



Companion Guide for ATLIS Client Health Outcomes Program

October 2025

V2



TEXAS
Health and Human
Services

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ATLIS Program Key Dates

Program Year 2

Table 1. ATLIS Program Year 1 Key Dates

Date	Activity
September 29, 2025	Managed Care Organizations (MCOs) submit the initial list of in-network hospitals by Service Delivery Area (SDA)
January 15, 2026	First Quantified Assessment submission deadline
July 15, 2026	Second Quantified Assessment submission deadline

What You Need to Know About ATLIS Reporting

This guide was developed to assist the Managed Care Organizations (MCOs) in completing the Aligning Technology by Linking Interoperable Systems (ATLIS) Quantified Assessment accurately. The ATLIS Program uses incentive arrangements paid to MCOs for achievement of milestones related to Health Information Exchange (HIE) connectivity and interoperability.

The guide is updated to reflect changes made to the ATLIS Program and the Data Reporting Tool for Year 2. Please refer to the Uniform Managed Care Manual - 6.2.17 The Medicaid Managed Care Aligning Technology by Linking Interoperable Systems (ATLIS) for Client Health Outcomes Program (ATLIS Program) and this guide to ensure compliance with the reporting requirements and ATLIS payment eligibility. Submissions which do not meet all requirements may not have an opportunity for technical correction once the Quantified Assessment deadline has passed.

If you have any questions, please send them to HPCS_UMCC_Provisions@hhsc.state.tx.us. Use the subject line: "ATLIS Program – [MCO Name] – [Specific Topic]."

What are the reporting changes for Year 2?

Year 2 of the ATLIS Program introduces a point-based assessment framework for monitoring HIE connectivity and early implementation. (For more details on the ATLIS Scoring Summary and Performance Tiers, refer to Appendices A and B). Each MCO must submit a Quantified Assessment containing a point-based structure reflecting their progress since Year 1. While the point-based assessment will track progress, it will not be used for calculating an MCO's incentive payment for Year 2. Incentive payments for Year 2 will continue to be based on MCOs' meeting data completion milestones.

The addition of a point system will allow HHSC to track early implementation activities and monitor incremental progress in HIE connectivity and interoperability. The Year 2 assessment framework key focus areas and sections are Connectivity Growth, Early Implementation and Data Utilization, and Workflow Integration and Care Coordination. Each of these sections consist of several domains. These include:

- **Connectivity Growth:**
 - ▶ HIE Connectivity status and Enhancements (including Regional HIEs and HIETexas);
 - ▶ HIE Data Volume Growth (including data type and sources); and
 - ▶ Network Hospital HIE Engagement.
- **Early Implementation and Data Utilization:**
 - ▶ Implementation of HIE Data Usage activities (care gap identification, member outreach, discharge notifications, care transitions);
 - ▶ Establishment of Provider Notification System (including provider care coordination processes); and
 - ▶ Quality Measure Preparation activities (initial steps and planning status).
- **Workflow Integration and Care Coordination:**
 - ▶ Care Coordination Activities;
 - ▶ Provider Type Connectivity Expansion (including institutions for mental diseases (IMD)); and
 - ▶ Current Barriers and Challenges (including barrier identification and mitigation actions).

The Year 2 assessment accommodates entities at different implementation stages while recognizing meaningful progress toward Year 3 quality outcome goals.

Where do I find AT LIS reporting resources?

Before filling in your responses on the Quantified Assessment, please review the **UMCM Chapter 6.2.17** for a detailed AT LIS Program overview. Specific reporting requirements and details are provided in the four green support tabs of the AT LIS Program Data Reporting Tool (Microsoft Excel file):

- **General Guidance tab:** Provides information on how to use the various tabs and how to complete the Data Reporting Tool. This tab also includes a timeline and reporting schedule.
- **Definitions tab:** Contains key terms and vocabulary related to the AT LIS Program.
- **Instructions tab:** Includes the drop-down menu to select your MCO. Once the MCO selection is made, all relevant subsequent tabs will reflect the MCO

selected entry. This tab also includes an overview of submission requirements, links to the worksheets to be completed, and how to submit the report.

- **Milestones tab:** Provides the requirements that MCOs must meet and the minimum thresholds, by hospital class, for MCOs to receive payment and demonstrate in-network hospital data accuracy. Provides a summary of milestones met and not met for each managed care program based on Service Delivery Areas (SDA) and hospital class.
- **In Network Hospital Point Value tab:** Tracks the point assessments for each of the responses in the In Network Hospital Survey Tool. Each cell indicates the point value for the response. This tab can be used to ensure all questions are answered.

How do I access the ATLAS Data Reporting Tool?

The ATLAS Data Reporting Tool is an Excel-based workbook that MCOs participating in the ATLAS program must complete and submit to the Texas Health and Human Services Commission (HHSC). The Data Reporting Tool includes multiple tabs for several types of data collection and validation. MCOs receive the ATLAS Data Reporting Tool (Excel worksheet) through an MCO Notice in advance of reporting deadlines.

How do I submit ATLAS reporting?

Complete the ATLAS Data Reporting Tool (Microsoft Excel file) and submit it to HHSC by the specified deadlines. Use the following naming convention:

[MCO Name – PY2_QA1(or QA2)UMCM 6.2.17 ATLAS – mm.dd.yyyy]

For example: Outstanding Community Health Plan – PY2_QA1 UMCM 6.2.17 ATLAS – 01.15.2026 (note PY= Program Year; QA= Quantified Assessment).

The report should be submitted to the MCO Hub in the “MCO/PHI/DELIV” folder and attached via email to the [Provider Finance Department](mailto:Provider_Finance_Department@hhsc.state.tx.us) (PFD) (PFD_Hospitals@hhsc.state.tx.us) and [Quality Data Analytics & Reporting](mailto:Quality_Data_Analytics_Reporting@hhsc.state.tx.us) (HPCS_UMCC_Provisions@hhsc.state.tx.us). Please mark the email as “Confidential”.

Why do I need to submit ATLAS reporting?

As a condition of participation in the ATLAS Program, an MCO participating in ATLAS must:

- Submit Quantified Assessments of HIE connectivity for each MCO and their in-network hospitals,
- Demonstrate progress toward interoperability milestones, and
- Provide accurate and complete data to earn incentive payments.

Failure by MCOs to submit the required data by the stated deadlines may result in ineligibility to receive ATLAS incentive payments.

What are the Year 2 ATLAS milestones?

Milestone 1: Quantified Assessment Completion

MCOs must submit a Quantified Assessment of HIE connectivity and early implementation activity status for its in-network hospitals and for the MCO using the ATLAS Data Reporting Tool. The data reporting tool employs a point-based scoring system to capture baseline status and incremental progress. The Data Reporting Tool is not intended for use in calculating the incentive payments in Year 2 of the ATLAS Program.

For an MCO to receive an incentive payment in Year 2, the MCO must meet the following requirements in completing the Quantified Assessment:

- Complete 100 percent of data fields in the MCO Data tab.
- Meet the minimum response rates for the percentage of data fields reported for in-network hospitals in the In Network Hospital Survey Tool tab:
 - ▶ January 2026: 100 percent of data fields related to in-network responding hospitals.
 - ▶ July 2026: 100 percent of data fields for in-network responding hospitals.

Milestone 2: In Network Hospital Data Accuracy Confirmation

MCOs must collect certifications from in-network hospitals by hospital class sufficient to meet two criteria:

- Achieve 95 percent coverage of unique in-network claims across certified hospitals.
- The number of certified in-network hospitals meets the required minimum sample size criteria by hospital class (see table below).

Table 1. Minimum Sample Size Criteria by Hospital Class.

Minimum Thresholds		
Class of Hospital	Minimum Percentage of Prior Year Unique Claims	Minimum Sample Size
Rural	95%	98% Confidence with 2% Interval
Children's	95%	90% Confidence with 10% Interval
Urban	95%	90% Confidence with 10% Interval
State-owned Non-IMD	95%	95% Confidence with 5% Interval
Non-State-Owned IMD	95%	90% Confidence with 10% Interval

Data Reporting Tool Instructions

Data Reporting Tool Overview

The ATLAS Program Data Reporting Tool is an Excel workbook designed to provide a comprehensive HIE connectivity and interoperability assessment. The template includes multiple tabs with interconnected cells and columns that must be completed in sequence.

Begin reporting by selecting the relevant MCO from the drop-down menu in the green Instructions tab (rows 3 and 4). Continue reporting by completing the four worksheets (blue tabs) in the following order:

1. **MCO Data** – Primary MCO assessment and contact information.
2. **In Network Hospital Survey Tool** – Hospital-specific connectivity data.
3. **Sample Size Calculation** – Statistical validation of hospital sample.
4. **MCO Attestation** – Final certification and signatures.

MCO Data Tab

General Instructions

- The MCO Data tab consists of the MCO Quantified Assessment. MCOs should select Medicaid Programs and SDAs for which they have contracted in-network hospitals and can earn incentive payments. These incentives would be based on the completion of data reported by the MCO in the data reporting tool.
- A response is required for every question. All questions have a drop-down option. For each option under the question, you must select an answer from the dropdown list. Cells requiring a response are shaded in blue or green. Blue cells indicate that a response is required but do not have a point assessment attached. Green cells indicate that a response is required and carries a point value.
- Leaving any question unanswered will be considered non-compliance for Milestone 1a, and your MCO will not qualify for an incentive payment. Indication of survey completion can be found in cell C16. This cell will show “Met 100%” or “Did not Meet” if there are no values in all the required columns. The results will be preliminary, and HHSC will review responses upon submission to ensure completion.

Service Delivery Area Selection

Select "Yes" for the SDA where your MCO operates or "No" for SDAs where your MCO does not operate:

- Bexar SDA.
- Dallas SDA.
- El Paso SDA.
- Harris SDA.
- Hidalgo SDA.
- Jefferson SDA.
- Lubbock SDA.
- Nueces SDA.
- Tarrant SDA.
- Travis SDA.
- Medical Rural Service Area (MRSA) Central.
- MRSA Northeast.
- MRSA West.

Important: Only select SDAs in which your MCO serves as a Medicaid managed care MCO.

MCO Program Selection

Select "Yes" or "No" for each Medicaid managed care program:

- **STAR Program:** Managed care product line serving children, pregnant women, and some families.
- **STAR+PLUS Program:** Managed care product line serving adults with a disability, people aged 65 and older (including those dually eligible for Medicare and Medicaid), and women with breast or cervical cancer.
- **STAR Kids Program:** Managed care product line serving children and youth with disabilities.

Section 1: Connectivity Growth

HIE Connectivity and Enhancement

These questions assess your MCO's current HIE connectivity and the activities your MCO has completed to improve HIE connectivity.

Q 1: What is your HIE connectivity status?

- Select your MCO's HIE connectivity pathway. (Choose one) HIE connectivity via Regional HIEs connected to HIETexas or a direct connection to THSA
- HIE connectivity via Regional HIE sharing data with MCO(s)
- Direct provider-to-MCO data exchange system
- No connectivity to HIE

What is your HIE connectivity status in the selected pathway?

- Connected and actively receiving data = 75 points
- Connected but not all data exchange capabilities are operational or being utilized = 50 points
- Implementation completed, testing data flow = 40 points
- Implementation in progress = 25 points
- Planning phase with agreements signed = 15 points
- Not currently connected or not in the planning or implementation phase = 0 points

Q 2: What are the HIE enhancement activities you have completed?

Select "Yes" or "No" for each of the HIE **enhancement** activities your MCO has completed in the past 12 month, regardless of your base status.

- Increased number of in-network hospitals providing data through HIE connectivity = +15 points
- Expanded HIE data integration into workflows = +15 points
- Established new use cases for HIE data = +15 points
- Enhanced data validation processes for HIE data = +10 points
- Improved staff training on HIE data utilization = +10 points

- Upgraded technical infrastructure for HIE connectivity = +10 points

Progression Measurement:

- For Already Connected MCOs: Focus on enhancement activities (up to 75 points)
- For New Connections: Focus on base status achievement (up to 75 points)

Maximum score: 150 points

HIE Data Volume Growth

Q 3: Compared to Year 1 baseline, what percentage increase has your MCO documented in HIE data volume received?

Select one response that indicates your **Percentage of Increase** in HIE data volume received from Year 1 baseline.

- More than 75% increase = 100 points
- 50-75% increase = 85 points
- 25-49% increase = 70 points
- 10-24% increase = 55 points
- 1-9% increase = 40 points
- No change (0% increase) = 25 points
- Decrease from Year 1 = 0 points

Volume of Growth Documentation: For **each** option, select "Yes" or "No" to indicate the **areas** where you have increased the volume of HIE data.

- Documented increase in number of ADT messages received = +10 points
- Documented increase in number of C-CDA documents received = +10 points
- Documented increase in number of participating hospitals = +10 points
- Documented increase in data frequency (daily vs weekly, etc.) = +10 points

Maximum score: 140 points

Data Type and Source Breakdown

Q 4: For the HIE data volume increases reported, please specify the ADT Data by ADT Data Sources.

For each option, select “Yes” or “No” to indicate documented **HIE data volume** increases for ADT data by ADT source.

- THSA/HIETexas = +10 points
- Regional HIEs (C3HIE, HTX, CCE, PHIX, Connxus) = +10 points
- Direct hospital connections = +5 points

Q 5: For the HIE data volume increases reported, please specify the C-CDA Data by C-CDA Data Sources.

For **each** option, select “Yes” or “No” to indicate documented **HIE data volume** increases for C-CDA data by C-CDA data source.

- THSA/HIETexas = +10 points
- Regional HIEs (C3HIE, HTX, CCE, PHIX, Connxus) = +10 points
- National/Private HIEs = +5 points
- Direct hospital connections = +5 points

Maximum score: 120 points

Network Hospital HIE Engagement

Q 6 (numeric): How many in-network hospitals has your MCO successfully engaged to establish NEW HIE connections since Year 1?

Enter the **number** of in-network hospitals your MCO has successfully engaged to establish **NEW** HIE connections since Year 1.

Scoring Formula: $(\text{New HIE hospitals} / \text{Total in-network hospitals}) \times 100$

- 20%+ network = 100 points
- 15-19% of network = 80 points
- 10-14% of network = 60 points
- 5-9% of network = 40 points
- 1-4% of network = 20 points
- 0% = 0 points

Q 7: Which of the following types of MCO support were provided?

Select “Yes” or “No” to indicate the **type of supports** your MCO has provided to increase HIE engagement.

- Technical assistance =+5 points
- Financial incentives =+ 5 points
- Training/education =+ 5 points
- Contract modifications =+ 5 points

Maximum score: 120 points

Section 2: Early Implementation & Data Utilization

HIE Data Usage Implementation

Q 8: Which of the following HIE data use activities has your MCO begun testing since Year 1?

For each option, select “Yes” or “No” for each of the HIE data use activities your MCO began **testing** since Year 1.

- Set up processes to identify care gaps using HIE data = 15 points
- Established workflow for member outreach after ED visits = 15 points
- Created discharge notification processes = 15 points
- Initiated care transition communication processes = 15 points
- Started monitoring medication adherence using HIE data = 10 points
- Began identifying high-risk members using HIE data = 10 points
- Set up provider alerts for readmission risk = 10 points

Q 9: Which of the following HIE data use activities has your MCO begun implementing since Year 1?

Select the **one** response that best represents the HIE data use activities your MCO has begun **implementing** since Year 1.

- Multiple activities fully operational = +20 points
- Some activities operational, others in testing = +15 points
- Most activities in pilot/testing phase = +10 points
- Activities planned but not yet implemented = +5 points
- None of the above activities initiated = +0 points

Maximum score: 110 points

Provider Notification Systems

Q 10: Which provider care coordination processes have your MCO set up using HIE data since Year 1?

For each option, select “Yes” or “No” to indicate the provider **care coordination** processes your MCO has set up using HIE data since Year 1.

- ED visit notifications to primary care providers = 15 points
- Hospital admission alerts to care teams = 15 points
- Discharge notifications to outpatient providers = 15 points
- Care gap alerts to providers = 10 points
- High-risk member alerts to care teams = 10 points
- Readmission risk notifications = 10 points

Maximum score: 75 points

Quality Measure Preparation

Q 11: What initial steps has your MCO taken to prepare for using HIE data in quality reporting?

For each option, select “Yes” or “No” to indicate the **initial steps** your MCO has taken to prepare for using HIE data in quality reporting.

- Identified which quality measures could benefit from HIE data = 20 points
- Mapped HIE data elements to quality measure requirements = 20 points
- Established data validation processes for HIE information = 15 points
- Created initial workflows for incorporating HIE data = 15 points
- Assigned staff responsibility for HIE quality measure planning = 10 points
- Began discussions with vendors about digital quality measures = 10 points

Q 12: What best describes the planning status of your MCO for using HIE data in quality reporting?

Select the **one** response that best describes the overall **planning status** of your MCO for using HIE data in quality reporting.

- Preparation activities completed and ready for testing = +15 points
- Most preparation activities completed = +10 points
- Some preparation activities completed = +5 points
- None of the above preparatory activities completed = +0 points

Maximum score: 105 points

Section 3: Workflow Integration & Care Coordination

Care Coordination Activities

Q 13: What care coordination activities has your MCO started using HIE connectivity for since Year 1?

Select “Yes” or “No” for each care coordination **activity** listed that your MCO started using since Year 1.

- Established discharge planning communication with hospitals = 15 points
- Started care plan sharing processes = 15 points
- Set up processes for faster member identification = 10 points
- Created care team communication workflows = 10 points
- Began using HIE data for risk stratification = 10 points
- Initiated post-discharge follow-up processes = 10 points

Q 14: What best describes your MCO activity status for using HIE connectivity since Year 1?

Select the **one** response that best describes your MCO activity **status** for using HIE connectivity since Year 1.

- Multiple activities operational = +15 points
- Some activities operational, others in development = +10 points
- Activities in pilot/testing phase = +5 points
- None of the above activities started = +0 points

Maximum score: 85 points

Provider Type Connectivity Expansion

Q 15: Which provider types has your MCO successfully connected to HIE systems since Year 1?

For each option, select “Yes” or “No” to indicate **provider types** your MCO has successfully connected to HIE systems since Year 1.

- Acute care hospitals = +20 points
- Behavioral health facilities/hospitals = +20 points
- Specialty hospitals = +20 points
- Ambulatory surgery centers = +20 points
- Long-term care facilities = +20 points
- Primary care practices = +20 points
- Specialty physician practices = +20 points

Q 16: What connection activities has your MCO completed since Year 1?

For each option, select “Yes” or “No” to indicate the **connection activities** your MCO has completed since Year 1.

- Executed new data sharing agreements = +5 points
- Provided technical implementation support = +5 points
- Offered financial incentives for connectivity = +5 points

Maximum score: 155 points

Current Barriers and Challenges

Q 17: What are the technical/infrastructure barriers your MCO is currently experiencing in advancing HIE connectivity and data utilization?

For each option, select “Yes” or “No” to indicate the **technical and/or infrastructure** barriers your MCO is experiencing in advancing HIE connectivity and data utilization. (+0 points for identification)

- Vendor limitations or compatibility issues
- Inadequate technical infrastructure
- Data quality and completeness concerns

- System integration challenges
- Security and privacy concerns

Q 18: What are the operational/resource barriers your MCO is currently experiencing in advancing HIE connectivity and data utilization?

For each option, select “Yes” or “No” to indicate the **operational and/or resource** barriers your MCO is currently experiencing in advancing HIE connectivity and data utilization. (+0 points for identification)

- Insufficient staffing or expertise
- Competing organizational priorities
- Financial constraints or cost concerns
- Provider engagement and participation challenges
- Lack of standardization across HIE systems

Q 19: What are the regulatory/policy barriers your MCO is currently experiencing in advancing HIE connectivity and data utilization?

For each option, select “Yes” or “No” to indicate the **regulatory and/or policy** barriers your MCO is currently experiencing in advancing HIE connectivity and data utilization. (+0 points for identification)

- Complex data sharing agreements
- Regulatory compliance requirements
- Legal concerns about data liability
- Inconsistent HIE policies across regions

Q 20: What are the barrier **mitigation actions** your MCO has taken for advancing HIE connectivity and data utilization?

Select “Yes” or “No” to indicate the steps your MCO has taken to address barriers in advancing HIE connectivity and data utilization.

- Allocated additional resources to address identified barriers =+10 points
- Established partnerships to overcome technical challenges =+10 points
- Implemented staff training to address knowledge gaps =+10 points
- Developed action plans to address the top 3 barriers =+10 points

- Engaged external consultants or vendors for barrier resolution =+10 points
- Created internal workgroups to address specific barriers =+10 points

Maximum score: 60 points (for mitigation actions only – barrier identification provides valuable information, but no points assigned)

In Network Hospital Survey Tool Tab

General Instructions

- A. **MCO Selection:** Check to make sure your MCO's name appears in cell D2 in the In Network Hospital Survey Tool.
- B. **Hospital Information:** Complete columns M through S for each in-network hospital:
 - Indicate if the "Person Completing the Survey" certifies the accuracy of the information.
 - Enter all required information for the person completing the survey.
- C. **Survey Completion:** Answer all questions in columns T through CX for in-network hospitals.
 - Questions 20, 21, 22, and 23 do not have points assigned. These questions provide valuable program information. They must be answered for the survey to be considered complete. When you enter "Yes" or "No" the number 0 in the cell will indicate the question is complete.

Completion Tracking

There are two ways to track completion of the In Network Hospital Survey Tool:

1. Monitor progress using the completion percentage in column DS for each hospital:
 - **100% Complete:** All required questions answered correctly. HHSC may require additional revisions after reviewing the completed Quantified Assessments.
 - **Below 100%:** Missing required responses.
2. Refer to the In Network Hospital Point Value tab for both completion percentage and point values for each question.

Section 1: Connectivity Expansion

HIE Participation Growth

Q 1: Has your hospital established or expanded HIE participation in the past 12 months?

Select the **one** response that best describes overall HIE participation growth.

- Significantly expanded= 100 points
- Moderately expanded = 75 points
- Minor expansion = 50 points
- Established initial HIE participation= 40 points
- Planning HIE participation = 30 points
- No change from previous level = 25 points
- Reduced participation = 0 points

Q 2: If your hospital expanded HIE participation which of the following new capabilities were added?

Select "Yes" or "No" to each option.

(+10 each if expanded)

- Real-time data exchange = +15 points
- New data types = +10 points
- Additional HIE partnerships = +10 points
- Enhanced security features = +5 points

Maximum score: 140 points

Volume and Type of Data Sharing with MCOs

Q 3: How would you describe your hospital's current volume of HIE data sharing activity?

Select the **one** response that best describes current HIE data sharing activity.

- High volume data sharing (daily exchanges) = 100 points

- Moderate volume data (weekly exchanges) = 75 points
- Low volume data sharing (monthly or as needed) = 50 points
- Initial data sharing just beginning = 30 points
- Technical setup complete, data sharing not yet active = 15 points
- No data sharing currently= 0 points

Q 4: For the data sharing activities reported in question 3, please specify the ADT sharing HIE platforms used.

For each option, select "Yes" or "No" to indicate all HIE platforms currently active.

- THSA/HIETexas = +10 points
- Regional HIEs (C3HIE, HTX, CCE, PHIX, Connexus) = +10 points
- Direct MCO Connections = +5 points
- Private HIEs = +5 points

Q 5: For the data sharing activities reported in Question 3, please specify the C-CDA data sharing HIE platforms used. *Note: C-CDAs sent to THSA go to Medicaid only.

For each option, select "Yes" or "No" to indicate elect all HIE platforms currently active.

- THSA/HIETexas = +10 points
- Regional HIEs (C3HIE, HTX, CCE, PHIX, Connexus) = +10 points
- Direct MCO Connections = +5 points
- Private HIEs = +5 points

Maximum score: 160 points

MCO Partnership Development

Q 6: How many MCOs does your hospital currently share ADT and or C-CDAs with directly?

Select one response.

- 5 or more MCO partnerships = 100 points

- 3-4 MCO partnerships = 80 points
- 2 MCO partnerships = 60 points
- 1 MCO partnership = 40 points
- Data sharing agreements signed but not yet active = 20 points
- No direct MCO partnerships = 0 points

Q 7: If there are one or more MCO partnerships, please choose the partnership development activities you engage in.

Select "Yes" or "No" to indicate the partnership development activities you currently engage in.

- Executed new data sharing agreements in past 12 months = +5 points
- Participating in MCO pilot programs = +5 points
- Regular data exchange meetings with MCOs = +5 points
- Planning for MCO partnerships = + 5 points

Maximum score: 120 points

Section 2: Clinical Workflow Integration

Discharge Planning Processes

Q 8: How has your hospital incorporated HIE connectivity into discharge planning?

Select "Yes" or "No" to indicate the activities your facility has established.

- Set up processes to access patient HIE data during discharge planning = 20 points
- Established workflows to send discharge summaries via HIE = 20 points
- Created processes to notify outpatient providers of discharges = 15 points
- Developed processes to identify post-discharge care needs using HIE data = 15 points
- Started coordination with post-acute care facilities via HIE = 10 points

Q 9: What best describes your current discharge planning process development status?

Select one response.

- Processes operational and being used regularly = +20 points
- Processes developed and in testing phase = +15 points
- Processes designed but not yet implemented = +10 points
- Planning processes but not yet designed = +5 points
- No processes planned = +0 points

Maximum score: 100 points

Care Transition Activities

Q 10: What care transition activities has your hospital established using HIE data?

Select "Yes" or "No" to each of the options to indicate the activities your facility has established.

- Set up post-discharge follow-up alert processes = 15 points
- Established care plan sharing workflows = 15 points
- Created medication reconciliation processes using HIE data = 10 points
- Developed provider notification processes = 10 points
- Established patient engagement activities using HIE information = 10 points
- Created readmission prevention processes = 15 points

Q 11: What best describes your current implementation progress on care transition activities?

Select one response.

- Multiple activities operational =+15 points
- Some activities operational, others in testing =+10 points
- Activities in pilot/development phase =+5 points
- No activities established =+0 points

Maximum score: 90 points

Section 3: Quality Initiative Participation

Quality Initiative Participation

Q 12: What quality-related activities has your hospital engaged in using HIE data?

Select "Yes" or "No" to each of the options to indicate the activities your facility participates in.

- Participating in readmission reduction planning discussions = 15 points
- Engaged in ED utilization management conversations = 10 points
- Participating in care coordination planning with MCOs = 10 points
- Exploring population health data sharing = 10 points
- Established quality data validation processes = 10 points
- Engaged in quality reporting preparation activities = 15 points

Q 13: What best describes your current participation level?

Select one response.

- Actively participating in multiple quality initiatives = +15 points
- Participating in some initiatives, exploring others = +10 points
- Initial participation or exploration phase = +5 points
- No current or planned participation = +0 points

Maximum score: 85 points

Workflow Development

Q 14: How has your hospital integrated HIE data into clinical workflows?

Select "Yes" or "No" to each of the options to indicate the clinical workflows your facility has established.

- Created processes to review HIE data during patient admissions = 15 points
- Established workflows to check HIE data before procedures = 15 points
- Set up HIE data review processes for care planning = 15 points
- Incorporated HIE data into clinical documentation processes = 10 points
- Completed staff training on HIE data access and use = 10 points

- Established quality assurance processes for HIE data = 10 points

Q 15: What best describes your current workflow status?

Select one response.

- Workflows operational and staff trained = +20 points
- Workflows developed, staff training in progress = +15 points
- Workflows being developed = +10 points
- Planning workflow integration = +5 points
- No activities established = +0 points

Maximum score: 95 points

Section 4: Cross Provider Integration

Facility Readiness and Implementation Status

Q 16: What is your facility's current HIE connectivity and data sharing status?

Select the one option that best describes your current status.

- Actively sharing data through multiple HIE connections = 100 points
- Connected and sharing data through at least one HIE = 85 points
- Technical implementation completed, beginning data sharing = 70 points
- Data sharing agreements executed, completing technical setup = 55 points
- Agreements under review, preparing for technical implementation = 40 points
- Initial discussions with HIEs or MCOs underway = 25 points
- Evaluating HIE options but no formal discussions initiated = 10 points

Q 17: What are the implementation activities you have completed?

Select "Yes" or "No" to each option to indicate if you have completed the implementation activities listed.

- Staff training on HIE systems completed = +5 points
- Technical infrastructure upgrades completed = +5 points
- Data sharing agreements signed with at least one entity = +5 points
- Quality assurance processes for HIE data established = +5 points

Maximum score: 120 points

Multi-Provider Care Coordination

Q 18: How does your facility coordinate care with other provider types using electronic health information?

Select "Yes" or "No" to each option to indicate the coordination activities your facility participates in.

- Electronic care plan sharing with primary care providers = 15 points
- Automated discharge summaries sent to outpatient providers = 15 points
- Medication reconciliation data shared with pharmacies = 10 points
- Referral information exchanged electronically with specialists = 10 points
- Care transition notifications sent to long-term care facilities = 10 points
- Clinical data shared with behavioral health providers = 15 points
- Laboratory/diagnostic results shared with ordering providers = 10 points

Q 19: What best describes your facility coordination frequency with other provider types using electronic health information?

Select one response.

- Daily automated processes = +15 points
- Weekly batch processes = +10 points
- Monthly or as-needed basis = +5 points
- No established frequency = +0 points

Maximum score: 100 points

Current Barriers and Challenges

Q 20: What are the technical/system barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

Select "Yes" or "No" if you experience the barriers listed.

For identification purposes only (+0 points assigned to each response)

- EHR system limitations or compatibility issues

- Inadequate IT infrastructure or bandwidth
- Data interface and integration challenges
- HIE system reliability or performance issues
- Technical support limitations from HIE vendors

Q 21: What are the operational/workflow barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

Select "Yes" or "No" if you experience the barriers listed.

For identification purposes only (+0 points assigned to each response)

- Staff training and adoption challenges
- Workflow disruption concerns
- Time constraints for implementation
- Competing clinical and operational priorities
- Insufficient staff expertise with HIE systems

Q 22: What are the financial/resource barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

Select "Yes" or "No" if you experience the barriers listed.

For identification purposes only (+0 points assigned to each response)

- Implementation and maintenance costs
- Limited financial resources for HIE participation
- Uncertain return on investment
- Additional staffing requirements

Q 23: What are the regulatory/compliance barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

Select "Yes" or "No" if you experience the barriers listed.

For identification purposes only (+0 points assigned to each response)

- Data sharing agreement complexities
- Privacy and security compliance concerns

- Legal liability concerns
- Regulatory uncertainty

Q 24: What are the barrier response actions your hospital has taken in advancing HIE connectivity and data sharing?

Select “Yes” or “No” if you have taken these barrier response actions.

- Sought additional funding or budget allocation for HIE initiatives = +10 points
- Partnered with other facilities to share implementation costs = +10 points
- Invested in staff training and education programs = +10 points
- Engaged HIE vendors for enhanced technical support = +10 points
- Developed internal action plans to address top barriers = +10 points
- Participated in collaborative forums to address common challenges = +10 points

Maximum score: 60 points (for barrier response actions only- barrier identification provides valuable data, but no points assigned)

Sample Size Calculation Tab

Program Selection (Row 2)

For each managed care program, select “Yes” or “No”.

SDA Selection (Rows 4–16)

Select the SDAs for ATLAS participation:

- In rows 4 to 16, select the SDAs for which the MCO participates in ATLAS. MCOs may select any SDAs in which they operate.
- Leave rows blank for any SDAs that the MCO is not participating in.
- MCOs should select all SDAs in which they operate and in which they would like to earn ATLAS funds. MCOs cannot earn ATLAS funds in SDAs they do not select.
- Exclude any SDAs in which the MCO does not operate.

- There are formula checks in columns B, D, and F to indicate whether a valid or invalid SDA was selected (in which case the value "Remove" will be displayed) based on the MCO name selected in cell A4 of the Instructions tab. Please remove any invalid SDAs before submission.

MCO Attestation Tab

- The MCO Attestation tab indicates that the MCO has accurately completed all the information required in this Data Reporting Tool. Enter the name, title, and signature of the person who oversees the entire reporting process and the date of report submission.
- MCOs may attach a PDF of the MCO Attestation tab with their signature in the email containing their Data Reporting Tool instead of electronically signing the Data Reporting Tool.
- The MCO must sign the Attestation tab. Failure to sign may result in non-payment for the entire Quantified Assessment submission.

Milestones Tab

- This tab summarizes whether the MCO passed or failed all milestones.
- Final Milestones Pass = The MCO is expected to receive the calculated payment for SDA, Hospital Class, and the MCO Program. To achieve a "Pass" for the Final Milestones, the MCO must achieve a "Pass" result for Milestone 1a, Milestone 1b, Milestone 2a, and Milestone 2b. Details on the requirements for each milestone can found at the top of the Milestones tab.
- Final Milestones Fail = The MCO will not receive payment based on the current responses in the Quantified Assessment. If an MCO fails for an SDA/program/hospital class but the capitation incentive is zero percent, their failed result will not affect their payment.
- The calculated payment is currently set to \$0 because the payment calculation for the Quantified Assessment is not yet complete. MCOs should focus on the "Pass"/"Fail" indicators until payment amounts are available.
- Capitation percentages will be earned only for valid SDAs selected on the Sample Size Calculation tab, which had a passing result for that MCO program and hospital class.

Final Reminders

- There may not be an opportunity for technical correction to the Quantified Assessment. Please review the Quantified Assessment carefully before submitting.
- ▶ If a “Fail” result is displayed on the Milestones tab where a passing result was anticipated, please verify data in the associated tab before submitting.
 - ◇ For failing milestone 1a, review the MCO Data tab. For failing milestone 1b, review the percentages in the In Network Hospital Survey Tool tab.
 - ◇ For failing milestone 2a or milestone 2b, the MCO did not submit enough data from in-network hospitals in the In Network Hospital Survey Tool.
- Review all tabs thoroughly before submitting.
- Ensure the MCO Attestation is signed.

Submitting Your ATLIS Quantified Assessment

Pre-Submission Checklist

Before submitting your ATLIS Data Reporting Tool, verify:

- [] All required tabs are completed.
- [] MCO Data tab shows 100 percent completion.
- [] In Network Hospital Survey Tool shows 100 percent completion.
- [] Sample Size Calculation validates all SDA selections.
- [] MCO Attestation includes required signatures, or PDF of MCO Attestation with signature is attached.
- [] File is named according to specified convention [MCO Name – PY2_QA1(or QA2)UMCM 6.2.17 ATLIS – mm.dd.yyyy].

How do I submit my completed Quantified Assessment?

- Save Final Version:** Ensure all data is saved and validated.
- File Naming:** Use the required naming convention with the MCO name and reporting period.
- Submission Method:** The report should be submitted to MCOHub in the “MCO/PHI/DELIV” folder and attached via email to PFD [PFD_Hospitals@hsc.state.tx.us] and Quality Data Analytics & Reporting [HPCS_UMCC_Provisions@hsc.state.tx.us]. Please mark the email as “Confidential.”
- Confirmation:** Retain confirmation of successful submission.

What happens after submission?

HHSC Review Process:

- Initial completeness review.
- Technical validation of submitted data accuracy and consistency.
- Hospital certification verification.

- Milestone achievement assessment.

Possible Outcomes:

- **Accepted:** Submission meets all requirements; incentive payment processing begins.
- **Technical Corrections Required:** Minor issues requiring clarification or correction.

Payment Processing:

- Milestone achievement determines incentive payment eligibility.

If the Quantified Assessment is accepted, payments are calculated based on the ATLIS incentive percentage for the hospital class, SDA, and MCO program participation.

Frequently Asked Questions

General Program Questions

Q: Which MCOs are eligible for ATLIS participation?

A: All STAR, STAR+PLUS, or STAR Kids Medicaid managed care organizations may participate.

Q: Can an MCO participate in some SDAs but not others?

A: Yes, MCOs may select any SDAs where they operate but are not required to participate in all operational SDAs.

Q: What happens if a hospital closes during the reporting period?

A: Notify HHSC immediately. Data collection calculations will be adjusted to ensure closures do not affect MCO response rates.

Technical Questions

Q: What if my completion percentage shows errors?

A: Review the "Scores by Question" tracker in the MCO tab and the In Network Hospital Point Value tab for missing entries. Most errors result from incorrect entries and not selecting a response option from the drop-down.

Q: Can I update my submission after the deadline?

A: Late submissions may be accepted only in exceptional circumstances and may affect incentive payment eligibility.

Q: What constitutes an adequate hospital certification?

A: Certifications must cover hospitals representing 95 percent of unique claims and must meet minimum sample size requirements by hospital class.

Contact Information

For additional questions or technical assistance:

- **Email:** HPCS_UMCC_Provisions@hhsc.state.tx.us and PFD_Hospitals@hhsc.state.tx.us
- Include your MCO name and specific question details for the fastest response in the **Subject Line:** ATLIS Program – [MCO Name] – [Specific

Topic]

This companion guide is designed to supplement, not replace, the detailed instructions provided in UCM Chapter 6.2.17 and the ATLIS Data Reporting Tool itself. MCOs should review all relevant documentation before completing their submissions.

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Appendix A. ATLIS Scoring Summary & Performance Tiers

Using the number of points accumulated, MCOs will be classified into performance levels to establish a base-point level and to track progress over the second assessment period and possibly into future program years.

MCO Total Possible Score: 1055 points

Table 1. MCO Survey Performance Levels:

Category	Percentage	Points
Exceptional	90-100%	968-1055
Advanced	75-89%	806-967
Developing	60-74%	645-805
Basic	45-59%	482-644
Emerging	<45%	<484

In-hospital Total Possible Score: 1070 points

Table 2. In-hospital Survey Performance Levels

Category	Percentage	Points
Exceptional	90-100%	963-1070
Advanced	75-89%	803-962

Category	Percentage	Points
Developing	60-74%	642-802
Basic	45-59%	482-641
Emerging	<45%	<482

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Appendix B. ATLIS Progression Tracking

Progression Requirements:

January to July Year 2: Average 10% score improvement expected

- Minimum Progress Thresholds:
 - MCO survey (1055 total points):
 - High Performers (800+ points in Jan): +75-100 points by July
 - Mid-Level (500-799 points): +100-150 points by July
 - Emerging (<500 points): +150+ points by July (catch-up opportunity)
 - Hospital survey (1070 total points):
 - High Performers (800+ points in Jan): +75-100 points by July
 - Mid-Level (500-799 points): +100-150 points by July
 - Emerging (<500 points): +150+ points by July (catch-up opportunity)
- 6-month timeframe is short for major infrastructure changes

Year 2 assessment focuses on process establishment rather than outcome achievement.

Key Improvements from Year 1 to Year 2:

1. **Progress-Focused:** Questions measure advancement rather than just status
2. **Incremental Measurement:** Scoring captures improvement over time
3. **IMDs Integration:** Survey accommodates new participants without separate assessment
4. **Quality Preparation:** Aligns with Year 3 goals for outcome measurement
5. **Workflow Integration:** Measures practical implementation impact
6. **Flexible Scoring:** Accommodates different starting points and progress rates

Anticipated Program Evolution

Year 1: Baseline comparison of HIE Connectivity

Year 2: Established processes for HIE data use

Year 3: Demonstrated regular use - shift from "Setup" to "Utilization"

- Add Outcome-Focused Questions:
 - Care coordination improvements with documented examples
 - Quality measure gaps closed using HIE data
 - Provider workflow efficiency gains
 - Member outcome improvements

Year 4-5: Measurable Quality Impact

- Measure Actual Quality Outcomes:
 - Readmission rate improvements attributable to HIE
 - ED utilization changes
 - Care effectiveness (maternal health)
 - Chronic disease management outcomes