2026

HHP QUALITY INCENTIVE PROGRAM GUIDE

HAWAI'I PACIFIC HEALTH | HAWAI'I HEALTH PARTNERS

CREATING A HEALTHIER HAWAI'I

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LETTER TO COLLEAGUES

Dear Hawai'i Health Partners Member,

As the new year begins, Hawai'i Health Partners (HHP) recognizes the rapidly changing health care landscape in which our clinicians practice. Through these changes, you continue to provide excellent care to our patients and community. Similarly, HHP remains committed to supporting you and your practice. We will anticipate industry changes and adapt to effectively deliver services that best contribute to your success and promote the health and well-being of our patients.

Our team is focused on making thoughtful decisions that offer stability during these dynamic times. To maintain consistency, we will continue with our current HHP Quality Incentive Program measures in 2026, recognizing that strong, effective workflows require ongoing process improvement. At the same time, we understand the need for adaptability. That is why we are embracing tools like artificial intelligence and enhanced connectivity across our electronic health records and data systems – innovations that will help us address expectations around quality measures and improve communication around patient risk.

We are also working to increase communication and collaboration on HHP's areas of focus. We have already implemented earlier notifications about upcoming webinars, HQIP activities, and incentive opportunities. In addition, we are actively identifying ongoing initiatives across the health care system where we can align our efforts to minimize duplication and accelerate success. To strengthen engagement, HHP is also creating more opportunities for you to connect with me and other team members, both in person and virtually, to foster collaboration.

Our ultimate priority is to support you by providing stability and serving as a reliable resource as we navigate this ongoing change together. Throughout, we remain committed to HHP's goal: providing high-quality clinical care while increasing efficiency to manage health care costs responsibly.

Thank you for being a valued member of Hawai'i Health Partners. We appreciate your partnership and trust as we move forward together.

Sincerely,
Jennifer José Lo, MD
Medical Director

Hawai'i Health Partners Overview

As the state's first physician-led Accountable Care Organization (ACO), Hawai'i Health Partners (HHP) manages the integration of a high-performing network of Physicians and Providers, facilities and medical centers aligned to provide patient-centered, high-quality care. The ACO's goals are to create healthier communities in Hawai'i by focusing on developing a network that provides highly coordinated care with optimal patient health outcomes and increased efficiency.

To engage individual Physicians and Providers under these goals, Hawai'i Health Partners has a performance program, HHP Quality Incentive Program (HQIP).

Hawai'i Health Partners Quality Incentive Program

The HQIP is designed to engage and recognize Physicians and Providers who 1) contribute to achieving quality performance goals and 2) improve population health by contributing to high quality, appropriate and efficient care.

Eligibility Criteria

A Physician or Provider is eligible to receive incentives under this program if the criteria below have been met:

1. The Physician or Provider is a credentialed, participating provider of HHP for at least 90 days of the measurement year.
2. The Physician or Provider has practiced clinically in the measurement year.
3. The Physician or Provider meets the quality performance targets for applicable measures, based on the physician's or provider's specialty or clinical practice area, and the minimum patient threshold for measures with defined thresholds. Note, the Ecosystem Development Measure must be achieved to receive credit for all subsequent measures.

Performance Target

Performance Target for each measure is based off individual, primary facility, or Clinical Practice Area (CPA) performance. CPA is determined at time of HHP credentialing as the specialty in which the Physician or Provider is practicing.

- Example: Specialty = Internal Medicine and CPA = Hospitalist – IM

Individual vs. Group Member Participation

Individual performance and incentives will be calculated for all eligible HHP Physicians and Providers, whether they join as an individual or as a member of the group. For Physicians or Providers participating as members of a group, distribution of incentives and related funds will be made to the group. It is the group's discretion as to how those funds are distributed to its Physicians and Providers.

Measurement Period

The 2026 HQIP starts on Jan. 1, 2026, and ends Dec. 31, 2026. Progress can be monitored through the use of the HHP Primary Care and Specialty Dashboards. However, final eligibility for incentive payments and final performance scores are determined after the end of the calendar year. Payment will be made following determination of fund availability. For more information, email Info@HawaiiHealthPartners.org.

Provider Review Period

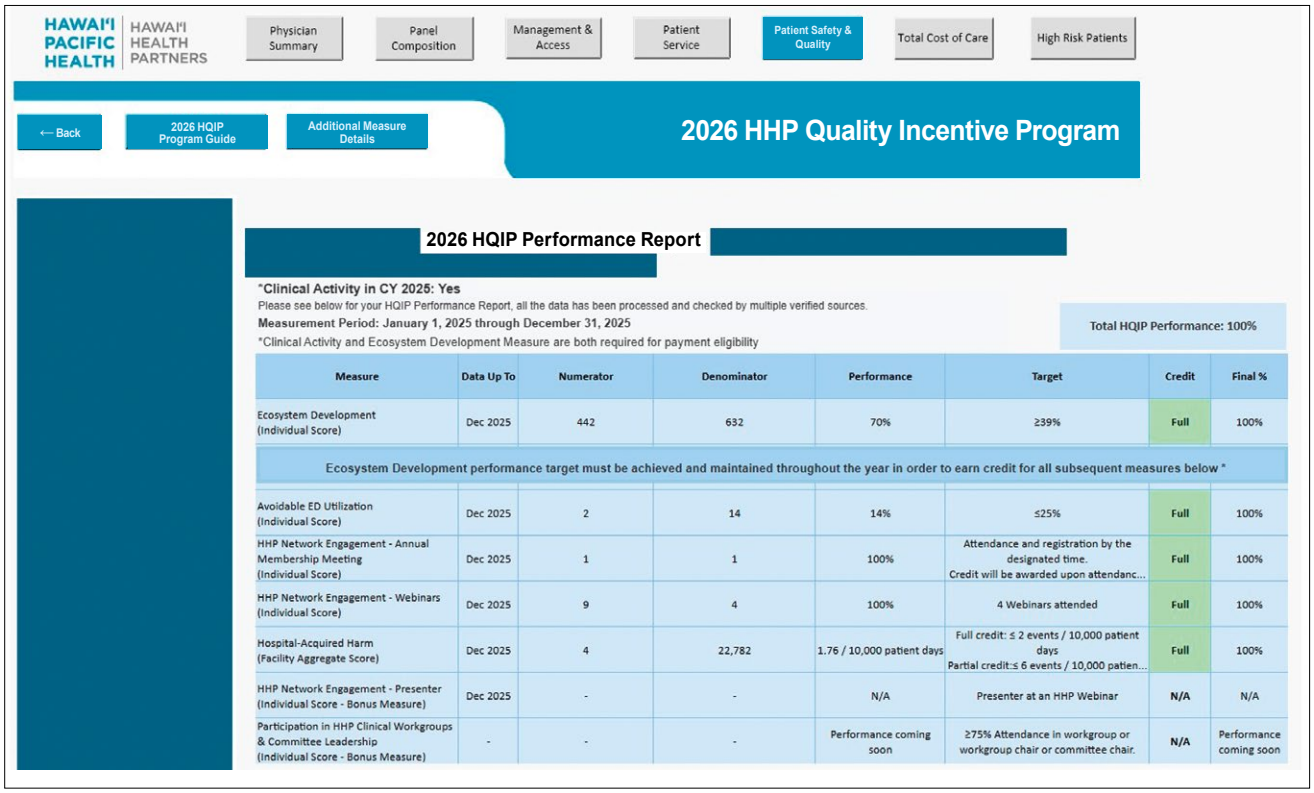
A designated review period – approximately four weeks in duration – will be announced in the subsequent calendar year following the close of the measurement period. During the Provider Review Period, Physicians and Providers will have the opportunity to review final performance results from 2026 via their HHP Dashboards.

During this time, Physicians and Providers may submit any questions or requests for correction regarding performance to Info@HawaiiHealthPartners.org.

How to Monitor Program Performance

Physicians and Providers can monitor performance through the HHP Primary Care and Specialist Dashboards. Please use the link below for instructions on how to access the dashboards. Contact HHP at Info@HawaiiHealthPartners.org for further assistance.

- Accessing the HHP Dashboard



Measure	Data Up To	Numerator	Denominator	Performance	Target	Credit	Final %
Ecosystem Development (Individual Score)	Dec 2025	442	632	70%	≥39%	Full	100%
Ecosystem Development performance target must be achieved and maintained throughout the year in order to earn credit for all subsequent measures below *							
Avoidable ED Utilization (Individual Score)	Dec 2025	2	14	14%	≤25%	Full	100%
HHP Network Engagement - Annual Membership Meeting (Individual Score)	Dec 2025	1	1	100%	Attendance and registration by the designated time. Credit will be awarded upon attendanc...	Full	100%
HHP Network Engagement - Webinars (Individual Score)	Dec 2025	9	4	100%	4 Webinars attended	Full	100%
Hospital-Acquired Harm (Facility Aggregate Score)	Dec 2025	4	22,782	1.76 / 10,000 patient days	Full credit: ≤ 2 events / 10,000 patient days Partial credit:≤ 6 events / 10,000 patien...	Full	100%
HHP Network Engagement - Presenter (Individual Score - Bonus Measure)	Dec 2025	-	-	N/A	Presenter at an HHP Webinar	N/A	N/A
Participation in HHP Clinical Workgroups & Committee Leadership (Individual Score - Bonus Measure)	-	-	-	Performance coming soon	≥75% Attendance in workgroup or workgroup chair or committee chair.	N/A	Performance coming soon

PARTICIPATION IN ECOSYSTEM, PERFORMANCE AND BONUS MEASURES BY CLINICAL PRACTICE AREA

CLINICAL PRACTICE AREA	ECO-SYSTEM	CLINICAL PERFORMANCE MEASURES								CITIZENSHIP PERFORMANCE MEASURES		BONUS MEASURES	
	Ecosystem	Avoidable ED Utilization	Hospital-Acquired Harm	Mammogram Imaging Callback Rate	Sepsis and Septic Shock: Management Bundle (Composite Measure)	Site of Care Shift for Surgical Procedures	Specialist Assessment of High Risk Conditions	Turnaround Time	Vermont Oxford Network for VLBW and Expanded Database Measures	HHP Network Engagement – Annual Membership Meeting	HHP Network Engagement – Webinars	HHP Network Engagement Presenter	Participation in HHP Clinical Workgroups and Committees
PRIMARY CARE (carrying a primary care panel of patients)													
Advanced Practice Registered Nurse (APRN)/ Physician Assistant (PA)	✔	✔	✔							✔	✔	✔	✔
Family Medicine (PCP)	✔	✔	✔							✔	✔	✔	✔
General Practice (PCP)	✔	✔	✔							✔	✔	✔	✔
Internal Medicine (PCP)	✔	✔	✔							✔	✔	✔	✔
Pediatrics (PCP)	✔	✔	✔							✔	✔	✔	✔
SPECIALIST													
Adolescent Medicine (non-PCP)	✔	✔	✔							✔	✔	✔	✔
Allergy & Immunology	✔	✔	✔				✔			✔	✔	✔	✔
Anesthesiology	✔		✔				✔			✔	✔	✔	✔
Cardiac Electrophysiology	✔	✔	✔				✔			✔	✔	✔	✔
Cardiology	✔	✔	✔				✔			✔	✔	✔	✔
Cardiothoracic Surgery	✔	✔	✔				✔			✔	✔	✔	✔
Child & Adolescent Psychiatry	✔	✔	✔							✔	✔	✔	✔
Clinical Psychology	✔	✔	✔				✔			✔	✔	✔	✔
Critical Care Medicine	✔		✔		✔		✔			✔	✔	✔	✔
Dermatology	✔	✔	✔				✔			✔	✔	✔	✔
Dermatopathology	✔		✔				✔	✔		✔	✔	✔	✔
Developmental-Behavioral Pediatrics	✔	✔	✔							✔	✔	✔	✔
Diagnostic Radiology	✔		✔	✔			✔	✔		✔	✔	✔	✔

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PARTICIPATION IN ECOSYSTEM, PERFORMANCE AND BONUS MEASURES BY CLINICAL PRACTICE AREA

CLINICAL PRACTICE AREA	ECO-SYSTEM	CLINICAL PERFORMANCE MEASURES								CITIZENSHIP PERFORMANCE MEASURES		BONUS MEASURES	
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SPECIALIST													
Emergency Medicine	✔	✔	✔		✔		✔			✔	✔	✔	✔
Endocrinology	✔	✔	✔				✔			✔	✔	✔	✔
Gastroenterology	✔	✔	✔			✔	✔			✔	✔	✔	✔
General Surgery	✔	✔	✔			✔	✔			✔	✔	✔	✔
Geriatric Medicine	✔	✔	✔				✔			✔	✔	✔	✔
Gynecologic Oncology	✔	✔	✔				✔			✔	✔	✔	✔
Gynecology	✔	✔	✔			✔	✔			✔	✔	✔	✔
Hematology/Oncology	✔	✔	✔				✔			✔	✔	✔	✔
Hospice & Palliative Medicine	✔	✔	✔				✔			✔	✔	✔	✔
Hospitalist – Family Medicine	✔	✔	✔		✔		✔			✔	✔	✔	✔
Hospitalist – Internal Medicine	✔	✔	✔		✔		✔			✔	✔	✔	✔
Hospitalist – Pediatrics	✔	✔	✔							✔	✔	✔	✔
Hospitalist – Pediatric Hematology/Oncology	✔	✔	✔							✔	✔	✔	✔
Infectious Disease	✔	✔	✔				✔			✔	✔	✔	✔
Interventional Cardiology	✔	✔	✔				✔			✔	✔	✔	✔
Interventional Radiology	✔	✔	✔				✔	✔		✔	✔	✔	✔
Maternal & Fetal Medicine	✔	✔	✔				✔			✔	✔	✔	✔
Medical Genetics	✔		✔				✔			✔	✔	✔	✔
Neonatology	✔		✔						✔	✔	✔	✔	✔
Nephrology	✔	✔	✔				✔			✔	✔	✔	✔

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SPECIALIST													
Neurology	✔	✔	✔				✔			✔	✔	✔	✔
Neuroradiology	✔		✔				✔	✔		✔	✔	✔	✔
Neurosurgery	✔	✔	✔				✔			✔	✔	✔	✔
Nuclear Medicine	✔		✔				✔	✔		✔	✔	✔	✔
Obstetrics & Gynecology	✔	✔	✔			✔	✔			✔	✔	✔	✔
Occupational Medicine	✔	✔	✔				✔			✔	✔	✔	✔
Ophthalmology	✔	✔	✔			✔	✔			✔	✔	✔	✔
Orthopedic Surgery	✔	✔	✔			✔	✔			✔	✔	✔	✔
Otolaryngology	✔	✔	✔			✔	✔			✔	✔	✔	✔
Pain Management	✔	✔	✔				✔			✔	✔	✔	✔
Pathology	✔		✔				✔	✔		✔	✔	✔	✔
Pediatric Anesthesiology	✔		✔							✔	✔	✔	✔
Pediatric Cardiology	✔	✔	✔							✔	✔	✔	✔
Pediatric Critical Care	✔		✔							✔	✔	✔	✔
Pediatric Diagnostic Radiology	✔		✔					✔		✔	✔	✔	✔
Pediatric Emergency Medicine	✔	✔	✔							✔	✔	✔	✔
Pediatric Endocrinology	✔	✔	✔							✔	✔	✔	✔
Pediatric Gastroenterology	✔	✔	✔							✔	✔	✔	✔
Pediatric Hematology/ Oncology	✔	✔	✔							✔	✔	✔	✔
Pediatric Infectious Diseases	✔	✔	✔							✔	✔	✔	✔

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SPECIALIST													
Pediatric Nephrology	✔	✔	✔							✔	✔	✔	✔
Pediatric Neurology	✔	✔	✔							✔	✔	✔	✔
Pediatric – NICU	✔		✔						✔	✔	✔	✔	✔
Pediatric Ophthalmology	✔	✔	✔							✔	✔	✔	✔
Pediatric Orthopedic Surgery	✔	✔	✔							✔	✔	✔	✔
Pediatric Physical Medicine & Rehabilitation	✔	✔	✔							✔	✔	✔	✔
Pediatric Pulmonology	✔	✔	✔							✔	✔	✔	✔
Pediatric Rheumatology	✔	✔	✔							✔	✔	✔	✔
Pediatric Sports Medicine	✔	✔	✔							✔	✔	✔	✔
Pediatric Surgery	✔	✔	✔							✔	✔	✔	✔
Pediatric Urology	✔	✔	✔							✔	✔	✔	✔
Pediatrics (non-PCP)	✔	✔	✔							✔	✔	✔	✔
Plastic Surgery	✔	✔	✔			✔	✔			✔	✔	✔	✔
Podiatry	✔	✔	✔			✔	✔			✔	✔	✔	✔
Post-Acute Long-Term Care	✔	✔	✔				✔			✔	✔	✔	✔
Psychiatry	✔	✔	✔				✔			✔	✔	✔	✔
Pulmonology	✔	✔	✔				✔			✔	✔	✔	✔
Radiation Oncology	✔	✔	✔				✔			✔	✔	✔	✔
Reproductive Endocrinology/ Infertility	✔	✔	✔				✔			✔	✔	✔	✔
Rheumatology	✔	✔	✔				✔			✔	✔	✔	✔

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PARTICIPATION IN ECOSYSTEM, PERFORMANCE AND BONUS MEASURES BY CLINICAL PRACTICE AREA

CLINICAL PRACTICE AREA	ECO-SYSTEM	CLINICAL PERFORMANCE MEASURES								CITIZENSHIP PERFORMANCE MEASURES		BONUS MEASURES	
	Ecosystem	Avoidable ED Utilization	Hospital-Acquired Harm	Mammogram Imaging Callback Rate	Sepsis and Septic Shock: Management Bundle (Composite Measure)	Site of Care Shift for Surgical Procedures	Specialist Assessment of High Risk Conditions	Turnaround Time	Vermont Oxford Network for VLBW and Expanded Database Measures	HHP Network Engagement – Annual Membership Meeting	HHP Network Engagement – Webinars	HHP Network Engagement Presenter	Participation in HHP Clinical Workgroups and Committees
SPECIALIST													
Sleep Medicine	✔	✔	✔				✔			✔	✔	✔	✔
Sports Medicine	✔	✔	✔				✔			✔	✔	✔	✔
Urgent Care/Walk-in	✔	✔	✔				✔			✔	✔	✔	✔
Urogynecology & Pelvic Reconstruction	✔	✔	✔				✔			✔	✔	✔	✔
Urology	✔	✔	✔				✔			✔	✔	✔	✔
Vascular Surgery	✔	✔	✔				✔			✔	✔	✔	✔
Weight Management	✔	✔	✔				✔			✔	✔	✔	✔
Wound Care	✔	✔	✔				✔			✔	✔	✔	✔

ECOSYSTEM DEVELOPMENT MEASURE

ECOSYSTEM DEVELOPMENT MEASURE

Measure Objective

Due to the importance of this measure, the threshold set by Clinical Practice Area (i.e., specialty) must be achieved in order to earn credit for all subsequent measures. An accountable care organization (ACO) is defined as a group of Physicians and Providers that accept collective accountability for the management of quality and cost of care delivered to the patients they serve. ACO Physicians and Providers work together, coordinating to provide quality, integrated care. Patients benefit when their Physicians and Providers are committed to team-based care and accept their role in reducing health care costs. The Ecosystem is foundational to the success of Hawai'i Health Partners (HHP) as an ACO. This measure strives to create a strong ecosystem where our patients receive care managed by our Physicians and Providers. Within our HHP ecosystem, we have the opportunity to:

- Improve communication and coordination of care.
- Increase understanding of network strengths and opportunities for improvement.
- Support maintenance and monitoring of quality.
- Promote innovation within our network.
- Support efforts and initiatives promoting healthy communities.

Description

Percentage of care for HHP patients delivered by HHP Physicians and Providers in network clinics and facilities.

Numerator

Primary Care: All In-Network HMSA Commercial Claims

Specialists: All In-Network HMSA Commercial Claims

Denominator

Primary Care: All HMSA Commercial claims for the PCP's attributed patients with a service date in 2026, minus exclusions on next page.

Specialists: All HMSA Commercial claims with a service date in 2026 billed by:

- The HHP Specialist
- The facility where service was delivered
- Another clinician where the HHP Specialist is listed as the referring physician

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Exclusions

Exclusions are based on the following criteria:

1. Area of care delivery has no in-network options.
2. Care delivery options exist in-network, but opportunities for enhancing quality and/or cost are limited.

Out-of-network claims in the areas of care delivery listed below will be excluded from measurement calculation.

- Addiction Medicine
- All Other Suppliers (Airlines, Medical Suppliers)
- Ambulance
- Anesthesiology
- Audiologist
- Certified Registered Nurse Anesthetist
- Clinical Laboratory
- Clinical Psychologist
- Dentist
- Durable Medical Equipment
- Family Planning Clinic
- Genetics
- Home Infusion
- Hospice
- Licensed Clinical Social Worker
- Marriage, Family, Child Counselor
- Occupational Therapist in Private Practice
- Optician
- Orthotics and Prosthetics
- Out of State
- Pathology
- Pharmacy
- Physiotherapist
- Psychiatric Hospital
- Psychiatry
- Psychologist
- Registered Dietitian/Nutrition Professional
- Renal Dialysis Clinic
- Skilled Nursing Facility
- Speech Therapist
- Substance Abuse Facility

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ECOSYSTEM DEVELOPMENT MEASURE

Measurement Period

Jan. 1, 2026-Dec. 31, 2026

Performance Target

Performance is measured on an individual level. Targets are set on baseline data from Jan. 1, 2024-Dec. 31, 2024 for each Clinical Practice Area and are reflected on the HHP Dashboard.

Please see Appendix for your Clinical Practice Area target.

If you have any questions about your performance target, contact Info@HawaiiHealthPartners.org to arrange a meeting.

Eligible Members

All HHP Credentialed Members

How to Meet the Measure

Physicians and Providers who meet or exceed the CPA target will meet the measure.

Primary Care Physicians and Providers who do not meet the CPA targets may meet the measure by improving individual percentage of new consult visits completed within the HHP network over prior year. Performance in this alternative metric will be displayed on the HHP Dashboard and can be monitored throughout the year.

Primary Care Physicians and Providers on Hawai'i Island, Maui and Moloka'i who do not meet the CPA targets may meet this measure through an annual meeting with the Medical Director, due to limited in-network specialists available in these geographic areas. The ecosystem performance will not contribute to the overall performance calculation. These meetings will be scheduled by the HHP team.

Physicians and Providers whose CPA does not have qualifying baseline data may meet the measure through an annual meeting with the Medical Director. These meetings will be scheduled by the HHP team.

Physicians and Providers with less than 10 claims or are new to HHP in 2026 may meet the measure through an annual meeting with the Medical Director. These meetings will be scheduled by the HHP team.

Physicians and Providers are determined to be new to HHP if:

- This is the first year they are eligible for the program; OR
- Their CPA designation changed from the previous program year. Note: CPA designation for the program year is determined by the CPA that is held for majority of the eligible period. CPA change effective dates are based on review and approval by the Credentialing Committee.

The HHP Managed Care Team may assist with referrals in order to meet the Ecosystem Development Measure. Please email Info@HawaiiHealthPartners.org to get connected to the HHP Managed Care Team to support referrals.

CLINICAL PERFORMANCE MEASURES

AVOIDABLE ED UTILIZATION

Measure Objective	Emergency Department (ED) visits can be a tremendous burden to the patient and health care system, especially for those conditions that can be treated outside of the ED.[1] Avoidable ED visits can hinder access to emergency care and cost over $4 billion annually. This measure intends to direct patients to seek initial care in the most appropriate care setting.
Description	Percentage of ED visits by HMSA Commercial attributed patients that are "avoidable" according to adapted New York University (NYU) criteria
Numerator	HMSA Commercial attributed patient ED visits from the denominator that are "avoidable" according to adapted NYU criteria
Denominator	HMSA Commercial attributed patients that present to an ED
Exclusions	N/A
Measurement Period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	**Primary Care:** Individual performance scored at or below 25% in HHP Dashboard **Specialists: Overall HHP aggregate score** at or below 25%
Eligible Members	**Primary Care:** Family Medicine, General Practice, Internal Medicine, Pediatrics, APRNs and PAs. By definition, all Primary Care Physicians and Providers must carry a panel of attributed lives. **Specialists:** All specialties excluding: Anesthesiology, Critical Care Medicine, Dermatopathology, Diagnostic Radiology, Medical Genetics, Neonatology, Neuroradiology, Nuclear Medicine, Pathology, Pediatric Anesthesiology, Pediatric Critical Care, Pediatric Diagnostic Radiology and Pediatrics – NICU
How to Meet the Measure	Educate patients regarding the best communication strategy to reach you with questions and appropriate time frame to anticipate response. Educate patients regarding appropriate locations to seek care based on symptoms including nurse advice line or on-call clinician, primary care office, specialty office or urgent care setting. Educate patients regarding appropriate circumstances or symptoms to seek emergency care. The patient's assigned PCP is based on the HMSA attribution at the time the ED visit occurred. **Primary Care Physicians and Providers** may request clinical review of individual cases and their ED utilization appropriateness. Submit a secure email request for reconsideration to Info@HawaiiHealthPartners.org including patient name, date of birth, date of service and any supporting documentation of why the ED visit may have been unavoidable. ED visit details can be viewed through the Additional Measure Details tab on the HHP Dashboard (see screenshot on next page).

[1]From https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/carecoordination/measure2.html. Accessed on 10/15/2025.

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AVOIDABLE ED UTILIZATION

For inquiries regarding member attribution or Avoidable ED criteria, please contact Info@HawaiiHealthPartners.org.

Hawai'i Health Partners PCP Dashboard

HAWAI'I PACIFIC HEALTH | HAWAI'I HEALTH PARTNERS

Physician Summary | Panel Composition | Management & Access | Patient Service | Patient Safety & Quality | Total Cost of Care | High Risk Patients

← Back | 2026 HQIP Program Guide | Additional Measure Details

2026 HHP Quality Incentive Program

2026 HQIP Performance Report

*Clinical Activity in CY 2025: Yes

Please see below for your HQIP Performance Report, all the data has been processed and checked by multiple verified sources

Measurement Period: January 1, 2025 through December 31, 2025

*Clinical Activity and Ecosystem Development Measure are both required for payment eligibility

Total HQIP Performance: 100%

Measure	Data Up To	Numerator	Denominator	Performance	Target	Credit	Final %
Ecosystem Development (Individual Score)	Dec 2025	442	632	70%	≥39%	Full	100%
Ecosystem Development performance target must be achieved and maintained throughout the year in order to earn credit for all subsequent measures below *							
Avoidable ED Utilization (Individual Score)	Dec 2025	2	14	14%	≤25%	Full	100%
HHP Network Engagement - Annual Membership Meeting (Individual Score)	Dec 2025	1	1	100%	Attendance and registration by the designated time. Credit will be awarded upon attendanc...	Full	100%
HHP Network Engagement - Webinars (Individual Score)	Dec 2025	9	4	100%	4 Webinars attended	Full	100%
Hospital-Acquired Harm (Facility Aggregate Score)	Dec 2025	4	22,782	1.76 / 10,000 patient days	Full credit: ≤ 2 events / 10,000 patient days Partial credit:≤ 6 events / 10,000 patien...	Full	100%
HHP Network Engagement - Presenter (Individual Score - Bonus Measure)	Dec 2025	-	-	N/A	Presenter at an HHP Webinar	N/A	N/A
Participation in HHP Clinical Workgroups & Committee Leadership (Individual Score - Bonus Measure)	-	-	-	Performance coming soon	≥75% Attendance in workgroup or workgroup chair or committee chair.	N/A	Performance coming soon

The NYU Center for Health and Public Service Research, with the advice of a panel of emergency medicine and primary care physicians, examined almost 6,000 emergency department records to develop an algorithm to help classify ED utilization. Each ED visit completed by an attributed patient is evaluated using this algorithm to determine the likelihood that an individual visit was "avoidable." Both the primary and secondary diagnoses will be evaluated. A visit is considered avoidable if it falls into the first three of the following four categories:

1. **Non-Emergent (ED level 1):**
   The patient's initial complaint, presenting symptoms, vital signs, medical history and age indicated that immediate medical care was not required within 12 hours.

2. **Emergent/Primary Care Treatable (ED level 2):**
   Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CT scan or certain lab tests).

3. **Emergent – ED Care Needed – Preventable/Avoidable (ED level 3):**
   Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., flare-ups of asthma, diabetes, or congestive heart failure, etc.)

4. **Emergent – ED Care Needed – Not Preventable/Avoidable (ED level 4):**
   Emergency department care was required, and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.).

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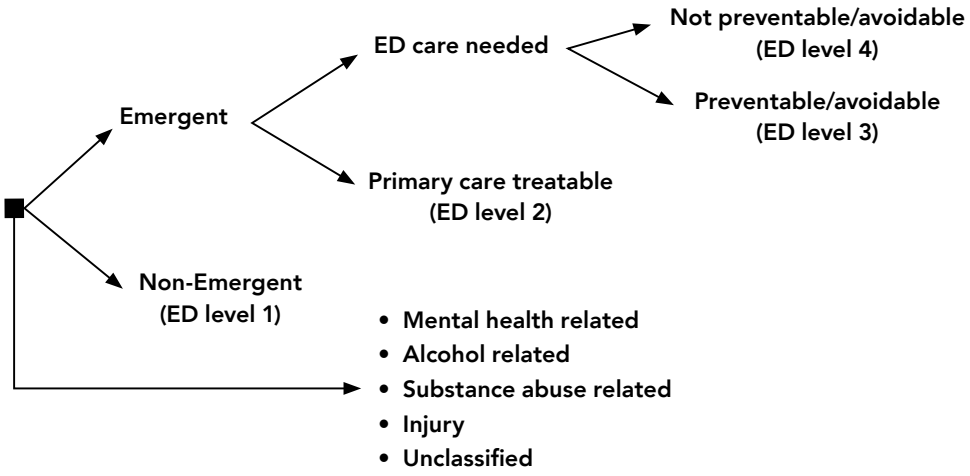
AVOIDABLE ED UTILIZATION



Specifications and background for the NYU Avoidable ED Visit algorithm are available at: https://wagner.nyu.edu/faculty/billings/nyued-background.

HOSPITAL-ACQUIRED HARM

Measure Objective	Office Inspector General wrote a brief report that 25% of Medicare patients experienced harm during hospital stays occurring in a 1-month period, resulting in over $300 million in additional costs. Approximately 43% of events were preventable. This measure intends to engage hospital-based physicians in efforts to eliminate six types of hospital-acquired harm: Central Line-Associated Blood Stream Infections (CLABSI), Catheter-Associated Urinary Tract Infections (CAUTI), Clostridium difficile infections, Methicillin-Resistant Staphylococcus Aureus (MRSA) infections, hospital-associated injury and hospital-acquired stage 3 or 4 pressure ulcers, thereby improving safety and reducing health care costs in in-network inpatient facilities.
Description	Physicians and Providers play a crucial role in ensuring patient safety by actively working to prevent hospital-acquired harm. This outcomes-based measure rewards reductions in hospital-acquired harm depending on the condition. Our responsibility to implement strategies to improve patient outcomes also fosters a culture of accountability and high-quality care in in-network inpatient facilities.
Numerator	Total number of harm incidents
Denominator	Number of hospital patient days
Measurement Period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	Full credit: ≤2 events / 10,000 patient days in **aggregate by facility** Partial credit: ≤6 events / 10,000 patient days in **aggregate by facility**
Minimum Case Threshold	5 hospital encounters (inpatient or ED)
Eligible Members	All HHP credentialed members who meet the minimum case threshold of 5 hospital encounters during the measurement period with hospital activity
How to Meet the Measure	• Attend or review recording of presentation on Harm and incorporate practices into daily activities. The date and time of the webinar will be announced during the program year. • Follow HPH testing and treatment guidelines for C. difficile Find on HPH intranet: Adult Treatment Guidelines. Please contact Info@HawaiiHealthPartners.org if you have trouble accessing the link. • As an individual physician and/or provider and in group rounds, regularly assess need for central lines and urinary catheters • Wash hands frequently • Practice antibiotic stewardship • Reduce utilization of central line or urinary catheter • Engage with clinical staff regarding appropriate identification and management of patients at risk for harm

MAMMOGRAM IMAGING CALLBACK RATES

Measure Objective	High-quality screening mammography has been shown to substantially reduce mortality from breast cancer. Mammogram imaging callback rate is a performance measure because it directly relates to the rate of false-positive examinations.[2] This measure intends to reduce variation in mammogram imaging callback rates, thereby balancing the need to detect breast cancer while avoiding stressful and costly additional images.
Description	Maintain a callback rate (i.e., the frequency that patients are asked to come back for additional images from screening) between 5% and 14%, which aligns with national recommendations from the Agency for Healthcare Research and Quality (AHRQ) and the American College of Radiology (ACR), as well as systematic reviews of the existing scientific literature.
Numerator	Number of mammograms identified as needing additional imaging evaluation
Denominator	Total number of mammograms performed
Exclusion	N/A
Measurement period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	**Aggregate score by facility** between 5% and 14%* **If HHP determines that a facility's mammogram imaging callback rate exceeded 14% during the measurement period because additional testing was medically necessary for the facility's patients, then HHP may adjust that facility's Performance Target accordingly.*
Minimum Case Threshold	480 mammograms interpreted in aggregate by facility during the measurement period
Eligible Members	Specialists: Diagnostic Radiology

[2]Lee CS, Parise C, Burleson J, Seidenwurm D. Assessing the Recall Rate for Screening Mammography: Comparing the Medicare Hospital Compare Dataset With the National Mammography Database. *AJR Am J Roentgenol.* 2018 Jul;211(1):127-132. doi: 10.2214/AJR.17.19229. Epub 2018 May 24. PMID: 29792737

SEPSIS AND SEPTIC SHOCK: MANAGEMENT BUNDLE (COMPOSITE MEASURE)

Measure Objective

Patients who develop sepsis are at high risk for complications and death and have higher health care costs. Early recognition and treatment are associated with decreased mortality and improved patient outcomes. This measure intends to encourage the use of best practices to support comprehensive care of sepsis and septic shock.

Description

This measure assesses adherence to the CMS sepsis bundle of care for patients ages 18 years and older who have symptoms of sepsis or septic shock. These patients will be eligible for the 3-hour (sepsis) and/or 6-hour (septic shock) early management bundle (ref: CMS measure: SEP-1).

Numerator

Cases from the denominator who received all the following care elements (see A, B and C below) within 3 hours of presentation.

A. Measured lactate level

B. Obtained blood cultures prior to antibiotic

C. Administered broad spectrum antibiotics

If septic shock is present (defined by hypotension or lactate ≥ 4 mmol/L), patients from the denominator who received all the following care elements within 6 hours of time of presentation.

A. Measured lactate level

B. Obtained blood cultures prior to antibiotics

C. Administered broad spectrum antibiotics

D. Administered 30 ml/kg crystalloid for hypotension or lactate ≥ 4 mmol/L

E. Administered vasopressors (for hypotension that does not respond to initial fluid resuscitation to maintain a mean arterial pressure ≥ 65 mm Hg)

F. In the event of persistent hypotension after initial fluid administration (MAP <65 mm Hg) or if initial lactate was ≥ 4 mmol/L, re-assess volume status and tissue perfusion and document findings.

   To meet the requirements, a focused exam by a licensed independent practitioner (LIP) or any 2 other items are required:

   - Measured CVP
   - Measured ScvO2
   - Completed bedside cardiovascular ultrasound
   - Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge
   - Focused exam including vital signs, cardiopulmonary, capillary refill, pulse and skin findings

G. Remeasured lactate if initial lactate is elevated

H. Physician and/or provider documentation of above information to explain and support clinical decision making

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SEPSIS AND SEPTIC SHOCK: MANAGEMENT BUNDLE (COMPOSITE MEASURE)

Denominator

All patient discharge cases with a diagnosis of sepsis or septic shock (the cohort is defined by discharge coding)

Exclusion

A) Patients with advanced directives for comfort care

B) Clinical conditions that preclude total measure completion (e.g., mortality within the first 6 hours of presentation)

C) Patients for whom a central line is clinically contraindicated (e.g., coagulopathy that cannot be corrected, inadequate internal jugular or subclavian central venous access due to repeated cannulations)

D) Patients for whom a central line was attempted but could not be successfully inserted

E) Patient or surrogate decision maker declined or is unwilling to consent to such therapies or central line placement

F) Patients transferred to an acute care facility from another acute care facility

G) Pediatric patient population with sepsis or septic shock

Measurement period

Jan. 1, 2026-Dec. 31, 2026

Performance Target

Full Credit: 86.1% annual mean in **aggregate by facility**

Partial Credit: 61.8%-86.0% in **aggregate by facility** and attend 1 sepsis meeting

Eligible Members

Physician and Provider specialties listed below: Critical Care Medicine, Emergency Medicine, Hospitalist – Family Medicine, Hospitalist – Internal Medicine

How to Meet the Measure

- Follow and use best practices to support comprehensive care of sepsis and septic shock
- Attend 1 Sepsis Meeting during the calendar year
  - There are two separate series of sepsis meetings that are organized and hosted by the Hawai'i Pacific Health Quality team.
    - Facility-specific sepsis meetings
    - Systemwide sepsis meetings
  - Meetings are generally held every other month, alternating between systemwide and facility-specific. Meeting invitations will be sent out by the HPH Quality team.
  - For Hospitalist CPAs, if participation in one of the sepsis series is being utilized to satisfy the requirement for participation in a hospital quality committee, then attendance in the other series will be required for credit in HQIP. For example, if attendance in the sepsis facility-specific meeting is being used to satisfy the hospital quality committee participation requirement, then attendance at one systemwide sepsis meeting will be needed to count as credit for this measure.

SITE OF CARE SHIFT FOR SURGICAL PROCEDURES

Measure Objective	This measure intends to safely shift appropriate procedures from hospital settings to clinically appropriate ambulatory settings saving millions of dollars annually while increasing patient convenience and satisfaction and improving access.
Description	Increase the rate of appropriate surgical cases completed in an ambulatory setting.
Numerator	Total number of cases performed in an ambulatory surgery center (ASC) in aggregate by Clinical Practice Area For Obstetrics & Gynecology and Gynecology Clinical Practice Areas: Total number of cases performed in an ambulatory surgery center and outpatient clinic cases for specified procedures
Denominator	Total number of cases performed in an ambulatory surgery center and hospital-based facility in aggregate by Clinical Practice Area For Obstetrics & Gynecology and Gynecology Clinical Practice Areas: Total number of cases performed in an ambulatory surgery center, hospital-based facility and outpatient clinic cases for specified procedures
Exclusion	Surgical cases performed on patients determined to be ASA Class III or higher as defined by the American Society of Anesthesiology Physical Status Classification System
Measurement period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	Performance targets were calculated using HMSA Commercial claims for baseline period, July 1, 2024-June 30, 2025, by Clinical Practice Area. • Gastroenterology: 49% • General Surgery: 8% • Obstetrics & Gynecology and Gynecology: 4% • Ophthalmology: 92% • Orthopedic Surgery: 55% • Otolaryngology: 45% • Plastic Surgery: 17% • Podiatry: 58%
Minimum Case Threshold	50 total eligible cases performed by given Clinical Practice Area

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SITE OF CARE SHIFT FOR SURGICAL PROCEDURES

Eligible Members

- Gastroenterology
- General Surgery
- Gynecology
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Plastic Surgery
- Podiatry

How to Meet the Measure

HMSA Commercial claims data is used for the performance calculation of this measure.

For Gastroenterology, General Surgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery and Podiatry CPAs:
Ambulatory Setting Case Rate = Total number of cases performed at an ambulatory surgery center/Total number of cases performed in an ambulatory center and hospital-based facility

For Gynecology and Obstetrics & Gynecology CPAs:
Ambulatory Setting Case Rate = Total number of cases performed at an ambulatory surgery center and outpatient setting for specified procedures/Total number of cases performed in an ambulatory surgery center, hospital-based facility and outpatient setting for specified procedures

Outpatient clinic cases for the following procedures are included in the Ambulatory Setting Case Rate for Gynecology and Obstetrics & Gynecology CPAs:

Procedure Code (CPT)	Procedure Code Description
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58300	Insertion of intrauterine device (IUD)
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
59840	Abortion

SPECIALIST ASSESSMENT OF HIGH-RISK CONDITIONS

Measure Objective

HHP's focus is to provide programs that engage and recognize Physicians and Providers who deliver high-quality care and improve patient health outcomes. To be successful, HHP Physicians and Providers need to collaborate as a system to describe the complexity of illnesses that impact our patient population. This is done by delivering appropriate care, supported by accurate documentation and coding. These complexities serve as the basis for risk adjustment and the rationale behind addressing Hierarchical Condition Categories on an annual basis.

Consistent use of the EMR Problem List to communicate patient diagnoses and relevant ICD-10 codes will drive systemwide collaboration. Problem List utilization will also reduce administrative burden and more reliably convey the resources needed to support high-quality patient care.

Description

Attend an education session on what specialists can do to support annual systemwide efforts to accurately capture and communicate complexity of chronic diseases and patient care needs. Engage in available risk assessment tools to support consistent communication.

Exclusion

N/A

Measurement period

Jan. 1, 2026-Dec. 31, 2026

Performance Target

Complete one (1) educational session and associated test questions by deadline, and demonstrate engagement with risk assessment tools available.

Partial credit will be given for meeting 1 of the 2 components.

Minimum Case Threshold

1

Eligible Members

All HHP Specialists except Pediatric Clinical Practice Areas

How to Meet the Measure

To obtain full credit for the measure, Physicians and Providers must:

1. Complete the annual education session with associated test questions.
2. And demonstrate engagement with risk assessment tools available.

Demonstration of Engagement with Risk Assessment Tools

1. For hospital-based physicians, engage with Claro reporting provided and incorporate into documentation.
2. For ambulatory specialists on HPH Epic or HPH HAC, engage with Stanson alerts when prompted through Epic.
3. For ambulatory specialists on an EMR other than HPH Epic or HPH HAC, check the HHP Specialty Dashboard for a list of patients with chronic conditions seen in 2025. Complete a visit with at least ten percent (10%) of patients listed and apply the learnings for risk assessment reviewed in the education session. Engagement will be measured through HMSA Commercial claims data. List will be posted no later than 2/28/2026.

If you have any questions on how to engage with the available risk assessment tools or how to check your performance in this measure, please email Info@HawaiiHealthPartners.org.

TURNAROUND TIME

Measure Objective	Timely reports are one of the most important tools Physicians and Providers use to adequately manage the quality and safety of patient care. Turnaround Time (TAT) acts as a quality indicator to evaluate the effectiveness and efficiency of the testing process and the satisfaction of providers and patients.
Description	**Pathology:** Average turnaround time for pathology report **Diagnostic Imaging:** Average turnaround time for radiology report
Numerator	Time from accession of specimen or study to signing of report
Denominator	Total number of completed orders
Exclusions	**Pathology:** Frozen section pathology reports **Diagnostic imaging:** Mammograms
Measurement Period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	**Pathology:** Breast, Cervical, Colorectal, Skin less than 72 hours. To be scored in HHP aggregate for all eligible members. **Imaging:** Average turnaround time less than 24 hours. To be scored in aggregate by facility.
Eligible Members	Dermatopathology, Diagnostic Radiology, Interventional Radiology, Neuroradiology, Nuclear Medicine, Pathology, Pediatric Diagnostic Radiology
How to Meet the Measure	Review and send appropriate test results within specific timeframe.

VERMONT OXFORD NETWORK (VON) FOR VERY LOW BIRTH WEIGHT (VLBW) AND EXPANDED DATABASE MEASURES

Measure Objective	VON is a voluntary, worldwide interdisciplinary community dedicated "to giving infants the best possible start so that every newborn and family achieves their fullest potential."[3] This measure uses the VON VLBW and Expanded database to optimize clinical management of sick newborns.
Description	Credit earned by an eligible Physician or Provider for the VON VLBW and expanded database measures: • VLBW – Nosocomial infection • VLBW – Any human milk by discharge to home • VLBW – Death or morbidity • Expanded – Nosocomial infection • Expanded – Any human milk by discharge to home • Expanded – Mortality excluding early deaths
Numerator	Patients who meet each individual VON metric criteria
Denominator	All patients admitted to the NICU at Kapi'olani Medical Center for Women & Children (KMCWC) Expanded definition: All NICU admissions VLBW definition: All very low birth weight NICU admissions (a subset of the expanded dataset)
Exclusion	• Admitted from home after being hospitalized • Admitted ≥ 28 days old
Measurement period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	Top quartile for each of the 6 measures Partial credit will be given for being in the top quartile for 1-5 measures
Eligible Members	Neonatologists and Pediatric – NICU physicians

[3]From https://public.vtoxford.org/who-we-are-overview/. Retrieved 11/15/2025.

CITIZENSHIP PERFORMANCE MEASURES

HHP NETWORK ENGAGEMENT – ANNUAL MEMBERSHIP MEETING

Measure Objective	Physicians and Providers are the cornerstone to patient care, and their involvement in HHP is critical to its success. This measure encourages physician and provider engagement, presents opportunities for collaboration and networking among HHP members and shares information about HHP programs, initiatives and physician- and/or provider-led enterprises.
Description	Attend the HHP Annual Membership Meeting
Exclusions	N/A
Measurement Period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	Attendance and registration by the designated time Credit will be awarded upon attendance of the meeting or completion of post-meeting viewing requirements (if exempt due to unavoidable clinical duties or other circumstances/events).
Eligible Members	All HHP Members credentialed before the Annual Membership Meeting date
How to Meet the Measure	To obtain full credit for the measure, Physicians and Providers who are credentialed in the HHP network prior to the HHP Annual Membership Meeting date must register and attend the HHP Annual Membership Meeting. An exception will be made for those Physicians and Providers with late attendance or absence due to unavoidable clinical duties or other circumstances/events. In such cases, notification to Info@HawaiiHealthPartners.org is required. A video recording and test questions of the annual meeting will be made available at a future date for those Physicians and Providers who were absent due to unavoidable clinical duties or other circumstances/events. Access to the video and requirements for post-meeting viewing credit will be sent to those who provide notification. Additionally, these Physicians and Providers will have 4 weeks to complete the recording and test questions.

HHP NETWORK ENGAGEMENT – WEBINARS

Measure Objective	Physicians and Providers are the cornerstone to making health care transformation work. Their involvement and engagement in HHP activities are critical to its success. This measure encourages and provides opportunities for information sharing and engagement with HHP members.
Description	Attendance at the HHP Webinars
Exclusions	N/A
Measurement Period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	4 webinars attended (attended live OR viewed recording and correctly answered questions within 4 weeks of live webinar) Partial credit will be given for attending 1-3 webinars
Eligible Members	All eligible HHP credentialed members
How to Meet the Measure	**Attend Live Webinar:** Physicians and Providers must register via the pre-survey form and attend up to 4 live webinars during the measurement year. **Recording and Test Questions:** Credit may be given if Physicians and Providers view the recording and correctly answer post-video questions *within 4 weeks of the live webinar posting*. HHP aims to deliver current and relevant information through these webinars. Please watch them in a timely manner to stay informed.

BONUS MEASURES

HHP NETWORK ENGAGEMENT – PRESENTER

Measure Objective	Physicians and Providers are the cornerstone to making health care transformation work. Your involvement and engagement in HHP activities are critical to its success. This measure encourages and provides opportunities for information sharing and engagement with HHP members.
Description	Present at a HHP 2026 webinar
Exclusions	N/A
Measurement Period	Jan. 1, 2026-Dec. 31, 2026
Eligible Members	All eligible HHP credentialed members
How to Meet the Measure	**Present at a webinar:** Presenters at HHP Webinars are eligible to earn credit if they attest to at least 2 hours of work in preparation for the presentation or if continuing medical education credit was offered.

PARTICIPATION IN HHP CLINICAL WORKGROUPS AND COMMITTEES

Measure Objective	HHP prioritizes care delivery concepts, including community health, quality, care coordination, and health care affordability, which are often difficult to incorporate into our traditional health care workflows. The intent of this measure is to increase multispecialty participation in HHP-chartered hospital or ambulatory clinical workgroups that focus on developing and implementing standards of care for these concepts in our day-to-day work. Chairing or participating in an HHP Committee offers a unique service opportunity to contribute to the leadership and direction of the ACO in areas around quality, affordability, and maintaining a strong physician and provider network.
Description	Participation in HHP-chartered clinical workgroups that promote healthier community objectives or serving as a chair or participant in an HHP Committee
Inclusion	All eligible HHP credentialed members
Exclusion	N/A
Measurement Period	Jan. 1, 2026-Dec. 31, 2026
Performance Target	Active participation in workgroups as reflected by attendance of at least 75% of meetings or demonstration of meaningful participation of workgroup member
Eligible Members	All eligible HHP members
How to Meet the Measure	**Credit earned will be determined by meaningful participation and contribution through attendance of at least 75% of meetings or through the demonstration of actual and verifiable work performed by workgroup members.** Actual, verifiable work is defined as completing a workgroup task appropriate to the skills, education, and/or training of a Physician or Provider member that is documented. Examples include researching and sharing evidence on appropriate use to the workgroup, presenting a case study to inform colleagues about a more efficient care delivery process/treatment method, or leading a discussion with colleagues about reducing practice variation within the group. Attendance or meaningful participation must be performed by Physician or Provider member and not by a staff proxy. **Attendance or meaningful participation must be captured in meeting minutes, verified by workgroup chair, and then summarized in quarterly reporting to the Quality and Clinical Integration (QCI) Committee. A maximum of one bonus credit may be earned for participation in workgroups.**

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PARTICIPATION IN HHP CLINICAL WORKGROUPS AND COMMITTEES

Workgroup Chair Job Description

Each workgroup chair must be willing to assume the responsibility of ensuring a smoothly run and effective team.

The chair is expected to:

1. Ensure continued alignment of workgroup deliverables with shared savings and hospital quality performance interest.
2. Report workgroup status updates to the QCI Committee on a quarterly basis or more frequently as needed.
3. Develop specific expected outcomes and methods to track and measure progress.
4. Ensure adequate documentation of all workgroup related activities.
5. Ensure sustained engagement and participation of workgroup members.
6. Ensure workgroup produces stated deliverables in established timeline.
7. Include a plan for communicating any clinical process change or implementation.
8. Identify dependencies external to the workgroup and interact with the necessary departments or individuals to address the issue (e.g., working with Epic project management to modify an Epic workflow).
9. Maintain a workgroup environment that welcomes all points of view, with a willingness to thoroughly discuss contentious or complex issues.
10. Encourage support for decisions made by majority rule.
11. Produce final document at the close of the workgroup summarizing work performed, results achieved, and lessons learned.

Committee Chair Job Description

Eligible HHP committees include:

- Credentialing Committee
- Finance Committee
- Nominating Committee
- QCI Committee

The chair is expected to:

1. Create an agenda appropriate to the committee.
2. Review and critique the material to be presented prior to the committee meeting.
3. Attend and facilitate the committee meeting.
4. Report to the HHP Board of Managers about committee activities.
5. Maintain Roberts Rules of Order in the conduct of the meeting.
6. Review and revise minutes describing committee activities.
7. Meet as needed with HHP leadership to strategically plan future direction of the committee.
8. Maintain an environment that welcomes all points of view, with a willingness to thoroughly discuss contentious or complex issues.

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PARTICIPATION IN HHP CLINICAL WORKGROUPS AND COMMITTEES

Appointed Committee Member Job Description

Active participation in committee as reflected by attendance of at least 75% of meetings or demonstration of meaningful contribution of appointed member.

Finance Appointed Committee Member:

Actual, verifiable work is defined as the review and recommendation of financial materials and matters to the Board of Managers. Examples of this work are listed below:

- Annual operating budget.
- Policies that maintain and improve the financial health and integrity of the organization.
- Long range financial plans for the organization.
- Financial aspects for major transitions like the proposal to enter new or discontinue current payer programs and/or services.
- Monitor financial performance against approved budgets and industry benchmarks.
- Develop analyses and risk assessments related to payer contracts.
- Financial aspects of the incentive programs to reward Physicians and Providers to become accountable for quality, cost and overall care provided to HHP patients.

Quality and Clinical Integration Appointed Committee Member:

Actual, verifiable work is defined as the review and recommendation of quality materials and matters to the Board of Managers. Examples of this work are listed below:

- Based upon relevant quality, utilization and efficiency data analysis and evaluation, propose projects to enhance the quality of care for Physicians and Providers.
- Review regular quality reports and trends to identify trends and opportunities for improvement.
- Implement evidence-based practice guidelines or collaborative health care processes for issues including but not limited to key chronic conditions, preventive services, and other high-cost diagnoses and episodes of care.
- Actively solicit physician and provider feedback on quality measures including but not limited to protocol adherence, care and disease management programs, and patient-centered medical home design and practice expectations.
- Review and assess individual physicians' and providers' quality results and offer strategies to support improvement and growth.
- Make recommendations related to adopting technology to support Physicians and Providers.
- Develop strategies to improve clinical integration across members of the network.
- Develop strategies to ensure patient participation in the clinical care process and take accountability for their individual health and wellness.

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PARTICIPATION IN HHP CLINICAL WORKGROUPS AND COMMITTEES

Appointed Committee Member Job Description

Nominating Appointed Committee Member:

Actual, verifiable work is defined as the review and recommendation of quality materials and matters to the Board of Managers:

- Conduct appropriate inquiries into the backgrounds and qualifications of possible Physician Manager candidates.
- Ensure that a Board leadership succession plan is in place.
- Develop a slate of Physician Manager candidates for election by the Physician Participants to fill vacant Physician Manager positions.
- Provide nominations to the Board for officer positions that are expiring.
- Perform such other tasks related to the Board's recruitment and retention as the Board deems necessary or appropriate.
- At the completion of the nominations process, the Committee as a whole will provide a list of newly elected/reelected members to the HHP Board of Managers and nominate Board Officers.

Credentialing Appointed Committee Member:

Actual, verifiable work is defined as the review and recommendation of quality materials and matters to the Board of Managers. Examples of this work are listed below:

- Regularly assess the adequacy of the network of HHP Physicians and Providers.
- Advise recruitment of Physicians and Providers to potentially become HHP Network Physicians and Providers based on HHP's specific and identified needs.
- Ensure that the credentialing staff records the Committee's findings and recommendations and prepares a report for the Board for final approval.
- Ensure that credentialing staff notifies each reviewed Physician or Provider in writing and in a timely fashion of the Board's action with regard to such Physician's or Provider's application.

ECOSYSTEM THRESHOLDS BY CLINICAL PRACTICE AREA

	THRESHOLDS				
CLINICAL PRACTICE AREA	O'AHU	HAWAI'I ISLAND	KAUA'I	LĀNA'I	MAUI
PRIMARY CARE (PHYSICIANS AND ADVANCED PRACTICE PROVIDERS)					
Family Medicine	39%	20%	61%	53%	
General Practice	65%		65%		
Internal Medicine	55%	27%	65%		
Pediatrics	58%	40%	56%		58%
SPECIALIST					
Adolescent Medicine	65%				
Allergy & Immunology	65%				
Cardiac Electrophysiology	65%				
Cardiology	65%		65%		
Cardiothoracic Surgery	65%				
Colon & Rectal Surgery	65%				
Critical Care Medicine	65%				
Dermatology	65%				
Developmental-Behavioral Pediatrics	65%				
Diagnostic Radiology	48%		65%		
Emergency Medicine	64%		29%		
Endocrinology	65%				
Gastroenterology	57%		48%		
General Surgery	65%		56%		
Geriatric Medicine	57%				
Gynecologic Oncology	65%				
Gynecology	65%				
Hematology/Oncology	65%		65%		
Hospice & Palliative Medicine			65%		
Hospitalist – Family Medicine	64%				
Hospitalist – Internal Medicine	65%		62%		
Hospitalist – Pediatrics	65%				
Hospitalist – Pediatric Hematology/Oncology	65%				
Infectious Disease	65%		65%		
Interventional Cardiology	65%				
Interventional Radiology	53%				

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ECOSYSTEM THRESHOLDS BY CLINICAL PRACTICE AREA

	THRESHOLDS				
CLINICAL PRACTICE AREA	O'AHU	HAWAI'I ISLAND	KAUA'I	LĀNA'I	MAUI
SPECIALIST					
Maternal & Fetal Medicine	65%				
Neonatology	65%				
Nephrology	65%				
Neurology	65%		65%		
Neuroradiology	65%				
Neurosurgery	65%				
Obstetrics & Gynecology	65%	34%	51%		
Occupational Medicine	65%				
Ophthalmology	65%				
Orthopedic Surgery	61%		65%		
Otolaryngology	65%		65%		
Pain Management	65%				
Pediatric – NICU	33%				
Pediatric Cardiology	65%				
Pediatric Critical Care	65%				
Pediatric Diagnostic Radiology	65%				
Pediatric Emergency Medicine	65%				
Pediatric Endocrinology	65%				
Pediatric Gastroenterology	65%				
Pediatric Hematology/Oncology	65%				
Pediatric Infectious Diseases	65%				
Pediatric Nephrology	65%				
Pediatric Neurology	65%				
Pediatric Ophthalmology	65%				
Pediatric Orthopedic Surgery	65%				
Pediatric Pulmonology	65%				
Pediatric Rheumatology	65%				
Pediatric Sports Medicine	65%				
Pediatric Surgery	65%				
Pediatric Urology	65%				
Pediatrics (non-PCP)	64%				
Plastic Surgery	65%				

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ECOSYSTEM THRESHOLDS BY CLINICAL PRACTICE AREA

	THRESHOLDS				
CLINICAL PRACTICE AREA	O'AHU	HAWAI'I ISLAND	KAUA'I	LĀNA'I	MAUI
SPECIALIST					
Podiatry	65%		65%		
Post-Acute Long-Term Care	35%				
Pulmonology	65%				
Radiation Oncology	65%		65%		
Reproductive Endocrinology/Infertility	65%				
Rheumatology	65%				
Sleep Medicine	65%				
Sports Medicine	65%		65%		
Urgent Care/Walk-In	65%		59%		
Urogynecology & Pelvic Reconstruction	65%				
Urology	65%		65%		
Vascular Surgery	65%				
Weight Management	65%				
Wound Care	8%				

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ECOSYSTEM THRESHOLDS BY CLINICAL PRACTICE AREA

Physicians and Providers can meet the performance target through an annual meeting with the Medical Director. These meetings will be scheduled by the HHP team.

Physicians and Providers whose CPA does not have qualifying baseline data	**O'ahu**	**Hawai'i Island**	**Kaua'i**
Child & Adolescent Psychiatry	✔		
Clinical Psychology	✔		
Dermatopathology	✔		
Pathology	✔	✔	✔
Pediatric Physical Medicine & Rehab	✔		
Pulmonology			✔
Physicians and Providers with less than 10 claims			
Physicians and Providers who are new to HHP in 2026			

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