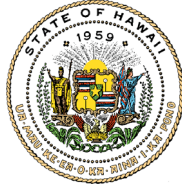


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August 29, 2025

MEMORANDUM

MEMO NOS.

QI-2521 (Replaces QI-2512)
FFS 25-08 (Replaces FFS 25-06)
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 
Med-QUEST Division Administrator

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

This memorandum replaces QI-2512 and FFS 25-06 issued on May 19, 2025.

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 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.

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

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 MQD in writing by emailing the Med-QUEST Division (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
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%

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.

- For each hospital, apply measure specific weights shown in Table 2 to the hospital quality allocation to determine the measure specific potential quality payment.
- 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.
 - 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. 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

**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. 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	2025 Performance Rate	Payment	2025 Performance Rate	Payment
>1.25	0%	1.08	84%	0.90	105.0%
1.25	50%	1.07	86%	0.89	105.5%
1.24	52%	1.06	88%	0.88	106.0%
1.23	54%	1.05	90%	0.87	106.5%
1.22	56%	1.04	92%	0.86	107.0%
1.21	58%	1.03	94%	0.85	107.5%
1.20	60%	1.02	96%	0.84	108.0%
1.19	62%	1.01	98%	0.83	108.5%
1.18	64%	1.00	100%	0.82	109.0%
1.17	66%	0.99	100.5%	0.81	109.5%
1.16	68%	0.98	101.0%	0.80	110.0%
1.15	70%	0.97	101.5%	0.79	110.5%
1.14	72%	0.96	102.0%	0.78	111.0%
1.13	74%	0.95	102.5%	0.77	111.5%
1.12	76%	0.94	103.0%	0.76	112.0%
1.11	78%	0.93	103.5%	0.75	112.5%
1.10	80%	0.92	104.0%		
1.09	82%	0.91	104.5%		

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%	$(\$1,000,000 - \$900,000) \times 45\% =$ \$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	$(1.40 - 1.30) / 1.30 = 7.1\%$	71%	$(\$1,000,000 - \$0) \times 71\% =$ \$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	<ul style="list-style-type: none">• 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 (CPPPSUD) Safety Bundles.</p> <p>4.c: Due by March 31st, 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	<ul style="list-style-type: none"> • 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%) 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%) 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 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 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> <ul style="list-style-type: none"> i. (20%) 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

Measure 5 Details	
	<p>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.</p> <p>ii. (80%) By December 31st, 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.</p> <p>5.c: By December 31, 2025: Demonstrate the ability to comply with MQD defined Health-Related Social Needs (HRSN) screening claims-based submissions 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 6.c.</p>
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)

Appendix A: REaL and SOGI 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.

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☐ **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.

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☐ **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.

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☐ **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>

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/>

Sexual Orientation and Gender Identity Data Fields

- Which of the following best represents how you think of yourself?
 - Lesbian or Gay
 - Straight
 - Bisexual
 - Something else
 - I don't know the answer
 - Refused
- Do you consider yourself transgender?
 - Yes, transgender, male-to-female
 - Yes, transgender, female-to-male
 - Yes, transgender, gender nonconforming
 - No
 - Don't know/not sure
 - Refused

Source: Modified based on Hawaii-Behavioral Health Risk Factor Surveillance System (BRFSS) Questionnaire
<https://hhdw.org/wp-content/uploads/2024/01/2022-HIBRFSS-Questionnaire-5-4-2022.pdf>

Appendix B: Participating Hospitals

2025 Hospital P4P Participant List

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	Kealahakua	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
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

August 29, 2025

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MEDICARE ID	MQD PROVIDER ID	HOSPITAL NAME	PRIVATE/ HHSC	P4P HOSPITAL TYPE	CITY	ISLAND	AFFILIATION
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	