Wisconsin Medicaid
Hospital Pay-for-Performance (P4P) Guide
Measurement Year (MY) 2026, 1/1/26 – 12/31/26

Contents

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Wisconsin Medicaid Hospital P4P Guide – Overview

The goal of the Medicaid Hospital Pay-for-Performance (P4P) strategy is to promote and recognize high quality patient care provided at hospitals throughout Wisconsin. The Department of Health Services (DHS) believes that through high quality patient care, it will be possible to increase positive health outcomes and improve the lives of all Wisconsin residents. Therefore, these programs are an integral part of the overall quality initiative at DHS. DHS encourages all hospitals to actively participate in the P4P programs by working towards meeting the performance targets set for each measure and maintaining high performance in all areas, including those not covered by these programs.

The purpose of the Hospital P4P Guide is to provide an overview of the programs. As new policies regarding P4P programs change, this document will be updated to reflect the most current information.

Measurement Year
The time frame for the measurement year (MY) for this guide is from January 1, 2026 through December 31, 2026. The following are the most recent measurement years:

- Measurement Year 2026: January 1, 2026 – December 31, 2026 **(in-progress)**
- Measurement Year 2025: January 1, 2025 – December 31, 2025 **(results processing)**
- Measurement Year 2024: January 1, 2024 – December 31, 2024 **(completed)**

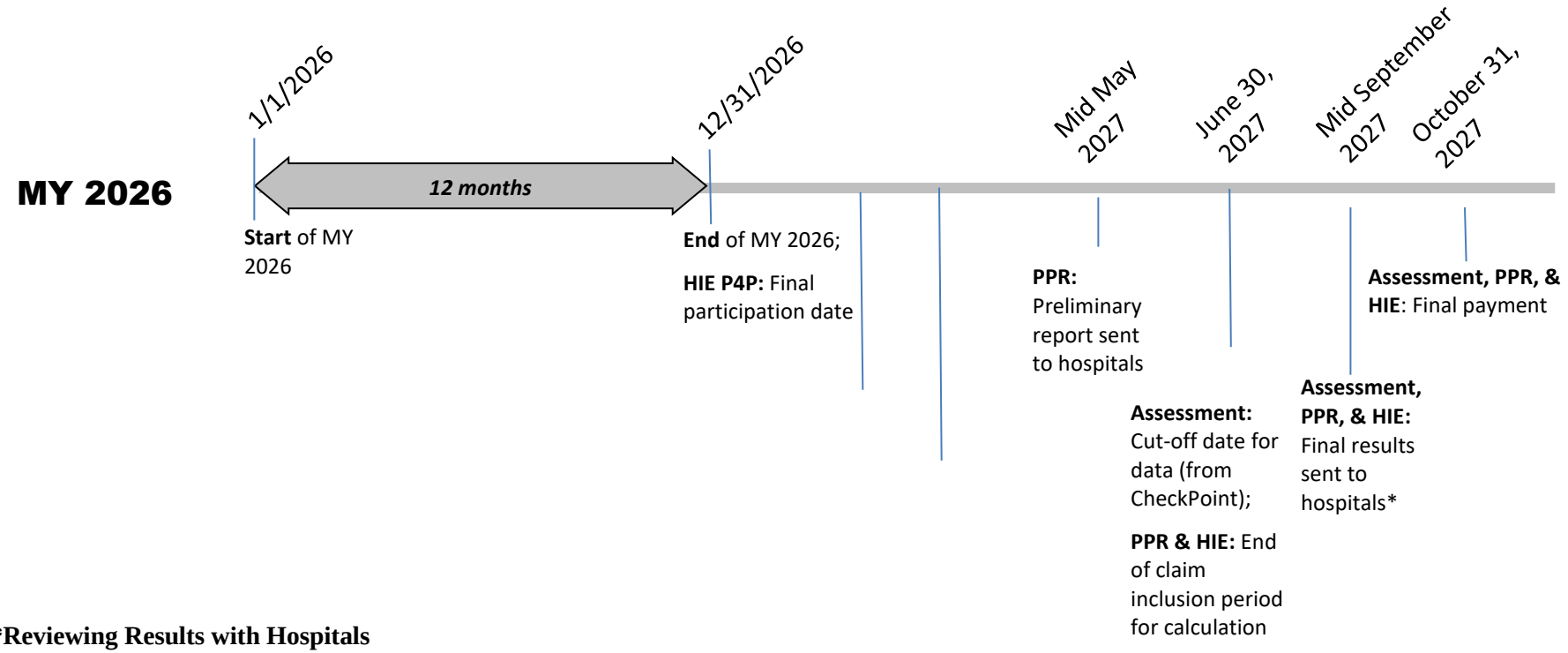
P4P Program Updates
MY 2025 and future years
The Health Information Exchange (HIE) Program has changed to a withhold based program. Please refer to the HIE P4P section for additional information on program, results, and payment timeline changes.

Hospital Quality Mailing List
The Hospital Quality Mailing List is used to communicate P4P program performance and results as well as program updates. To sign up please contact: DHSDMSBRS@wisconsin.gov.

Medicaid Advisory Hospital Group Mailing List
The Medicaid Advisory Hospital Group Mailing List is used to communicate MAHG meeting items as well as P4P Program Updates. To sign up please contact: DHSDMSBRS@wisconsin.gov.

Measurement Year 2026 Timeline

Hospital Health Information Exchange (HIE), Potentially Preventable Readmissions (PPR) Withhold, and Assessment P4P



***Reviewing Results with Hospitals**

After the data submission cut-off date, DHS calculates and compiles the results and shares them with the hospitals. Hospitals are expected to review these results for accuracy and communicate to DHS any discrepancies supported by data. DHS will review and follow up as appropriate.

MY 2026 Health Information Exchange (HIE) Withhold P4P Program

Overview

Required by 2019 WI Act 185, the HIE P4P program was developed in 2021 as a way to incentivize participation in health information data sharing. The sharing of health information data facilitates better patient care, reduces costs, and makes access to patient information easier. Hospital performance is based on participation in Wisconsin Statewide Health Information Network (WISHIN). WISHIN is the state-designated entity for HIE. Wisconsin Medicaid managed care contracts also require that Health Maintenance Organizations (HMOs) participate in WISHIN.

Performance is based on a hospital's Live participation status in the three WISHIN interface categories detailed below. A Live status means the participant is fully and actively information sharing via that particular WISHIN interface.

WISHIN Interface Categories:

1. Admission, Discharge, and Transfer (ADT)
2. Consolidated Clinical Document Architecture (CCDA)
3. Lab, Pathology, and Radiology (*Hospitals must participate in all three interfaces in order to earn the incentive)**
   *Psychiatric hospitals are exempt from this interface

Qualifying Providers

1. Type of Provider:
   a. All provider types are included in the HIE program. This includes acute care, critical access, long-term acute care, psychiatric, and rehabilitation hospitals.
2. Qualification Criteria:
   a. Acute care, critical access, long-term acute care, and rehabilitation hospitals qualify for participation in all interface categories.
   b. Psychiatric hospitals are exempt from the Lab, Pathology, and Radiology interface.
3. Location:
   a. The HIE program is limited to hospitals physically located in the state of Wisconsin.
   b. Out-of-state hospitals are excluded.
4. Eligibility Status:
   a. A hospital will become eligible for the HIE program the measurement year after the hospital opens and becomes Medicaid eligible.

Withhold

For MY 2026, a 1.5% withhold will be applied to all IP and OP FFS claims for acute care, critical access, long-term acute care, and rehabilitation hospitals. A 1% withhold will be applied to all IP and OP FFS claims for psychiatric hospitals. The HIE withhold will be in addition to the current 3% PPR Withhold which is applied to eligible IP FFS claims.

Withhold Return and Incentive

Hospitals will have until December 31st, 2026, to obtain a Live status per each eligible interface to receive back their withheld funds. Hospitals which have not obtained a Live status in a particular interface will have that portion of funds withheld into an incentive pool. The incentive pool will be divided among all hospitals that earn a "Live" status in all three interface categories in addition to earning back all of their withheld funds. The incentive pool will be portioned out by share of Medicaid inpatient and outpatient claims payments

Results & Payment

Final performance is determined by participation status in each of the interface categories on December 31, 2026. Results will be communicated in mid-September 2027 and payments will be made by October 31, 2027.

MY 2026 Potentially Preventable Readmissions (PPR) Withhold P4P Program

Overview

DHS developed the PPR Withhold program to encourage the reduction of preventable hospital readmissions following an initial admission of members receiving fee-for-service (FFS) Wisconsin Medicaid services. The presence of such excess readmission chains relative to the statewide benchmark indicates there is an opportunity to improve patient outcomes and to reduce costs through better discharge planning, better coordination of care across sites of service, and other improvements in the delivery of care.

Qualifying Providers

1. Type of Provider:
    a. Hospitals paid on a DRG basis are included in the PPR program. Hospitals paid on a per-diem basis (including psychiatric, rehabilitation, and long-term acute care hospitals) are excluded. However, excluded hospitals will be able to see their PPR performance on the PPR dashboard and quarterly reports.
2. Qualifying Admissions:
    a. Hospitals with 25 or fewer qualifying admissions per year, averaged over two prior years, are excluded from the PPR P4P program, including claim payment withholds. Qualifying admissions are the sum of Initial Admissions and Only Admissions, as described below. Hospitals with more than 25 qualifying admissions averaged over two prior years are included in the PPR program.
3. Location:
    a. The PPR program is limited to in-state and out-of-state border status hospitals.
    b. Out-of-state non-border status hospitals are excluded.

Baseline Year & Benchmark

Performance during MY 2026 is compared to a calculated benchmark from baseline year MY 2024. DHS strives to reduce the statewide PPR rate by 7.5 percent. The baseline statewide FFS PPR rate for the performance benchmark year (MY 2024) is 6.03 percent. It is important to note that the PPR rate may vary slightly for a hospital due to risk adjustments to reflect acuity differences between the baseline year MY 2024 and the MY 2026. The PPR rate is calculated as follows:

PPR Rate = Initial Admissions ÷ (Initial Admissions + Only Admissions)

MY 2024 Statewide FFS PPR Rate = 1,696 ÷ (1,696 + 24,314) = **6.52%**

Goal Rate for MY 2026 = 6.52% * 92.5% = **6.03%**

Withhold
For MY 2026, DHS will withhold three percent of all eligible inpatient FFS claims payments. This will apply to claims with dates of service from 1/1/2026 to 12/31/2026.[1] Withheld funds will be returned to hospitals consistent with the incentive/penalty methodology described below. The payout will occur based on performance for MY 2026, consistent with the model provided later in this document.

PPR Calculations
The 3M PPR software analyzes all admissions for Medicaid FFS inpatient claims. Each admission is classified by the software as either an admission that is not associated with readmissions, an admission that resulted in one or more readmissions, or a readmission.

The 3M PPR software classifies each admission into one of the following categories:

- Only Admission (OA): A claim that is not a potentially preventable readmission and is not followed by a potentially preventable readmission (at any hospital) within a certain timeframe. DHS has selected a 30 day review window
- Initial Admission (IA): A claim that is not a potentially preventable readmission and is followed by a potentially preventable readmission (at any hospital) within 30 days
- Qualifying Admission (QA): A sum of Only Admissions and Initial Admissions. QAs represent total inpatient admissions, excluding designated potentially preventable readmissions. This value is used to determine eligibility for the PPR P4P measure, as described below.
- Readmission (RA): A claim that is a potentially preventable readmission associated with an initial admission within 30 days prior
- Exclusion: A claim that is excluded from measurement under 3M's clinically based algorithm exclusions (example: clinically complex cases). See below for additional details on exclusions
- PPR Chain: A sequence of non-excluded inpatient discharges that occur within a 30-day window. A PPR chain consists of an Initial Admission (IA) and at least one Readmission (RA). As such, a count of Initial Admissions will be the same as a count of PPR chains.

Risk Adjustment and Benchmarking:

1. Actual IAs and benchmark IAs (readmission chains) are aggregated for each provider to determine risk adjusted readmission chain rates.
2. Readmission chain rates will be calculated using only FFS inpatient claims data. No HMO claims data will be used.
3. Benchmark IAs are risked adjusted and calculated for each provider based on the CY 2024 statewide average rate of IAs by APR-DRG and Severity of Illness combination. Further adjustments to benchmark IAs are made to account for differences in patient age and secondary mental health diagnosis. Benchmark IAs by provider are aggregated based on the provider's 2026 mix of services (based on APR-DRG and patient age) and volume.

[1] Specifically, the "last" or "to" date of service that represents the discharge date.

4. Benchmark IAs are compared to actual IAs for each provider. "Excess" IAs are actual IAs exceeding benchmark IAs. Measuring provider performance based on actual vs. risk adjusted benchmark IAs (readmission chains) enables DHS to compare provider performance even when there are differences in inpatient volume and case mix.
5. In-state providers who are paid on an APR-DRG basis and out-of-state border status hospitals are included in the development of statewide average rate of IAs by APR-DRG and Severity of Illness.

Exclusions:
As noted above, a number of services and diagnoses are excluded in the PPR software for inclusion into the classifications indicated above. Claims that are excluded will not be counted for benchmarking or performance measurement. These exclusions include:

a. Neonate admissions
b. Malignancy (cancer-related) admissions
c. Certain drug and alcohol related services (DRG 770)
d. Chronic kidney disease and dialysis
e. Additional non-event DRGs, procedure codes, and discharge status codes

A full listing of these exclusions can be found on the ForwardHealth Hospital provider page: https://www.forwardhealth.wi.gov/wiportal/content/provider/medicaid/hospital/Handout1_3M_PPR_Manual.pdf.spage

Transfers:
The 3M PPR software evaluates discharge status codes to determine if the patient was transferred. In instances where an acute-care provider (including critical access hospitals) transfers a recipient to another acute-care provider, the original hospital admission is reclassified as a Transfer Admission (TA) and the receiving hospital is classified as either: only admission (if no readmission occurs post-discharge) or initial admission (if a readmission follows the discharge). Stays classified as TA are not included in the numerator or denominator when calculating a provider's readmission rate. The TA consideration is designed to recognize that the original hospital cannot treat the patient but the receiving hospital can. As such, the receiving hospital takes responsibility for the patient's care including discharge planning activities. For example, if a premature baby is delivered at a critical access hospital and then transferred to a hospital with a neonatal intensive care unit, the receiving hospital is responsible for appropriate discharge and follow-up coordination, not the original critical access hospital. Transfer admissions are identified by discharge status codes: 02, 05, 82, 85.

In instances where an acute-care provider transfers a recipient to a non-acute care provider (e.g., skilled nursing facility), the receiving facility is classified as a Non-Event Transfer (NE) and the original facility retains responsibility should the recipient be readmitted after leaving the non-acute facility within the readmission time window. The NE consideration is designed to recognize that the original hospital level of care is no longer needed for the patient but the discharge planning crafted by the acute-care hospital requires continued care/monitoring at another facility rather than the recipient being discharge home. Acute-care providers should work closely with non-acute facilities to ensure potentially preventable readmissions are avoided.

PPR Data Report Delivery Schedule
Hospitals will receive a quarterly PDF summary report, a list of PPR chains and related data, as well as a data dashboard.

These reports and PPR chain lists can be accessed on the ForwardHealth portal page. This access can be granted by your hospital's portal administrator. **If you do not know who this is, or if they are unable to grant you access, please contact the portal help desk at 866-908-1363**. DHS will contact hospitals to obtain a designated staff person for data dashboard access.

The table below indicates anticipated data delivery dates:

Measurement period	Working data available on approximately:	Preliminary annual report available on:	Final annual report available on:
2026			
1/1 – 3/31	5/15/2026	N/A	N/A
4/1 – 6/30	8/15/2026	N/A	N/A
7/1 – 9/30	11/15/2026	N/A	N/A
10/1 – 12/31	2/15/2027	N/A	N/A
2027			
1/1 – 3/31	5/15/2027	**5/15/2027 (Data for MY 2026)**	N/A
4/1 – 6/30	8/15/2027	N/A	N/A
7/1 – 9/30	11/15/2027	N/A	**9/15/2027 (Data for MY 2026)**
10/1 – 12/31	2/15/2028	N/A	N/A
2028			
1/1 – 3/31	5/15/2028	**5/15/2028 (Data for MY 2027)**	N/A
4/1 – 6/30	8/15/2028	N/A	N/A
7/1 – 9/30	11/15/2028	N/A	**9/15/2028 (Data for MY 2027)**
10/1 – 12/31	2/15/2029	N/A	N/A

HMO PPR Policy
All Medicaid HMOs began participating in the HMO PPR incentive program starting in 2018. HMOs are judged based on their members' readmissions at hospitals to which they are admitted. HMO performance is based on HMO claims only and will not include fee-for-service claims. HMOs will be eligible for incentive dollars based on their PPR performance and will be required to share a portion of those dollars with the providers with whom they partner to reduce PPRs. The 2026 HMO P4P guide with PPR information was posted prior to December 31, 2025 on the Quality for BadgerCare Plus and Medicaid SSI ForwardHealth page.

Public Reporting of PPR Results

In order to increase transparency and drive improvement efforts, DHS seeks to provide the public with additional information related to hospital PPR performance, based on outcomes for MY 2026. The Department will continue to engage with hospital stakeholders to determine the best manner to present this data.

Incentive/Penalty Methodology

1. Benchmark: The benchmark year will be MY 2024, January 1, 2024 – December 31, 2024. A hospital's FFS claims data for this year will be the basis for the benchmark against which a hospital is assessed – that is, the Benchmark (or "expected") Initial Admissions.

2. Withhold Return and Incentives: Providers will receive their withhold dollars and incentive payments commensurate with how their individual MY 2026 count of Initial Admissions compares to their Benchmark Initial Admissions which is based on the MY 2024 statewide data and risk adjusted to reflect the provider's MY 2026 acuity and volume.

    a. Providers will receive no more than 10 percent of their MY 2026 FFS inpatient claim payments as an incentive and will be penalized no more than the 3 percent that the withhold represents.

3. Excluded Providers: Providers that do not qualify for the PPR measure, as indicated above, are not subject to the withhold and will not be eligible for incentive payments.

Payments (as applicable) will be made by October 31, 2027. See the next pages for a demonstration of the Incentive/Penalty Methodology.

Withhold PPR P4P Methodology Example

Legend for Tables	
P4P = Pay for Performance, PPR = Potentially Preventable Readmission	
Column 1	Hospital Name
Column 2	$ withheld = 3% of FFS Inpatient claims payments
Column 3	PPR $ = Total inpatient claims dollars related to any PPR initial or re admission
Column 4	Initial Admissions = # of total chains a provider had in MY
Column 5	Benchmark Initial Admissions = .925 * Initial Admission benchmark from 3M PPR software
Column 6	Chains Above Benchmark = Column 4 – Column 5 if Column 4 > Column 5, 0 otherwise
Column 7	Average PPR $ Per Chain = Column 3 / Column 4
Column 8	Amount Penalized = Column 7 * Column 6 or Column 2, if Column 7 * Column 6 is greater than Column 2
Column 9	Withhold Return = Column 2 – Column 8
Column 10	Hospital Name (Same as Column 1)
Column 11	Withhold Remaining for Incentive Distribution = Column 2 – Column 9
Column 12	Chains Below Benchmark = Column 5 – Column 4, if Column 5 > Column 4, 0 Otherwise
Column 13	Incentive Scaling Factor = Average of (Column 7) * Column 12
Column 14	Proportion of PPR $ for Incentive Payment = Column 13 / Sum(Column 13)
Column 15	Incentive Payment = Column 14 * Sum(Column 11)
Column 16	Total Payment = Column 9 + Column 15

1	2	3	4	5	6	7	8	9
Hospital	**Withhold $***	**PPR $**	**Initial Admissions** (MY 25 performance)	**Benchmark Initial Admissions** (MY 23)	**Chains Above Benchmark** (4 – 5, 0 if negative)	**Average $ PPR / Chain** (3 / 4)	**Amount Penalized** (6 * 7, but no more than column 2 value)	**Withhold Return** (2 – 8)
A	$25,000	$80,000	27	22	5	$2,962.96	$14,814.80	$10,185.20
B	$110,000	$220,000	56	26	30	$3,928.57	$110,000	$0.00
C	$50,000	$35,000	8	15	0	$4,375.00	0	$50,000.00
D	$160,000	$230,000	18	20	0	$12,777.78	0	$160,000.00
E	$80,000	$64,000	20	16	4	$3,200.00	12,800	$67,200
Total	$425,000	$629,000	129	99	39		$137,614.80	$287,385.20

10	11	12	13	14	15	16
Hospital	**Withhold Remaining for Redistribution** (Sum of 2 – Sum of 9)	**Chains Below Benchmark** (5 – 4, or 0 if negative)	**Incentive Scaling Factor** (Statewide Average of Column 7 * 12)	**Proportion of PPR $ for Incentive Payment** (13 / Sum of Column 13)	**Incentive Payment**** (14 * Total Column 11)	**Total Payment** (9 + 15)
A		0	0	0		$10,185.20
B		0	0	0		$0
C		7	$34,131.37	.7778	$100,000.00	$150,000
D		2	$9,751.82	.2222	$37,614.80*	$197,614.80
E		0	0	0		$67,200
Total	$137,614.80	9	$43,883.19	1.00	$137,614.80	$425,000

*This Provider would receive the remaining funds in this example since Provider C reached the 10% claims payment cap

**This model is simplified to pay out all funds in one round. The actual model will likely require multiple rounds of incentive distribution to ensure all penalty/incentive funds are paid out while maintaining the 10% claims payment cap.

MY 2026 Assessment P4P Program

Overview

The Assessment P4P program was developed to encourage Wisconsin Medicaid hospital performance on select inpatient admissions measures, described below. Hospitals that perform well on these measures compared to the statewide average are eligible for the incentive payment. The funding for the program for a given measurement year is $5 million. The total funding is divided between three different measures, listed below.

Qualifying Providers

Acute care, children's, and rehabilitation hospitals located in Wisconsin are eligible for this program. As specified in the Wisconsin Medicaid Hospital State Plan Attachment 4.19-A, critical access hospitals and psychiatric hospitals are not eligible for inclusion in the Assessment P4P Program.

MY 2026

The following three measures are included in the MY 2026 Assessment P4P program:

1. Perinatal Measures ($2 million):

There are two components to this measure, as shown below:

a. Cesarean Section (ePC-02)
b. Newborn Screening Turnaround Time

Both components for this measure are reported through the WHA (Wisconsin Hospital Association) CheckPoint website. For this measure the goal is to score better than the published statewide average. A hospital can earn a 100% “full share” of the $2 million by equaling or outperforming the statewide average on both of the sub-measures, or a 75% “partial share” of the $2 million by equaling or outperforming the statewide average on one of the sub-measures.

2. Patient Experience of Care Survey (HCAHPS) ($1.5 million):

This measure is made up of 27 survey questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) that cover the entire hospitalization experience. These are grouped into the ten components of the measure. The data is reported to CheckPoint. For this measure the goal is to score equal to or greater than the published statewide average. A hospital can earn a 100% “full share” of the $1.5 million by scoring at or above the statewide average on at least three of the ten sub-measures.

3. Central Line Associated Blood Stream Infections (CLABSI) ($1.5 million):

The CLABSI surveillance protocol within the National Healthcare Safety Network (NHSN) provides the definitions and reporting structure for this measure. This measure uses a standardized infection ratio to compare a hospital’s results against the state average. Data for this measure is reported to CheckPoint. For this measure the goal is to score equal to or less than the published statewide average. A hospital can earn a 100% “full share” of the $1.5 million by equaling or outperforming the statewide average for this measure.

Reporting notes/resources:

- Data must be entered into NHSN and rights conferred to the WHA group (ID 27080) for measure compliance. Data are then loaded onto CheckPoint for evaluation.

- All NHSN reporting rules should be followed, including but not limited to, indicating CLABSI surveillance in monthly reporting plans, entering monthly numerators and denominators (device days and patient days) in all eligible units, and reporting only primary BSIs as CLABSIs.
- The SIR is only calculated when the number of predicted CLABSIs is ≥ 1 to help enforce a minimum precision criterion. In cases where the SIR is not calculated, a + will be indicated on CheckPoint.
- Surveillance protocol: http://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf
- Surveillance resources: http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html
- Contact Amber Hollerich, Healthcare Data Analyst at the Wisconsin Hospital Association, at ahollerich@wha.org for CheckPoint questions.
- Contact Nancy Eberle, HAI Surveillance Coordinator at the Wisconsin Division of Public Health, at 608-267-9189 or Nancy.eberle@dhs.wisconsin.gov for NHSN questions.

Methodology

Each of the three measures in the program are calculated separately. The more hospitals that meet the performance targets, the less money that will be distributed to each individual hospital. The opposite is also true; if very few hospitals meet the targets for one or more of the measures, the payouts for those measures will be higher for those hospitals that meet the targets. With the understanding that payments to hospitals by measure may vary, the entire $5 million will be paid out regardless of how many or how few hospitals meet the performance targets. The State does not keep any funds from the Assessment P4P program.

The three measures and allocation of money for the MY 2026 are as follows:

Measure	MY 2026	Share Division
Pay-For-Performance		
1. **Perinatal Measures**: 2 Sub-measures as follows: a) Cesarean Section (ePC-02) b) Newborn Screening Turnaround Time	**$ 2 million** Target = statewide average	100% = 2 of 2 75% = 1 of 2
2. Patient Experience of Care	**$1.5 million** Target = statewide average	100% = 3 of 10
3. Central-line Associated Blood Stream Infection (CLABSI)	**$1.5 million** Target = statewide average	100%= statewide avg.

Additionally, this chart shows the three assessment measures for the measurement year, their individual components, where the data is sourced from, and what the measurement period is for each.

Measure	Data Source	Measurement Period
1. Perinatal Measures a. Cesarean Section (ePC-02) b. Newborn Screening Turnaround Time	CheckPoint	1/1/2026 to 12/31/2026*
2. HCAHPS a. Patients Ranked Hospital High b. Definitely Recommend Hospital c. Doctors Always Communicated Well d. Nurses Always Communicated Well e. Patients Always Received Help As Soon as They Wanted f. Staff Always Explained Medications g. Understood Care When They Left h. Always Quiet at Night i. Room Was Always Clean j. Staff Provided Discharge Instructions	CheckPoint	7/1/2025 to 6/30/2026*
3. Central Line Blood Stream Infections- CLABSI	CheckPoint	1/1/2026 to 12/31/2026*

**Dates reflect the data scheduled to be available on CheckPoint on 6/30/2027. These dates are subject to change if the data for these timeframes is not available to WHA.*

The Department calculates the "full share" payment amount for a measure by dividing the budget for the measure by the sum of ("partial" and "full") shares earned by hospitals; the "partial share" payment amount is the "full share" payment amount multiplied by the "partial share" percentage. For example, if, for the Perinatal Measure, 25 hospitals qualify for "full shares" and 20 hospitals qualify for 75% "partial shares," the sum of the shares is (25 +(0.75 x 20)) = 40, so the 25 hospitals each earn $50,000 ($2 million /40) while the 20 hospitals each earn $37,500 ($50,000 x 0.75).

This chart shows an example of the Assessment P4P methodology, using the perinatal measures.

Step	Example

• Set the **targets** for each of the performance-based Birth Measures:
  • Cesarean Section (ePC-02)
  • Newborn Screening Turnaround Time
	Assume beginning with **70** hospitals in scope for this measure.

• At the end of the MY, determine the number of hospitals **reporting** all required perinatal measures. Hospitals reporting all required perinatal measures will be eligible to participate in the perinatal P4P fund distribution.	**Assume 50** out of 70 hospitals report all required perinatal measures. Only these 50 hospitals are eligible to participate in the perinatal P4P incentive.

• Determine how many hospitals from Step 2 **meet** exactly:
  • Zero perinatal targets = not eligible for perinatal P4P money
  • 1 perinatal target= 75% share
  • 2 perinatal targets= 100% share
	Assume: of the 50 hospitals reporting all perinatal measures:
	• 20 hospitals meet 0 targets
	• 10 hospitals meet 1 target
	• 20 hospitals meet 2 targets

• Calculate individual hospital **points** and total points for hospitals meeting:
  • Zero perinatal targets = $0 from perinatal P4P = 0 points each
  • Exactly 1 target = 75% of incentive = 0.75 points each
  • 2 targets = 100% of incentive = 1 point each
	• 20 hospitals get 0 points = $0 for perinatal; total points for this group = 20*0 = 0;
	• 10 hospitals get 0.75 points; total points = 10*0.75 = 7.5;
	• 20 hospitals get 1 point; total points = 20*1 = 20.
	
	Total points for all hospitals
	= (20*0) + (10*0.75) + (20*1) = 27.5 points

• Determine percent **share** in incentive money for hospitals earning 75% of the incentive, and those earning 100% of the incentive. Calculate the incentive money for each hospital.	• **Share** of the 10 hospitals that get 0.75 points each, in the total perinatal $ = $\frac{7.5\,\text{points}}{27.5\,\text{points}} = 27.27\%$ of $2 million = $545, 454. Divided equally among the 10 hospitals, each gets $54,545. • **Share** of the 20 hospitals that get 1 point each = $\frac{20}{27.5} = 72.72\%$ of $2 million = $1,454,546. Divided equally among the 20 hospitals, each gets $72,727.

Estimated Assessment P4P State Averages

This table provides estimates of what the statewide averages may be for each of the three assessment measures, and their component measures in the case of the perinatal measures and HCAHPS. As indicated on page 14, P4P results will be based on performance relative to average performance during this measurement year rather than prior year averages – a hospital must equal or outperform those measurement year averages to receive payment for a given Assessment P4P measure. The averages below are estimates to serve as a target for planning purposes. Actual averages *will* vary from those listed below.

Measure	Numerator	Denominator	Estimated State Average (As of September 2025)	Positive or Negative Measure
Perinatal Measures				
Cesarean Section (ePC-02)	Not available from CheckPoint	Not available from CheckPoint	21.075%	Negative**
Newborn Screening Turnaround Time	Not available from CheckPoint	Not available from CheckPoint	97.61%	Positive
HCAHPS (Patient Experience of Care)		**Statewide Average (n=74 hospitals)**		All Sub-measures are positive.
Patients Rated Hospital High		76%		
Definitely Recommend Hospital		74%		
Doctors Always Communicated Well		82%		
Nurses always communicated well		83%		
Patients always received requested help		71%		
Staff always explained medications		66%		
Staff Provided Discharge Instructions		90%		
Always quiet at night		66%		
Room was always clean		77%		
Understood Care When They Left		56%		
Central Line Associated Blood Stream Infections (CLABSI):	Numerator data not available from Checkpoint	Denominator data not available from Checkpoint	0.530	Negative**

*= including all hospitals with > 0 in the denominator

**= Negative means that a hospital must score equal to or lower than the published average.