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.</p>

Measure 5.b. Demographic Data Capture

Question or Comment	MQD Response
6. Can a hospital report a single completeness rate for the inpatient and outpatient settings?	Hospitals should report hospital inpatient and outpatient rates separately, as each setting may have a unique workflow that may impact overall completeness rates.
7. When will the reporting template be available for measure 5.b.i.?	MQD sent the 5.b.i. Real Data Completeness Reporting Template in Excel to hospitals via email on October 24, 2025. If you did not receive the template, please email MQDCSO_Inquiries@dhs.hawaii.gov .
8. Can a hospital submit one rate for multiple hospitals within a system? Or submit multiple rates for a single hospital?	Hospitals will submit aggregate reporting data for each hospital identified in Appendix B of the 2025 Hospital P4P Memorandum.

Measure 5.c. HRSN Screening

Question or Comment	MQD Response
1. Do hospitals have to use a standardized HRSN Screening Tool?	For the Hospital P4P program, MQD provided questions from the Accountable Communities of Health (ACH) survey, along with a crosswalk that provided guidance on how response choices should be mapped to Z-codes for coding purposes. Hospitals who are using other validated tools are requested to submit the questions you are using to MQD, along with the name of the validated instrument you are using and provide us with a mapping of the responses to Z-codes. MQD would like to validate that the questions asked are equivalent to those included in the ACH survey. Hospitals should note that if additional HRSN screening questions are added for future program years, it is MQD's intention to identify specific questions and answers, so all hospitals are aligned.

Measure 5.c. HRSN Screening	
Question or Comment	MQD Response
2. Are there specific age screening requirements in 2025?	<p>In prior years, MQD has required HRSN screening for Medicaid members aged 15 years and older but has not precluded screening for younger members. Further, HRSN screenings may be provided to caregivers of younger children. As such, MQD asks hospitals to report HRSN screening data on all members on whom screening is performed. In 2025, the expectation is that hospitals successfully implement a reporting method. In future years, if and when MQD assesses screening rates, it will calculate rates for the 0–14 years population separately from the 15–17-year-old group.</p> <p>In future years, MQD may also explore the feasibility of expanding HRSN screening to capture all members or caregivers regardless of age and if so, will work with hospitals to establish standards and reporting requirements.</p>
3. How will hospitals demonstrate compliance for all of 2025 when the data is not fully available on December 31, 2025?	The 2025 measure is not asking for a full year of compliance. Hospitals must successfully demonstrate that they are reporting HRSN screening and HRSN screening results, either via claims, or via a supplemental file (format/structure provided by MQD) in order to meet the 2025 P4P requirement.
4. How does the claims-based HRSN requirement apply to people with Medicaid as secondary coverage?	There is no difference in expectation. Medicaid, by law, is always the payer of last resort for individuals who have any other coverage. A significant portion of the Medicaid population has other coverage. The expectation is that hospitals will screen for HRSN and report HRSN data on all Medicaid members meeting other P4P criteria for screening (e.g. members of a QI Health Plan, present in certain settings in the hospital, etc.).

Measure 5.c. HRSN Screening	
Question or Comment	MQD Response
5. For purposes of the HRSN supplemental data reporting file, how is inpatient hospital and outpatient hospital defined?	<p>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.</p> <p>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.</p>
6. For purposes of the supplemental HRSN data reporting file, how should a hospital determine “Inpatient days”?	<p>The number of inpatient days should align with MQD's inpatient reimbursement policies, which is based on discharge date less admission date. Same day discharges would count as one day for those inpatient services eligible for payment under APR DRGs, as described in memo QI-2211.</p>
7. How should the supplemental HRSN data reporting file treat observation stays?	<p>Observation stays that do not result in an inpatient admission would be counted as an outpatient encounter. Observation stays within a three day window of inpatient admission would be reported as part of the inpatient days, as required in memo QI-2211.</p>
8. Can a hospital charge for both 96190 and 96161 if both the patient and caregiver are present during the screening?	<p>No. Screening should be provided to the patient directly unless it would be more appropriate to address the screening to the caregiver on behalf of the patient (e.g. due to the patient's young age or other disabilities). Therefore, MQD does not expect any circumstance where both the patient and caregiver would be screened on the same visit.</p>
9. What is the process if a hospital is unable to submit Current Procedural Terminology (CPT) codes on inpatient claims?	<p>Hospitals unable to submit CPT codes on inpatient claims can submit the HRSN screening supplemental data file and will need to do so in order to meet the requirements of Measure 5.c.</p>

Measure 5.c. HRSN Screening	
Question or Comment	MQD Response
10. Does each hospital need to decide whether to submit data via coding outlined in QI-2517 OR HRSN data through a supplemental file?	Yes. If a hospital is not able to systematically submit all HRSN data (procedure codes and Z-codes for positive screens) using claims for all applicable settings (inpatient and outpatient), then the hospital must submit the supplemental data file in addition. Also, please note that the supplemental data file is expected to be required in 2026 to report REaL data.
11. Can the supplemental file be used for both REaL data and HRSN requirements?	No REaL data collection is necessary in 2025. The Supplemental Data File is expected to retain its format but be expanded to include additional data fields such as REaL data fields as MQD expands upon the required data collection and reporting in its P4P program.
12. For hospitals that are submitting the supplemental data file for 2025 and including member level REaL data, how should the field for "ethnicity" be used?	No REaL data will be collected for 2025.
13. For hospitals that are submitting the HRSN screening supplemental data file in 2025, how should hospitals include data for members who decline screening for all or part of the HRSN screening instrument?	M2QD will include an option to indicate a member was offered the screening but refused. Please refer to appendix C for further instruction.
14. Are the reporting periods for REaL and HRSN the same?	For 2025, requirements for REaL and HRSN reporting are different. In terms of the HRSN reporting supplemental data file, hospitals should include all Medicaid members enrolled in QI Health Plans with an encounter during the measurement period and will include HRSN screening results present in a member's medical record at the time the file is generated. REaL data will not be required for 2025.

Measure 5.c. HRSN Screening	
Question or Comment	MQD Response
15. How will hospitals demonstrate compliance for all of 2025 when the data is not fully available on 12/31/2025? Will additional time be allowed to collect and report this data, or will third quarter data be enough proof to demonstrate compliance?	<p>The 2025 measure is not asking for a full year of compliance. Hospitals must successfully demonstrate that they are reporting Health-Related Social Needs (HRSN) screening and HRSN screening results, either via claims, or via a supplemental file (format/structure provided by MQD) in order to meet the 2025 P4P requirement.</p> <p>For 2025, supplemental files will be aggregated and submitted to MQD annually for encounters that occur January 1, 2025 – December 31, 2025. Beginning in 2026, supplemental files will be submitted quarterly. Reporting due dates are generally on the last date of the following month. For example, for the quarter ending December 31st, the Supplemental File is due on January 31st. If the due date is a weekend or state holiday, the due date will be the next state business day.</p>