

11/25/2024

Medicaid Managed Care ATLIS for Client Health Outcomes Program Status of In Network Hospital Verific

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Background:

Following HHSC's request, MCOs submitted their lists of in network hospitals using the Aligning Technology by Linking Interoperable Systems (ATLIS) Data Reporting Tool on October 15, 2024. According to the previously published timeline for ATLIS, HHSC expected to validate and update the lists of in network hospitals and send those lists back to MCOs by November 15, 2024, along with the number of encounters by each of the participating hospitals.

However, HHSC has determined additional review is needed to validate each MCO's list of in network participating hospitals. HHSC is currently obtaining input from hospitals to verify network status with various Medicaid managed care organizations as of Oct. 1, 2024.

Responses from hospitals are due back to HHSC no later than November 27, 2024. Once all responses are received, HHSC will send the combined responses to MCOs to confirm all network statuses before the network statuses are locked in the ATLIS Data Reporting Tool. The locked Data Reporting Tool will be returned to MCOs for data collection on December 13, 2024, to allow MCOs to complete hospital data collection.

The deadline for the submission of the first Qualitative Assessment is January 15, 2025.

Therefore, HHSC recommends MCOs proceed with completing the ATLIS Data Reporting Tool based on the in network hospital lists each MCO provided to HHSC on October 15, 2024, with the understanding that additional hospitals may be added to, or removed from, the ATLIS Data Reporting Tool once HHSC's validation process is complete.

Expected Timeline

- Nov. 19–27, 2024: Hospitals verify network status.
- Dec. 2–12, 2024: MCOs confirm network status.
- Dec. 13, 2024: HHSC returns the locked Data Reporting Tools to MCOs for hospital data collection.
- Jan. 15, 2025: Completed ATLIS Data Reporting Tools due back from MCOs to HHSC.

MCOs are encouraged to contact HHSC with any questions addressed to Provider Finance ProviderFinanceDept@hhs.texas.gov and Quality Data Analytics and Reporting HPCS_UMCC_Provisions@hhsc.state.tx.us.

Key Details:

HHSC has determined that additional review is needed to validate MCO in network hospital lists. MCOs may proceed with hospital data collection based on their current list while HHSC completes its validation.

Important note: MCOs should list any in network provider as of October 1, 2024, based upon a network agreement between the MCO and the hospital for the particular managed care line of business (e.g., STAR, STAR Plus, STAR Kids). The network status should be completed without regard to any agreements an MCO may or may not have entered into with a hospital (or a representative of the hospital) related to any quality incentive payment or payments.

Contact:

Quality and Program Improvement, Quality Data Analytics and Reporting, at
HPCS_UMCC_Provisions@hhsc.state.tx.us.

Type: Informational

To: STAR; STAR+PLUS; STAR_KIDS

From: Quality