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March 12, 2026

MEMORANDUM

MEMO NOS.

QI-2607

FFS 26-03

CCS-2602

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

FROM: Meredith Nichols *me*
Acting Med-QUEST Division Administrator

SUBJECT: HOSPITAL QUALITY PAY FOR PERFORMANCE GUIDANCE FOR MEASUREMENT YEAR 2026

The Med-QUEST Division (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. With the goal of supporting and recognizing the high-quality care already provided by MQD-participating hospitals—and incentivizing continued excellence and improvement—this memorandum outlines the mechanisms by which hospital quality performance will be evaluated, scored, and used to calculate final payments under the 2026 Hospital Quality 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 2026 P4P measures were selected and updated to align with the future direction of the States Achieving Healthcare Efficiency through Accountable Design (AHEAD) model, and reflects the increased size of the program, new federal requirements, and input received from Healthcare Association of Hawaii (HAH) and participating hospitals.

Table 1 displays the performance measures included in the P4P program starting calendar year (CY) 2026 and Table 2 includes weighting for each measure.

Note the following key changes to the program measures for 2026 as compared to 2025:

- Added an alternate payment scale for hospitals with higher rates of members with identified housing insecurity for Measure 1 Reduce ED Visits for Medicaid Managed Care Members with 4 or More Visits In a Year.
- Added a new quantitative measure for all hospitals, Measure 7 Safe Use of Opioids – Concurrent Prescribing.
- All measures are quantitative. Measure 4 Hawai'i Alliance for Innovation in Maternal Health (AIM) Perinatal Quality Collaborative (PQC): Percent of Pregnant and Postpartum People with Substance Use Disorder (SUD) who Received or Were Referred to Recovery Treatment Services, Measure 5 Healthy Hawai'i: HRSN Screening Rate, and Measure 6 Measures Specific to Rehab Hospitals have eligibility requirements that must be met to earn any payment for the measure.
- Hospitals must meet certain milestones to be eligible for interim payments.

Questions may be directed to Med-QUEST Division (MQD) Clinical Standards Office at MQDCSO_Inquiries@dhs.hawaii.gov, **subject line: Hospital Quality**.

APPENDICES

Appendix A – REaL Data Fields

Appendix B – Participating Hospitals

Appendix C – HRSN Data Collection Fields

Appendix D – Reporting Deadline Summary

Appendix E – Frequently Asked Questions

Table 1—Summary of 2026 Hospital P4P Measures

Measure/Metric Name
1. Reduce ED Visits for Medicaid Managed Care with 4 or more visits
2. Reduce Hospital-Wide Readmission Rates for Medicaid Managed Care Members
3. O P -18 Time from ED Admit to Discharge
4. Hawai`i AIM: Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services
5. Healthy Hawai`i: HRSN Screening
6. Measures Specific to Rehab Hospitals
7. Safe Use of Opioids - Concurrent Prescribing

Policies on Reporting and Payment Deadlines

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.

For measures with eligibility requirements, if a hospital is not able to meet a specified deadline, they may request an extension of up to 90 days by notifying MQD in writing by emailing Med-QUEST Division (MQD) Clinical Standards Office at MQDCSO_Inquiries@dhs.hawaii.gov, **subject line: Hospital Quality**. A hospital that requests an extension to a deadline may be subject to a delay in issuing final payments to ensure that an eligibility requirement is met.

MQD may grant a hospital a reporting deadline extension beyond 90 days 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 more than 90-day delay beyond the reporting deadline, the hospital must notify MQD in writing as soon as it is aware of the delay.

Program Policy Changes

This P4P methodology is for Calendar Year (CY) 2026.

Guidelines in this memo may change in response to changes required by CMS applicable to this program. The continuation of this program beyond CY 2026 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.

Formal Requests for Temporary Exceptions/Exemptions

Hospitals that are able to demonstrate good faith efforts towards meeting requirements may formally request temporary exceptions or exemptions from specific requirements from MQD using an MQD-provided template. MQD, at its sole discretion, may approve temporary exceptions or exemptions for the requested time period, and additionally propose corrective actions to bring a hospital into compliance with requirements. For more information on requesting a temporary exception or exemption, please contact MQDCSO_Inquiries@dhs.hawaii.gov, **subject line: Hospital Quality**.

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 Managed Care Members with 4 or more visits	15%	15%	N/A	N/A
2. Reduce Hospital-Wide Readmission Rates for Medicaid Managed Care Members	15%	15%	N/A	N/A
3. OP-18 Time from ED Admit to Discharge	N/A	N/A	30%	N/A
4. Hawai`i AIM: Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services	15%	0%	N/A	N/A
5. Healthy Hawai`i: HRSN Screening	45%	60%	60%	N/A
6. Measures Specific to Rehab Hospital	N/A	N/A	N/A	90%
7. Safe Use of Opioids - Concurrent Prescribing	10%	10%	10%	10%

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 2026 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 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

Beginning with the 2026 P4P program, interim payments will be tied to required reporting. The following activities must be completed in order to be eligible for interim payments tied to the 2026 hospital program. Interim payments are expected to be made in the fall of 2026 and winter of 2027, prior to completion of full hospital P4P payments earned as described above. Each interim payment will represent no less than 10%, and no more than 25%, of the total hospital P4P payment pool, subject to satisfaction of applicable reporting requirements and program terms.

1. First Interim Payment (Fall 2026). Completion of the following activities by August 31, 2026
 - a. Submit baseline data for Measure 7 Safe Use of Opioids
 - b. Submit baseline data for Measure 4 Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services

- c. Submit two quarterly HRSN Supplemental Data Files as described in Measure 5.b.i.
 - d. Completion of eligibility requirement 5.a.i.
- 2. Second Interim Payment (Winter 2026/2027). Completion of the following activities by November 30, 2026
 - a. Submit three quarterly HRSN Supplemental Data Files as described in Measure 5.b.i.
 - b. Include REaL data in Q3 HRSN Supplemental Data File Submission as described in Measure 5.b.ii.

2026 P4P Program Quantitative Outcome Measures

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

Measure 1 Details	
Eligible Hospitals	Private and HHSC hospitals with obstetrics (O/B) Private and HHSC hospitals without O/B
Objective & Rationale	The objective of this measure is to reduce unnecessary and otherwise preventable emergency department (ED) utilization over time.
Measure Description	<p>The measure is calculated as the number of ED visits for Medicaid managed care members with 4+ ED visits to the same facility in the year divided by the total number of Medicaid managed care member ED visits to the facility in the year.</p> <p>The ED Visits for Medicaid Members with 4 or More Visits measure is calculated for two different time periods:</p> <ul style="list-style-type: none"> • The “Frequent Flier” (FF) Qualifying Period (FFQP) includes 12-months of data ending with last day of the chosen discharge quarter (example: Discharge Quarter = Q1 2025; FFQP = 4/01/2024 – 03/31/2025). • The Measurement Period (MP) includes three (3) months of data ending with the last day of the chosen discharge quarter (example: Discharge Quarter = Q1 2025; MP = 01/01/2025 – 03/31/2025). <p>FF patients are defined as patients with four or more treat-and-release emergency department visits in a 12-month FFQP.</p> <p>Lower rates are better.</p> <p>Achievement is measured relative to a target and relative to a hospital’s performance in a prior year.</p>
Data Collection Plan	The Healthcare Association of Hawaii will track this measure quarterly and annually for all Eligible hospitals.
Eligible Population	Medicaid managed care covered ED visits, including visits where Medicaid managed care is secondary.
Numerator Description	<ul style="list-style-type: none"> • FFQP FF Visit Count: the total number of visits that occurred in the Frequent Flier Qualifying 12-month Period for patients who had 4 or more visits within the Frequent Flier Qualifying 12-month Period.

Measure 1 Details	
	<ul style="list-style-type: none"> MP FF Visit Count: the total number of visits that occurred in the Measurement 3-month Period for patients who had 4 or more visits within the Frequent Flier Qualifying 12-month Period.
Denominator Description	<ul style="list-style-type: none"> FFQP Total Medicaid ED Treat and Release Visit Count: total number of Medicaid ED Treat and Release visits that occurred during the Frequent Flier Qualifying 12-month Period MP Total Medicaid ED Treat and Release Visit Count: total number of Medicaid ED Treat and Release visits that occurred during the Measurement 3-month Period
Prior Year Performance Measurement Period	January 1, 2025 – December 31, 2025
Performance Measurement Period	January 1, 2026 – December 31, 2026

Measure 1 Details

Performance Target & Payout Determination

Step 1: 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). See **2026 Rate** in the table below.

- 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 $\leq 13.00\%$.

Hospitals with an adult housing insecurity rate that is equal to or greater than the median¹ reported adult housing insecurity rate will earn payments based on an alternate rate sliding scale. See **Alternate 2026 Rate** in the table below.

- If the percentage is $\geq 37.5\%$, hospitals earn 0% of allocated funds.
- If the percentage is $\leq 17.5\%$, hospitals earn 100% of funds.
- Hospitals can earn up to 110% of allocated funds if they reduce the rate to $\leq 15.50\%$.

Step 2: A hospital can earn back unearned funds from Step 1 by improving over prior year's 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.

¹The median housing insecurity rate will be determined using results from the 2025 HRSN supplemental data file. If 2025 results cannot be used, MQD will consider using the self-reported HRSN screening results reported to MQD for the 2024 program year.

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

2026 Rate	Alternate 2026 Rate	Payment
35.00%	37.5%	0%
34.00%	36.5%	5%
33.00%	35.5%	10%
32.00%	34.5%	15%
31.00%	33.5%	20%
30.00%	32.5%	25%
29.00%	31.5%	30%
28.00%	30.5%	35%
27.00%	29.5%	40%
26.00%	28.5%	45%
25.00%	27.5%	50%
24.00%	26.5%	55%
23.00%	25.5%	60%
22.00%	24.5%	65%
21.00%	23.5%	70%
20.00%	22.5%	75%
19.00%	21.5%	80%
18.00%	20.5%	85%
17.00%	19.5%	90%
16.00%	18.5%	95%
15.00%	17.5%	100%
14.00%	16.5%	105%
13.00%	15.5%	110%

Measure 1. Example Performance Calculation

Example Hospital A:

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

	Performance Rate	Payment Scale %	Payment Earned
2025 Performance:	27.0%	NA	NA
2026 Performance:	25.0%	50%	\$ 500,000
Improvement between 2025 and 2026	$(27\% - 25\%) / 27\% = 7.4\%$	74%	$(\$1,000,000 - \$500,000) \times 74\% = \$370,000$
2026 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
2025 Performance:	20.0%	NA	NA
2026 Performance:	19.0%	80%	\$800,000
Improvement between 2025 and 2026	$(20\% - 19\%) / 20\% = 5\%$	50%	$(\$1,000,000 - \$800,000) \times 50\% = \$100,000$
2026 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 Managed Care Members

Measure 2 Details	
Eligible Hospitals	Private and HHSC hospitals with O/B Private and HHSC hospitals without O/B Rehab Hospital (reporting only) ² Private and HHSC Critical Access Hospitals (CAHs) (reporting only)
Objective & Rationale	The objective of this measure is to reduce hospital specific readmissions for all causes.
Measure Description	The measure is calculated as the hospital specific improvement in hospital-wide readmissions observed/expected (O/E) ratio among Medicaid managed care members. In 2026, a modified version of CMS’s Hospital Wide Readmissions (HWR) will be used for P4P measurement. HWR estimates a hospital-level, risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission within 30 days of discharge from an index admission with an eligible condition or procedure. MQD will also explore parallel calculations of NCQA’s Plan All Cause Readmissions (PCR) at the hospital level. Parallel calculations will not be used to determine hospital level performance targets and payouts in 2026. A lower ratio is better. Achievement is measured relative to a target and relative to a hospital’s performance in a prior year.
Data Collection Plan	The Healthcare Association of Hawaii will track the HWR measure quarterly and annually for all Eligible hospitals. MQD is evaluating options to track PCR quarterly and annually in 2026.
Eligible Population	Medicaid managed care covered admissions for members ages 18 years and older at the time of admission. Include admissions where Medicaid managed care is secondary. Exclude Medicare FFS.
Measure Definitions	2026 P4P measure is a modified version of 2024 HWR Readmission Measures Resources The standardized readmission ratio (SRR) is calculated as the ratio of the number of “predicted” readmissions to the number of “expected” readmissions at a given hospital. For each hospital, the numerator of the ratio is the number of readmissions within 30 days predicted based on the hospital’s performance with its observed case mix and service mix; the denominator is the

Measure 2 Details	
	<p>number of readmissions expected based on the nation’s performance with that hospital’s case mix and service mix. This approach is analogous to a ratio of “observed” to “expected” used in other types of statistical analyses.</p> <p>The CMS HWR measure excludes discharge against medical advice, admitted for primary psychiatric diagnosis, admitted for rehabilitation,² and admitted for medical treatment of cancer, and admitted with a principal diagnosis of COVID-19 or with secondary diagnosis of COVID-19 Present on Admission For the Hospital P4P Program, the specifications are modified as follows:</p> <ul style="list-style-type: none"> • Include index admissions for all causes • Include Medicaid managed care members age 18 and older • Exclude discharges for false labor <p><i>²Given this exclusion, the reporting only measure for the Rehab hospital shall be a companion measure to HWR, All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities</i></p>
Prior Year Performance Measurement Period	January 1, 2025 – December 31, 2025
Performance Measurement Period	January 1, 2026 – December 31, 2026

Measure 2 Details

Performance Target & Payout Determination

Step 1: 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).

- 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

Step 2: Hospitals can earn back unearned funds from Step 1 by improving over their prior year performance, up to 100% of unearned funds.

- A $\geq 10\%$ 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.

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

2026 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%

2026 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%

2026 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
2025 Performance:	1.10	NA	NA
2026 Performance:	1.05	90%	\$ 900,000
Improvement between 2025 and 2026	$(1.10 - 1.05) / 1.10 = 4.5\%$	45%	$(\$1,000,000 - \$900,000) \times 45\% = \$45,000$
2026 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
2025 Performance:	1.40	NA	NA
2026 Performance:	1.30	0%	\$0
Improvement between 2025 and 2026	$(1.40 - 1.30) / 1.30 = 7.1\%$	71%	$(\$1,000,000 - \$0) \times 71\% = \$710,000$
2026 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	
Eligible Hospitals	Private and HHSC Critical Access Hospitals (CAHs)
Objective & Rationale	The objective of this measure is to reduce the overall time spent by patients in the ED (from arrival to discharge).
Measure Description	This measure is based on the Medicare Beneficiary Quality Improvement Project (MBQIP) measure. Lower rates are better. Achievement is measured relative to a national benchmark.
Data Collection Plan	Data for this measure will be self-reported by hospitals and may be based on sampling.
Eligible Population	Medicaid managed care members with an ED visit during the measurement period. Exclude patients who expired in the ED.
Measure Definition	The measure is calculated as the median time in minutes patients spent in the ED before discharge.
Performance Measurement Period	January 1, 2026 – December 31, 2026
Performance Target & 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%

Measure 4. Hawai'i AIM: Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services

Measure 4 Details	
Eligible Hospitals	Private and HHSC hospitals with O/B
Objective & Rationale	<p>The objective of this measure is to increase the percent of pregnant and postpartum people with SUD who are connected to recovery treatment services.</p> <p>The 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 have worked together to create and sustain the Hawai'i AIM Collaborative and implement Patient Safety Bundles in birthing facilities statewide.</p> <p>Higher rates are better.</p> <p>Achievement is measured relative to a hospital's prior year performance.</p>
Measure Description	<p>This measure aligns with SUD O3 from the AIM Care for Pregnant and Postpartum People with Substance use Disorder Patient Safety Bundle. https://saferbirth.org/wp-content/uploads/Care-for-Pregnant-and-Postpartum-People.pdf</p>
Data Collection Plan	<p>Hospitals will track this measure using their own medical chart and/or E.H.R. data and will submit a Medicaid-specific annual performance rate via an MQD prescribed reporting template.</p>
Initial Population	<p>Medicaid managed care members with one or more births during the measurement period</p>

Measure 4 Details	
Numerator Description	<p>Among the denominator, those with documentation of having received or been referred to recovery treatment services prior to discharge prior to discharge from their birth admission. Include in the numerator:</p> <ul style="list-style-type: none"> • Those who received recovery treatment services at any point during their pregnancy, regardless of current utilization • Those who did not receive recovery treatment services during pregnancy but were referred to them prior to discharge from birth hospitalization <p>Recovery treatment services include:</p> <ul style="list-style-type: none"> • Residential treatment or inpatient recovery programs • Outpatient treatment • Behavioral health counseling • Peer support counseling, such as a 12-step program • Methadone treatment program
Denominator Description	<p>Pregnant and postpartum people with a diagnosis of substance use disorder, including opioid use disorder and alcohol use disorder*. <i>*Alcohol use disorder is a Med-QUEST modification to the measure.</i></p>
Baseline Measurement Period	January 1, 2025 – December 31, 2025 (limited to cases after hospital implemented systemwide SUD screening)
Performance Measurement Period	January 1, 2026 – December 31, 2026
Performance Target & Payout Determination	<ul style="list-style-type: none"> • Performance above 90% will earn 100% payment • Improvement over baseline $\geq 10\%$ will earn 100% payment • Improvement over baseline $< 10\%$ but $\geq 5\%$ will earn 80% payment • Improvement $< 5\%$ will earn 65% payment <p>Hospitals must meet all elements of eligibility requirements 4.a – 4.d to earn any payment described above.</p>

Measure 4 Details

Eligibility Requirements

4.a Active engagement in 80% of Hawai'i PQC meetings including sharing of best practices, successes, opportunities and progress towards implementation of Safety Bundles towards PQC Quality Improvement efforts. One of the meetings will be in-person in **May, 2026**.

4.b Implementation progress indicated in quarterly check-ins with PQC Program Manager which include at least one clinical and one quality representative to discuss implementation challenges and success stories, as well as receipt of technical assistance as needed from the PQC Program Manager.

4.c Submission of Medicaid data for the following bundles:

1. Hemorrhage (Outcome)
2. Hypertension (Outcome)
3. Care for Pregnant/Postpartum People with Substance Use Disorder (Outcome, Process and Structure)

4.d Due by **March 31, 2027**: Complete and submit Progress Summary Report for calendar year 2026. The report must detail (a) an understanding of the hospital's gaps across each of the bundle components, considering the bundle's process, structure, and outcome measures; (b) steps taken to address and close these gaps during the measurement year; and (c) any observations or improvements noted, or lessons learned during the measurement year, as well as next steps. Please give at least one example of how P4P dollars are building sustainable structures for Perinatal Quality Improvement.

Measure 5. Healthy Hawai'i: HRSN Screening Rate

Measure 5 Details																
Eligible Hospitals	Private and HHSC hospitals with O/B Private and HHSC hospitals without O/B Private and HHSC Critical Access Hospitals (CAHs)															
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 support adoption of best practices across hospitals.															
Measure Description	This measure tracks the total number of Medicaid managed care members who received all five HRSN screenings during the measurement year, out of all Medicaid patients seen in all inpatient and outpatient hospital settings. Higher rates are better. Achievement is determined by measuring current year's performance against defined performance targets set to achieve improvement over baseline performance.															
Performance Target & Payout Determination	<p style="text-align: center;">MQD Payment Determination Schedule <i>Facilities must meet BOTH thresholds to qualify for payout indicated.</i></p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">All Five HRSN Screenings (all setting) Screening Rate</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">15 – 17 years</th> <th style="text-align: center;">18+ years</th> <th style="text-align: center;">Payout</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">50%+</td> <td style="text-align: center;">70%+</td> <td style="text-align: center;">100%</td> </tr> <tr> <td style="text-align: center;">25%+</td> <td style="text-align: center;">50%+</td> <td style="text-align: center;">85%</td> </tr> <tr> <td style="text-align: center;">10%+</td> <td style="text-align: center;">10%+</td> <td style="text-align: center;">75%</td> </tr> <tr> <td style="text-align: center;"><10%</td> <td style="text-align: center;"><10%</td> <td style="text-align: center;">65%</td> </tr> </tbody> </table> <p>Hospitals must meet all elements of eligibility requirements 5a and 5b to earn any payment described above.</p>	15 – 17 years	18+ years	Payout	50%+	70%+	100%	25%+	50%+	85%	10%+	10%+	75%	<10%	<10%	65%
15 – 17 years	18+ years	Payout														
50%+	70%+	100%														
25%+	50%+	85%														
10%+	10%+	75%														
<10%	<10%	65%														
Data Collection Plan	Hospitals will submit an HRSN Supplemental Data Reporting File quarterly as described in Appendix C. MQD will use the hospital quarterly reporting submission to calculate an annual HRSN screening rate.															
Eligible Population	Medicaid managed care members ages 15 and older on the date of encounter who have one or more inpatient hospital admission or outpatient hospital visit during the measurement period.															

Measure 5 Details	
Numerator Description	<p>Unique number of Medicaid-covered patients who received a screening by the facility either during the reporting period or within 365 days of the date of discharge (inpatient) or date of service (outpatient). ³In other words, a patient will be counted only once even if they were screened multiple times in the course of the year; or if the data indicates that they were screened during the previous reporting period but within 365 days of their encounter. This number should be a subset of the unique number of Medicaid-covered patients who were seen by the facility during the reporting period.</p> <p>Notes:</p> <ol style="list-style-type: none"> 1. Medicaid patients must have received all 5 screenings either during the reporting period, or within 365 days of the date of discharge (inpatient) or date of service (outpatient) to be included in the numerator, even if all five screenings were not administered during the same visit. 2. Patient refusal or inability to respond will be counted as a non-response; exclusions will be considered for non-response on one or more questions of the HRSN screening where all other questions were answered. <p>A patient who turned 18 years old at any point during the reporting year will be counted in the 18+ year group.</p> <p><i>³Calculations will be performed by MQD based on data submitted by hospitals in the 2025 and 2026 Hospital Supplemental Data Files. Non submission of files or missing data elements may result in underreporting of the performance metric.</i></p>
Denominator Description	<p>Unique number of Medicaid-covered patients who were seen by the facility during the reporting period. In other words, a patient will be counted only once even if they were screened multiple times in the course of the year.</p>
Performance Measurement Period	<p>January 1, 2026 – December 31, 2026</p>

Measure 5 Details

Eligibility Requirements

5.a. Hospitals will build upon the initial IHI Health Equity Assessment and continue to make progress across each domain. 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.

- i. **By May 1, 2026:** Hospitals shall identify two domains and select one element from each of the domains. In the deliverable provide the domains selected, elements selected and the proposed evidence identified to demonstrate the implementation/completion of the elements. MQD will review the proposal and provide feedback and acceptance.
- ii. **By December 31, 2026:** Submit evidence of element completion identified in 5.a.i.
- iii. **By December 31, 2026:** Hospitals shall submit an updated roadmap indicating progress on goals and repeat the Healthy Hawai`i assessment to demonstrate movement along the continuum for at least one of the two domains identified in 5 a.i. Movement along the continuum is defined as advancing at least one position from the hospital's 2025 position in one of the domains identified in 5 a.i.
- iv. **By March 31, 2027:** Demonstrated participation in 80% of the Healthy Hawai`i workgroups developed in 2025. Required deliverable includes evidence of participation in monthly workgroups and demonstration of workgroup goal improvement.

**Eligibility Requirements
(Continued)**

5.b: Improve HRSN and Demographic Data Capture in line with MQD requirements.

- i. Submit to MQD four (4) quarterly member level Hospital Supplemental Data Files that include HRSN screening results for housing, food, transportation, utilities, and safety using the supplemental data file described in Appendix C. MQD will establish data quality and screening compliance acceptance criteria based on guidance previously provided in memos: QI-2517/CCS-2506/FFS25-07 and QI-2521A/FFS 25-08A/ CCS-2507A. Additional submission template and instructions will be provided by MQD.
- ii. Beginning in the third quarter of 2026, the supplemental data file must include member level screening results for Race, Ethnicity, and Language (REaL) data in line with the requirements outlined in Appendix A and as described in Appendix C. Prior to hospitals submitting REaL data, MQD will provide a green light for submission based on screenshots and/or demonstrations from hospitals that provide evidence to MQD that REaL data collection has been implemented within hospital Electronic Health Record (E.H.R.) systems in alignment with Office of Management and Budget (OMB) standards as described in Appendix A. "Green light" review requests are welcome at any time, and hospitals are encouraged to be proactive in seeking these approvals so that any concerns may be identified and rectified early. Please submit requests for green light review to *MQDCSO_Inquiries@dhs.hawaii.gov*, **subject line: Hospital Quality**.

In 2026, the supplemental file will be submitted to MQD quarterly via a secure FTP site. The supplemental will include all members with encounters during the quarter.

- Quarter 1: January 1, 2026 – March 31, 2026
Due Wednesday, April 30, 2026
- Quarter 2: April 1, 2026 – June 30, 2026
Due Friday, July 31, 2026
- Quarter 3: July 1, 2026 – September 30, 2026
Due Monday, November 2, 2026
- Quarter 4: October 1, 2026 – December 31, 2026
Due Monday, February 1, 2027

Measure 6. Measures specific to Rehabilitation Hospital of the Pacific

Measure 6 Details	
Eligible Hospitals	Rehab Hospital
Objective & Rationale	The objective of this measure is to increase rates of Medicaid discharges to the community and decrease rates of Medicaid discharge to acute care for patients of Rehabilitation Hospital of the Pacific (Rehab Hospital).
Measure Description	<p>Discharge to the community for Medicaid Managed Care members</p> <ul style="list-style-type: none"> - Higher rates are better - Achievement is measured relative to a target and relative to prior year performance <p>Discharge to acute care for Medicaid Managed Care members</p> <ul style="list-style-type: none"> - Lower rates are better - Achievement is measured relative to a target and relative to prior year performance
Data Collection Plan	Methodology is based on the Annual Program Evaluation Model (PEM) Score Card from Uniform Data System for Medical Rehabilitation (UDS)
Performance Target & 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
Participation Requirements	Hospitals must meet all elements of eligibility requirements 5a and 5b.ii, and readmissions reporting (Measure 2) to earn any payment described above.

Measure 7. Safe Use of Opioids - Concurrent Prescribing

Measure 7 Details	
Eligible Hospitals	Private and HHSC hospitals with O/B Private and HHSC hospitals without O/B Private and HHSC Critical Access Hospitals (CAHs) Rehab Hospital
Objective & Rationale	Unintentional opioid overdose fatalities have become a major public health concern in the United States. Reducing the number of unintentional overdoses has become a priority for numerous federal organizations including, but not limited to, the Centers for Disease Control and Prevention (CDC), the Federal Interagency Workgroup for Opioid Adverse Drug Events, and the Substance Abuse and Mental Health Services Administration. Concurrent prescriptions of opioids or opioids and benzodiazepines places patients at a greater risk of unintentional overdose due to the increased risk of respiratory depression.
Target Setting Method	This measure is calculated as the proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge. Lower rates are better. Achievement is measured relative to the prior year.
Data Collection Plan	Hospitals will track this measure using their own EHR data and will submit an annual performance rate via an MQD prescribed reporting template. Hospitals will track this measure specific to inpatient hospitalizations for Medicaid managed care using their EHR and following specifications for Safe Use of Opioids - Concurrent Prescribing eCQI Resource Center for 2026.
Eligible Population	Medicaid managed care covered admissions for members ages 18 years and older at the time of admission. Include admissions where Medicaid managed care is secondary.
Numerator Description	“Inpatient hospitalizations where the patient is prescribed two or more opioids or an opioid and benzodiazepine at discharge.”

Measure 7 Details	
Denominator Description	<p>“Inpatient hospitalizations that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one opioid and/or benzodiazepine at discharge.”</p> <p>Exclusions “Inpatient hospitalizations where patients have cancer pain that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization or in an emergency department encounter or observation stay immediately prior to hospitalization, patients receiving medication for opioid use disorder (OUD) with active OUD diagnosis or Opioid Medication Assisted Treatment (MAT), patients with sickle cell disease, patients discharged to another inpatient care facility or left against medical advice, and patients who expire during the inpatient stay.”</p>
Baseline Measurement Period	January 1, 2025 – December 31, 2025
Performance Measurement Period	January 1, 2026 – December 31, 2026
Performance Target and Payout Determination	<ul style="list-style-type: none"> ● If a hospital’s 2026 performance is \leq 5%, the hospital will earn 100% of the available funding, regardless of prior-year performance. ● If a hospital’s 2026 performance is <ul style="list-style-type: none"> ○ 10% or greater improvement over its 2025 performance, the hospital will earn 100% of available funding. ○ 5% improvement over its 2025 performance, the hospital will earn 50% of available funding. ○ better than or equal to its 2025 performance but less than a 5% improvement, the hospital will earn 25% of available funding. <p>If a hospital’s 2026 performance is worse than its 2025 performance, the hospital will earn 0% of available funding.</p>

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.

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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/>

Appendix B: Participating Hospitals

2026 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/HH SC	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	Kealahou	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
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

2026 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.

The format for the REaL data required in Q3 will be developed and released in 2026, after a sufficient number of hospitals have demonstrated compliance with the standards in Appendix A as required for the 2025 Hospital P4P program.

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	HMSAAA KAISER UNITED ALOHAC OHANAA
Member First Name	Alpha Numeric	Free text
Member Last Name	Alpha Numeric	Free text
Member Medicaid ID	Alpha Numeric	NNNNNNNNN
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

Field Description	Data Type	Value
Last date of service during reporting period (hospital outpatient encounter or hospital inpatient discharge date)	Date	MM/DD/YYYY
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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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: Deadline Summary

Ordered by due date

#	Measure Name	Reporting Element	Due Date	Delivered By	Data Source	Tied to Interim Payment
5	Healthy Hawai'i: HRSN Screening	5.b.i Q1 (1/1/26 - 3/31/26) HRSN Data Reporting	04/30/26	Hospitals	Hospital EMR	Yes, Fall 2026
5	Healthy Hawai'i: HRSN Screening	5.a.i. Domain and Element Selection	05/01/26	Hospitals	Hospitals	Yes, Fall 2026
1	Reduce ED Visits for Medicaid Managed Care with 4 or more Visits	MP Q1 (1/1/26 - 3/31/26) & FFQP (4/1/2025 - 3/31/2026) Data Reporting	06/30/26	HAH	DataGen	No
2	Reduce Hospital-Wide Readmission Rates for Medicaid Managed Care Members	Q1 (1/1/26 - 3/31/26) Data Reporting	06/30/26	HAH	DataGen	No
5	Healthy Hawai'i: HRSN Screening	5.b.i. Q2 (4/1/26 - 6/30/26) HRSN Data Reporting	07/30/26	Hospitals	Hospital EMR	Yes, Fall 2026
4	Hawai'i AIM: Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services	Baseline (1/1/25 - 12/31/25) Data Reporting	08/31/26	Hospitals	Perinatal Quality Collaborative	Yes, Fall 2026

#	Measure Name	Reporting Element	Due Date	Delivered By	Data Source	Tied to Interim Payment
7	Safe Use of Opioids - Concurrent Prescribing	Baseline (1/1/25 - 12/31/25) Data Reporting	08/31/26	Hospitals	Hospital EMR	Yes, Fall 2026
1	Reduce ED Visits for Medicaid Managed Care with 4 or more Visits	MP Q2 (4/1/26 - 6/30/26) & FFQP (7/1/2025 - 6/30/2026) Data Reporting	09/30/26	HAH	DataGen	No
2	Reduce Hospital-Wide Readmission Rates for Medicaid Managed Care Members	Q2 (4/1/26 - 6/30/26) Data Reporting	09/30/26	HAH	DataGen	No
5	Healthy Hawai'i: HRSN Screening	5.b.ii. Q3 (7/1/26 - 9/30/26) HRSN Data Reporting w/ Appendix A & C REaL	11/02/26	Hospitals	Hospital EMR	Yes, Winter 2026/2027
1	Reduce ED Visits for Medicaid Managed Care with 4 or more Visits	MP Q3 (7/1/26 - 9/30/26) & FFQP (10/1/2025 - 9/30/2026) Data Reporting	12/31/26	HAH	DataGen	No
2	Reduce Hospital-Wide Readmission Rates for Medicaid Managed Care Members	Q3 (7/1/26 - 9/30/26) Data Reporting	12/31/26	HAH	DataGen	No

#	Measure Name	Reporting Element	Due Date	Delivered By	Data Source	Tied to Interim Payment
5	Healthy Hawai'i: HRSN Screening	5.a.ii. Domain Element completion	12/31/26	Hospitals	Hospitals	Yes, Fall 2026
5	Healthy Hawai'i: HRSN Screening	5.a.iii. Updated Roadmap	12/31/26	Hospitals	Hospitals	No
5	Healthy Hawai'i: HRSN Screening	5.b.ii. Q4 (10/1/26 - 12/31/26) HRSN Data Reporting w/ Appendix A & C REaL	02/01/27	Hospitals	Hospital EMR	Yes, Winter 2026/2027
1	Reduce ED Visits for Medicaid Managed Care with 4 or more Visits	MP Q4 (10/1/26 - 12/31/26) & FFQP (1/1/2026 - 12/31/2026) Data Reporting	03/31/27	HAH	DataGen	No
1	Reduce ED Visits for Medicaid Managed Care with 4 or more Visits	MP Annual (1/1/26 - 12/31/26) Data Reporting	03/31/27	HAH	DataGen	No
2	Reduce Hospital-Wide Readmission Rates for Medicaid Managed Care Members	Q4 (10/1/26 - 12/31/26) Data Reporting	03/31/27	HAH	DataGen	No
2	Reduce Hospital-Wide Readmission Rates for Medicaid Managed Care Members	Annual Report (1/1/26 - 12/31/26) Data Reporting	03/31/27	HAH	DataGen	No

#	Measure Name	Reporting Element	Due Date	Delivered By	Data Source	Tied to Interim Payment
3	OP-18 Time from ED Admit to Discharge	Annual (1/1/26 - 12/31/26) Data Reporting	03/31/27	Hospitals	Hospitals	No
4	Hawai'i AIM: Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services	Medicaid Data for Perinatal Bundles	03/31/27	Hospitals	Perinatal Quality Collaborative	No
4	Hawai'i AIM: Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services	CY 2026 Progress Report	03/31/27	Hospitals	Perinatal Quality Collaborative	No
5	Healthy Hawai'i: HRSN Screening	5.a.iv. Workgroup participation	3/31/27	Hospitals	Hospitals	No
6	Measures Specific to Rehab Hospital	Data Reporting	03/31/27	Hospitals	Hospitals	No
7	Safe Use of Opioids - Concurrent Prescribing	Annual (1/1/26 - 12/31/26) Data Reporting	03/31/27	Hospitals	Hospital EMR	No

Appendix E: Frequently Asked Questions

Topic / Measure	Hospital Feedback or Question	MQD Response / Clarification
Program-level: CMS Mid-Year Changes	How will MQD handle mid-year CMS-required changes operationally and financially?	<i>CMS-required changes will be addressed on a case-by-case basis. The timing, scope, and financial implications of such changes are not known in advance, and MQD will evaluate impacts as they arise. MQD added this language to the memo to provide flexibility. At this time, no changes have been requested by CMS.</i>
Measure weighting – Hospitals without OB / CAHs	What is the rationale for the higher Measure 5 weighting for hospitals without OB services and CAHs, given the increased operational requirements?	<i>While “With OB” hospitals have a lower 45% weighting for Measure 5, they also have 15% weighting for Hawai`i AIM (which is not applicable to “without OB” hospitals and CAHs). As such, MQD believes the Measure 5 weighting is appropriate for “without OB” hospitals and CAHs given the applicable measures. The issue arises because the total pool needs to be allocated across the included metrics, and we have slightly different distributions based on the metrics that apply to each type of hospital.</i>
Measure Weighting – Rehab Hospitals	What is the rationale for concentrating the majority of rehabilitation hospital weighting on Measure 6, given the associated volatility risk?	<i>MQD believes Measure 6 weighting is appropriate given the applicable measures for Rehab hospitals. We concentrated all of Rehab’s requirements under Measure 6, when in fact Rehab hospital is performing tasks across Measures 2 and 5 to meet the requirements of Measure 6. It appears concentrated but reflects a variety of requirements.</i>
Measure Weighting – Alternative Scenarios	Were alternative weighting scenarios considered, particularly for smaller or resource-limited hospitals?	<i>MQD shifted additional emphasis toward quantitative measures while maintaining weighting consistency with prior approvals and accounting for increased P4P funding. This was not a concern raised during 2025 for the 2026 P4P program. MQD is happy to consider alternative weighting scenarios for 2027.</i>
Measure Weighting – Performance Plateaus	How will MQD assess whether weighting remains appropriate if statewide performance plateaus are required?	<i>MQD will review statewide performance, participation, and payment outcomes holistically when developing future-year weighting.</i>
Interim Payments & Reporting Deadlines	What percentage of total P4P dollars will be paid via interim payments?	<i>Interim payments will be no less than 10% and no more than 25% of the total hospital P4P payment pool.</i>
	Will hospitals receive confirmation of eligibility once milestones are met?	<i>Yes, hospitals will receive eligibility confirmation once milestones are met.</i>

Topic / Measure	Hospital Feedback or Question	MQD Response / Clarification
	If an extension is granted, how does that affect interim vs. final payment timing?	<i>Extensions granted against timelines that impact interim payments may delay interim payments. Extensions granted against timelines that impact final payment may delay final payment.</i>
Audit & Compliance	What is the expected documentation retention period for audit purposes?	<i>Please maintain documentation for at least a 7-year period following the Measurement Year for a particular metric.</i>
	Will MQD provide advance notice of audits when feasible?	<i>MQD will provide advance notice of audits when feasible.</i>
	How will audit findings affect redistribution of pool calculations?	<i>The implications of audit findings on payouts remain undetermined at this time.</i>
Measure 1: ED Visits (4+ Visits)	How will hospitals be notified whether they fall above or below the median housing insecurity threshold?	<i>MQD must first receive, review, and validate 2025 HRSN supplemental files. Once validation is complete, MQD will calculate thresholds and share results with hospitals.</i>
	Will hospital-specific housing insecurity rates be shared prior to performance year close?	<i>MQD's goal is to share hospital-specific rates, subject to timely and accurate data submission by hospitals.</i>
	Is FFQP attribution facility specific or system-wide?	<i>Attribution is facility-specific and based on the hospital's MQD provider ID, as listed in Appendix B: Participating Hospitals.</i>
Measure 2: Hospital-Wide Readmissions	What adjustments are being made to the HWR model to account for missing professional claims, and how might this affect risk adjustment?	<i>MQD is evaluating an alternate readmissions metric in 2026 and will share its results with the hospitals.</i>
	Will MQD share technical documentation on HWR modifications?	<i>HAH's vendor, DataGen, calculates the HWR measure and has technical documentation. Please request any information needed directly from HAH.</i>
	How will MQD validate hospital administrative data consistency?	<i>MQD is continuing discussions with HAH and hospitals regarding data validation approaches. We would be interested in hearing concerns from the hospitals as we progress this year. MQD is heavily invested in accurately assessing hospital readmission rates.</i>
	Could PCR replace HWR in future years if feasible?	<i>MQD is evaluating the PCR measure and may consider replacing HWR in future years if the results are reasonable and support the Medicaid managed care quality strategy.</i>
Measure 3: OP-18 (CAHs)	What safeguards are in place to manage variability associated with sampled and self-reported data?	<i>Hospitals are not required to sample their data and may choose to use all cases.</i>

Topic / Measure	Hospital Feedback or Question	MQD Response / Clarification
	What considerations were made to ensure national benchmarks appropriately reflect Hawai'i's rural care environment?	<i>National benchmarks include a mix of rural hospitals.</i>
	Which national benchmark source will be used?	<i>Historically, HAH has used CMS data to determine national benchmarks. MQD is not proposing a change to this methodology.</i>
	Will MQD provide sampling methodology guidance?	<i>Hospitals can follow existing sampling guidance from The Joint Commission for OP-18.</i>
	How will partial-year participation be evaluated?	<i>Hospitals that do not report a full year of data will earn 0% payment for the measure.</i>
Measure 4: AIM SUD Measure	What constitutes "active engagement" for the PQC requirement?	<i>Active engagement includes sharing best practices, success, opportunities, and progress towards implementation.</i>
	Will a standardized Progress Report template be provided?	<i>PQC participants may propose a standardized progress report template for MQD review and approval. In prior years, hospitals have reported using a standardized progress report template developed by HAH.</i>
	How should hospitals document referrals when services are unavailable locally?	<i>Additional clarification on documentation expectations for referrals in situations where services are not available locally will be addressed through implementation guidance. In general, MQD requires its health plans to make medically necessary services available to its members, even when those services are unavailable locally.</i>
	How should the program balance HAH's recommendation to retain SUD O3 as the sole measure, to preserve operational feasibility, with any policy goals driving consideration of additional metrics?	<i>SUD O3 will be retained for the payout, but SUD P4 is a metric that hospitals need to report on the bundle regardless of whether it is integrated into the P4P program.</i>

Topic / Measure	Hospital Feedback or Question	MQD Response / Clarification
<p>Measure 4: AIM SUD Measure</p>	<p>What ICD-10 codes will be used for the Alcohol Use Disorder component of the measure</p>	<p><i>The following ICD-10 groupings will be used:</i></p> <ul style="list-style-type: none"> • <i>O99.31 Alcohol use complicating pregnancy, childbirth, and the puerperium</i> • <i>O99.310 Alcohol use complicating pregnancy, unspecified trimester</i> • <i>O99.311 Alcohol use complicating pregnancy, first trimester</i> • <i>O99.312 Alcohol use complicating pregnancy, second trimester</i> • <i>O99.313 Alcohol use complicating pregnancy, third trimester</i> • <i>O99.314 Alcohol use complicating childbirth</i> • <i>O99.315 Alcohol use complicating the puerperium</i>
<p>Measure 5: Healthy Hawai'i – Weighting & Structure</p>	<p>Is there consideration to increase the weighting of Measure 7 for hospitals without OB services and CAHs to better reflect their measure mix and program impact?</p>	<p><i>MQD does not propose to increase the weighting for Measure 7 beyond 10%. This is a new metric, and MQD has no baseline data to evaluate past performance. Increasing the weight of an unknown measure increases risk for hospitals.</i></p>
	<p>What is the rationale for the all-or-nothing eligibility structure given the associated financial risk?</p>	<p><i>The eligibility and payment structure will remain as proposed for 2026, as no baseline information is available to MQD at this time.</i></p>
	<p>What is the rationale for the current timelines for 5.a.i and 5.a.ii given the operational effort required?</p>	<p><i>The timelines for Healthy Hawai'i work take into consideration the full year of activities. Hospitals can request extensions per the policy outlined in the memorandum, and such extensions may result in delays in payment. Some timelines have been adjusted in response to specific feedback.</i></p>
	<p>Is there consideration to reframe Measure 5.a to emphasize outcome-based improvement rather than prescriptive process elements?</p>	<p><i>MQD acknowledges the perspective and will consider outcome-focused approaches as part of future program development. The 2026 structure will remain as proposed. Some clarifications have been provided within the memo in response to feedback.</i></p>
	<p>Will MQD issue formal “green light” approvals in writing for REaL data submission?</p>	<p><i>MQD will provide approvals in writing.</i></p>

Topic / Measure	Hospital Feedback or Question	MQD Response / Clarification
Measure 5: Healthy Hawai'i – Weighting & Structure	How should hospitals handle patients with incomplete HRSN screening due to clinical constraints?	<i>MQD will evaluate whether a given member has been screened on all five HRSN domains at least once within 365 days of the date of discharge (inpatient) or date of service (outpatient), even if all five screenings were not administered during the same visit.</i>
	Will MQD provide feedback reports on submitted HRSN data quality during the year?	<i>MQD will provide feedback reports on HRSN data quality.</i>
	Is there flexibility in REaL reporting timelines for hospitals implementing EHR upgrades?	<i>MQD has allowed for a temporary exception process to support hospitals experiencing unique challenges.</i>
Measure 6: Rehab Hospital- Specific Measures	What considerations were made regarding hospital transparency and influence when relying on the PEM scorecard?	<i>MQD is happy to consider alternative proposals for 2027.</i>
	How will MQD define the PEM target used for base score determination?	<i>The targets identified in the 2026 memo were recommended by HAH and agreed to by MQD.</i>
	If UDS revises PEM methodology mid-cycle, how will MQD respond?	<i>The measures and targets for these quantitative metrics were recommended by HAH and agreed to by MQD. If changes occur, MQD looks forward to discussing a path forward with the impacted hospital and HAH.</i>
	Can MQD clarify how eligibility requirements 5.a and 5.b.ii apply operationally to rehab hospitals?	<i>Rehab hospitals will need to meet the applicable requirements within Measure 2, 5.a., and 5.b.ii in order to qualify for any payouts.</i>
Measure 7: Safe Use of Opioids – Concurrent Prescribing	Will MQD audit EHR logic be used to calculate the measure?	<i>MQD may audit any aspect of the P4P program.</i>
	How should hospitals treat cases where outpatient prescribers contribute to concurrent medications?	<i>The measure, as described in the memo, does not apply to outpatient prescribers.</i>
	Will MQD provide validation guidance for identifying exclusions (e.g., MAT, cancer pain)?	<i>This measure was recommended by HAH and MQD expects that the standard HEDIS definition will be applied to calculate the metric. As such, MQD anticipates that exclusions are defined within the HEDIS measure definition.</i> <i>MQD does not expect to provide specific guidance. Any deviations from the standard definition under consideration require MQD's approval.</i>