



# **Companion Guide for ATLIS Client Health Outcomes Program**

---

**May 2026**



**TEXAS**  
Health and Human  
Services

# Table of Contents

<b>Table of Contents .....</b>	<b>2</b>
<b>ATLIS Program Key Dates .....</b>	<b>1</b>
Program Year 2 .....	1
<b>What You Need to Know About ATLIS Reporting.....</b>	<b>2</b>
What are the reporting changes for Year 2?.....	3
Where do I find ATLIS reporting resources?.....	5
How do I access the ATLIS Data Reporting Tool?.....	6
How do I submit ATLIS reporting? .....	6
Why do I need to submit ATLIS reporting? .....	6
What are the Year 2 ATLIS milestones? .....	7
<b>Data Reporting Tool Instructions .....</b>	<b>9</b>
Data Reporting Tool Overview .....	9
<b>Submitting Your ATLIS Quantified Assessment.....</b>	<b>32</b>
Pre-Submission Checklist .....	32
<b>Frequently Asked Questions.....</b>	<b>34</b>
General Program Questions .....	34
Technical Questions.....	34
<b>List of Acronyms .....</b>	<b>36</b>
<b>Appendix A. ATLIS Scoring Summary &amp; Performance Tiers.....</b>	<b>37</b>

# ATLIS Program Key Dates

## Program Year 2

### ATLIS Program Year 2 Key Dates

Date	Activity
<b>September 29, 2025</b>	Deadline for Managed Care Organizations (MCOs) submission of in-network hospitals by Service Delivery Area (SDA)
<b>July 15, 2026</b>	Quantified Assessment submission deadline

# What You Need to Know About ATLIS Reporting

The ATLIS Program provides incentive payments to MCOs for achievement of milestones related to Health Information Exchange (HIE) connectivity and interoperability. This guide was developed to assist the Managed Care Organizations (MCOs) in completing the Aligning Technology by Linking Interoperable Systems (ATLIS) Quantified Assessment accurately. MCOs submit to HHSC their Quantified Assessment using the ATLIS Data Reporting Tool.

The Data Reporting Tool (DRT) is the Texas Health and Human Services Commission (HHSC) provided, Excel-based reporting instrument that participating MCOs must use to report required ATLIS Program data. The DRT collects standardized, structured information on HIE connectivity, early implementation activities, workflow integration, care coordination, and barrier identification and mitigation for the MCO and its in-network hospitals. Completion of all required fields and tabs in the DRT, in accordance with HHSC instructions, is mandatory for the MCO to be eligible for ATLIS incentive payments. The DRT serves as the official reporting mechanism through which HHSC evaluates MCO compliance with ATLIS Program reporting requirements and determines MCO eligibility for incentive payments.

The Quantified Assessment is the completed submission produced through the ATLIS DRT that quantitatively measures an MCO's progress in HIE connectivity and interoperability implementation under the ATLIS Program. The Quantified Assessment applies HHSC's point-based assessment framework to the data reported by the MCO, capturing measurable achievement across defined assessment areas, including connectivity growth, early implementation activities, workflow integration and care coordination, and barrier identification with documented mitigation actions.

The Quantified Assessment must be fully completed, validated, and submitted to HHSC in the required format and by the applicable deadline. HHSC reviews the Quantified Assessment for completeness, technical accuracy, and adherence to program requirements. Acceptance of the Quantified Assessment is required for the MCO to receive for ATLIS incentive payments.

The guide is updated to reflect changes made to the ATLIS Program and the DRT for Year 2. Please refer to the Uniform Managed Care Manual (UMCM) section 6.2.17 ("The Medicaid Managed Care Aligning Technology by Linking Interoperable

Systems for Client Health Outcomes Program (ATLIS Program)”) and this guide to ensure compliance with the reporting requirements and ATLIS payment eligibility. MCOs whose submissions do not meet all requirements may not have an opportunity for technical correction once the Quantified Assessment submission deadline has passed.

If you have any questions, please send them to ValueBasedInitiatives@hhs.texas.gov. 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 implementation<sup>1</sup>. 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.

Each MCO must submit a Quantified Assessment containing the point-based structure to reflect their progress in the preceding 12 months. The addition of the point system will allow HHSC to track implementation activities and monitor 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 Use activities (care gap identification, member outreach, discharge notifications, care transitions);

---

<sup>1</sup> For more details on the ATLIS Scoring Summary and Performance Tiers, refer to Appendix A.

- ▶ 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 and documentation).

As part of Year 2 reporting requirements, MCOs must submit documentation detailing mitigation actions taken for barriers identified in the Current Barriers and Challenges section of the DRT (Questions 17-19 in the MCO tab). Barriers are obstacles or challenges that prevent hospitals from connecting to HIEs or reducing the effectiveness and value of the data shared through HIEs.

Documentation requirements:

- If five or fewer barriers are identified, MCOs must provide documentation for all of the mitigation actions taken for each barrier identified.
- If more than 5 barriers are identified, MCOs must submit documentation for at least five of the identified barriers, ensuring the examples cover a representative sample of the different barrier types. Documentation must include the barrier being addressed (e.g., data quality issues), the action taken, and the outcome status (resolved, ongoing, escalated, unable to resolve).
- Examples of the types of acceptable supporting documents include meeting notes, email, contract, hospital confirmation, training documents, etc. See guidance on questions 17 – 19 below for additional examples.
- If you have questions regarding the type of supporting documentation required, please email [ValueBasedInitiatives@hhs.texas.gov](mailto:ValueBasedInitiatives@hhs.texas.gov). Use the subject line: "ATLIS Program – [MCO Name] – Barrier Mitigation Documentation."

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

## Where do I find ATLAS reporting resources?

Before filling in your responses on the DRT, please review the **UMCM Chapter 6.2.17** for a detailed ATLAS Program overview. Specific reporting requirements and details are provided in the following tabs of the ATLAS Program DRT (Microsoft Excel file):

- **General Guidance tab:** Provides information on how to use the various tabs and how to complete the DRT. This tab also includes a timeline and reporting schedule.
- **Definitions tab:** Contains key terms and vocabulary related to the ATLAS Program.
- **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 SDA and hospital class.
- **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.
- **MCO Data tab:** All the data fields have a drop-down option for MCOs to select the SDA and Medicaid Program in which the MCO has a contracted in-network hospital for which the MCO could earn incentives based on the data collected from the hospitals and the improvements on the ATLAS measures. The tab includes 20 questions that must be 100% completed by the MCO to qualify for receiving the incentives. Once each drop-down selection is made, the tab will self-populate the number of points associated with each response. The lower section of the tab self-populates certain information based on the MCO responses, including implementation barriers, 100% completion status, and the number of points accumulated for the responses to each question.
- **In Network Hospital Survey Tool tab:** Includes all active hospitals as of September 1, 2025. Once an MCO is selected on the Instructions tab, the count of unique encounters from state fiscal year 2024 by managed care program and whether the hospital is in or out of network for each managed

care program will populate. MCOs must coordinate with their in-network hospitals to complete the data in the tab and obtain a certification from a sufficient number of hospitals to meet milestone 1b.

- **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 DRT is an Excel-based workbook that MCOs participating in the ATLAS program must complete and submit to HHSC. The DRT includes multiple tabs for several types of data collection and validation. MCOs receive the ATLAS DRT from HHSC through an MCO Notice in advance of reporting deadlines.

## How do I submit ATLAS reporting?

Complete the ATLAS DRT and submit it to HHSC by the specified deadline. Use the following naming convention:

[MCO Name – PY2\_QA UMCM 6.2.17 ATLAS – mm.dd.yyyy]

For example: Outstanding Community Health Plan – PY2\_QA UMCM 6.2.17 ATLAS – 07.15.2026 (note PY= Program Year; QA= Quantified Assessment).

The DRT should be submitted to the MCO Hub in the “MCO/PHI/DELIV” folder and attached via email to the [Provider Finance Department](#) (PFD) ([PFD\\_Hospitals@hhs.texas.gov](mailto:PFD_Hospitals@hhs.texas.gov)) and [Quality Data Analytics & Reporting](#) ([ValueBasedInitiatives@hhs.texas.gov](mailto:ValueBasedInitiatives@hhs.texas.gov)). 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 must:

- Submit a Quantified Assessment to document HIE connectivity for each MCO and their in-network hospitals,
- Submit documents in support of the mitigation actions taken for the barriers identified in the ATLAS DRT,
- 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 deadline will result in ineligibility to receive ATLIS incentive payments.*

## **What are the Year 2 ATLIS milestones?**

### **Milestone 1: Completion of HIE Connectivity and Interoperability Assessment**

MCOs must submit a Quantified Assessment of HIE connectivity and implementation activity status for the MCO and its in-network hospitals using the ATLIS DRT. The DRT uses a point-based scoring system to capture baseline status and incremental progress. The point-based scoring system is not intended for use in calculating eligibility for the incentive payments or the payment amounts in Year 2 of the ATLIS 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 of the DRT.
- Submit the appropriate number of supporting documents for mitigation actions taken in response to questions 17-19 in the MCO Data tab.
- Meet 100 percent completion of data fields reported for in-network hospitals in the In Network Hospital Survey Tool tab:
- Complete the MCO Attestation tab.

### **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 1 below).

**Table 1. Minimum Sample Size Criteria by Hospital Class.**

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

# Data Reporting Tool Instructions

## Data Reporting Tool Overview

The ATLIS Program DRT is an Excel based reporting instrument that operationalizes ATLIS Program requirements. MCOs use the DRT to submit standardized data on HIE connectivity, implementation activities, and barrier mitigation. HHSC uses the DRT as the authoritative source for completeness checks, technical validation, and incentive payment determinations. 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 (row 4). Continue reporting by completing the four worksheets (blue tabs) in the following order:

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

## MCO Data Tab

### General Instructions

- The MCO Data tab includes details and questions to assess MCO HIE connectivity and interoperability. MCOs should select the SDAs and the Medicaid Programs where they have contracted in-network hospitals and can earn incentive payments. The selection can be made in the drop-down option on row 7. .
- A response is required for every question.
- All questions in the MCO tab, except question 6, have a drop-down option on row 7. For each option under the question, you must select an answer from the drop-down 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 value attached. Green cells indicate that a response is required and carries a point value.

- In the Barriers and Mitigation Actions section of the DRT (questions 17-19), MCOs must indicate whether they are submitting mitigation documentation for the barriers they identified. If five or fewer barriers are identified, the MCO must provide detailed mitigation actions for each barrier and attach the relevant supporting documents. If more than five barriers are identified, the MCO must submit documentation for at least five barriers, ensuring you include examples that represent a variety of different barrier types.
- Use the following naming convention for the submitted documentation and include as attachments with the DRT. Include the number (one through five) for each barrier mitigation action (BMA) documented, as shown below.
  - MCO Name – PY2\_QA\_UMCM 6.2.17 ATLAS\_BMA(1-5)
- Leaving any question unanswered will be considered non-compliance for Milestone 1a, and your MCO will not qualify for an incentive payment. Indication of assessment completion can be found in cell C13. This cell will show “Met 100%” if all required data fields are completed 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<sup>2</sup>

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.

---

<sup>2</sup> Service Delivery Areas (SDAs) are also referred to as Service Areas (SAs).

- Medical Rural Service Area (MRSA) Central SDA.
- MRSA Northeast SDA.
- MRSA West SDA.

**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 months, 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:** In the last 12 months, 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 in the last 12 months.

- 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 in previous 12 months = 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, Connexus) = +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.

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

*Maximum score: 45 points*

## Network Hospital HIE Engagement

**Q 6** (numeric): How many in-network hospitals has your MCO successfully engaged to establish NEW HIE connections within the last 12 months?

Enter the **number** of in-network hospitals your MCO has successfully engaged to establish **NEW** HIE connections in the last 12 months.

Scoring Formula: (New HIE hospitals / Total in-network hospitals) X 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

Note: When a number is entered in Cell AM-7, the cells below will be self-populated, showing the 'Total In-Network Hospitals' (Cell AM-11) and the 'Percentage of Network' (Cell AM-13).

**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 and/or 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 in the last 12 months?

For each option, select "Yes" or "No" for each of the HIE data use activities your MCO began **testing** in the last 12 months.

- 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 in the last 12 months?

Select the **one** response that best represents the HIE data use activities your MCO has begun **implementing** in the last 12 months.

- 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 in the last 12 months?

For each option, select “Yes” or “No” to indicate the provider **care coordination** processes your MCO has set up using HIE in the last 12 months.

- 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 in the last 12 months?

Select “Yes” or “No” for each care coordination **activity** listed that your MCO started using in the last 12 months.

- 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 in the last 12 months?

Select the **one** response that best describes your MCO activity **status** for using HIE connectivity in the last 12 months.

- 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 in the last 12 months?

For each option, select “Yes” or “No” to indicate **provider types** your MCO has successfully connected to HIE systems in the last 12 months.

- 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 in the last 12 months?

For each option, select “Yes” or “No” to indicate the **connection activities** your MCO has completed in the last 12 months.

- 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? Confirm whether you are submitting documentation for mitigation actions for each barrier below.

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

For each option, select yes or no to indicate whether you are submitting documentation for the mitigation actions you have taken. Examples of mitigation actions and documentation for technical/infrastructure barriers could include, but are not limited to those listed in the table below:

Barrier	Mitigation Action	Documentation Submitted
Vendor limitations or compatibility issues	Implemented system upgrades to comply with current interoperability standards	Interface design specifications document demonstrating conformance to current standards
Data quality and completeness concerns	Implemented data validation rules and data quality audits	Copy of data quality audit report for the reporting period
Security and privacy concerns	Implemented encryption in transit and at rest and conducted vulnerability scans	Encryption specification document and vulnerability scan results

**Q 18:** What are the operational/resource barriers your MCO is currently experiencing in advancing HIE connectivity and data utilization? Confirm whether you are submitting documentation for mitigation actions for each barrier below.

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

For each option, select yes or no to indicate whether you are submitting documentation for the mitigation actions you have taken. Examples of mitigation actions and documentation for operational/resource barriers could include, but are not limited to those listed in the table below:

<b>Barrier</b>	<b>Mitigation Action</b>	<b>Documentation Submitted</b>
Insufficient staffing or expertise	Conducted staff training with plan to integrate additional subject matter experts (SMEs)	Staff training documents; project staffing plan
Competing organizational priorities	Created HIE steering committee with executive sponsorship	Steering committee meeting minutes
Provider engagement and participation challenges	Tracked usage and provided training to address usage gaps	Usage of analytics report; training records

**Q 19:** What are the regulatory/policy barriers your MCO is currently experiencing in advancing HIE connectivity and data utilization? Confirm whether you are submitting documentation for mitigation actions for each barrier below.

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

For each option, select yes or no to indicate whether you are submitting documentation for the mitigation actions you have taken. Examples of mitigation actions and documentation for regulatory/policy barriers could include, but are not limited to those listed in the table below:

<b>Barrier</b>	<b>Mitigation Action</b>	<b>Documentation Submitted</b>
Complex data sharing agreements	Amended provider contracts to require data sharing	Provider contract amendment
Regulatory compliance requirements	Conducted policy review and updated policy guidance for HIE compliance	Policy update log
Legal concerns about data liability	Developed data use agreements with defined scope of permitted uses	Executed data use agreements

**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.<sup>3</sup>
- B. **Filter for In Network Hospital Status:** Using Excel's auto-filter functionality, select "Y" from the drop-down menu in A11 to view the list of in-network hospitals for your MCO.
- C. **Hospital Information:** Complete columns M through S for each in-network responding hospital:
  - Indicate if the "Person Completing the Survey" certifies the accuracy of the information.
  - Enter all required information for the person completing the survey.
- D. **Survey Completion:** Answer all questions in columns T through CX for responding 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 by referring to column DP for each hospital:
  - **Met:** All required questions answered correctly. HHSC may require additional revisions after reviewing the completed Quantified Assessments.
  - **Did not meet:** Missing required responses.
2. Refer to the In Network Hospital Point Value tab for both completion percentage and point values for each question. Points totals based on entire row are also visible in column DO.

---

<sup>3</sup> If your MCO's name does not appear in cell D2, confirm that you selected the correct MCO on row 4 of the Instructions tab.

## Section 1: Connectivity Expansion

### HIE Participation Growth

**Q 1:** Has your hospital established or expanded HIE participation by connecting with an MCO payor or an electronic health exchange, like a national or regional HIE, 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 all HIE platforms currently active.

- THSA/HIETexas via a regional HIE = +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 data 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 is an MCO partnership, 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 ATLIS participation:

- In rows 4 to 16, select the SDAs for which the MCO participates in ATLIS. MCOs may select any SDAs in which they operate.<sup>4</sup>
- 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 ATLIS funds.
- 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 confirms it has accurately completed all the information required in the DRT. 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 DRT instead of electronically signing the DRT.
- 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”

---

<sup>4</sup> Confirm the selection matches that made on row 7 of the MCO tab.

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 be 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 DRT, verify:

- [ ] All required tabs are completed.
- [ ] MCO Data tab shows 100 percent completion.
- [ ] In Network Hospital Survey Tool shows Met 100% for responding in-network hospitals.
- [ ] Sample Size Calculation validates all SDA selections.
- [ ] Milestones tab shows passing results for participating SDAs, where expected.
- [ ] MCO Attestation includes required signatures, or PDF of MCO Attestation with signature is attached.
- [ ] Required relevant barrier mitigation support documents are attached. Name each attachment according to specified convention (MCO Name – PY2\_QA\_UMCM 6.2.17 ATLIS\_BMA(1-5)
- [ ] DRT file is named according to specified convention (MCO Name – PY2\_QAUMCM 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 and supporting barrier mitigation documentation should be submitted to MCOHub in the “MCO/PHI/DELIV” folder and attached via email to PFD [[PFD\\_Hospitals@hhs.texas.gov](mailto:PFD_Hospitals@hhs.texas.gov)] and Quality Data Analytics & Reporting [[ValueBasedInitiatives@hhs.texas.gov](mailto:ValueBasedInitiatives@hhs.texas.gov)]. Please mark the email as “Confidential.”

- D. **Confirmation:** Retain internal confirmation of your successful submission to MCO Hub or the HHSC inboxes.<sup>5</sup>

## What happens after submission?

### HHSC Review Process:

- Initial completeness review.
- Technical validation of submitted data accuracy and consistency.
- Confirmation of receipt of required barrier mitigation documentation.
- Hospital certification verification.
- Milestone achievement assessment.

### Possible Outcomes:

- **Accepted:** Submission meets all requirements; incentive payment processing begins.
- **Corrections Requested by HHSC:** 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.

---

<sup>5</sup> Take a screenshot of your MCOHub submission and/or check "Request a Delivery Receipt" box in the Options of your email sent to PFD and VBI.

# 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.

**Q: What qualifies as an acceptable mitigation action?**

A: Acceptable barrier mitigation actions may involve, but are not limited to, activities taken to address identified challenges, such as providing or developing training and support for staff, or revising and updating contracts or other agreements as needed.

**Q: Can you provide examples of supporting documentation for barrier mitigation activities?**

A: Supporting documentation showing the actions taken to address barriers may include, but is not limited to, staff training materials and schedules, meeting minutes, contractor amendments, or data use agreements. For additional details, refer to pages 17-19 of this guide.

## Technical Questions

**Q: What if my completion percentage shows errors?**

A: Review the "Scores by Question" tracker in column A15 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: No late submissions will be accepted. However, minor corrections may be allowed after an on-time submission.

**Q: What constitutes an adequate hospital certification?**

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

## Contact Information

For additional questions or technical assistance:

- **Email:** [ValueBasedInitiatives@hhs.texas.gov](mailto:ValueBasedInitiatives@hhs.texas.gov) and [PFD\\_Hospitals@hhs.texas.gov](mailto:PFD_Hospitals@hhs.texas.gov)
- 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 UMCM Chapter 6.2.17 and the ATLIS Data Reporting Tool itself. MCOs should review all relevant documentation before completing their submissions.*

# List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
ADT	Admissions, Discharge and Transfer
ATLIS	Aligning Technology by Linking Interoperable Systems
BMA	Barrier Mitigation Action
C-CDA	Consolidated Clinical Document Architecture
DRT	Data Reporting Tool
HHSC	Texas Health and Human Services Commission
HIE	Health Information Exchange
IMD	Institutions for mental diseases
MCO	Managed Care Organizations
MRSA	Medical Rural Service Area
PFD	Provider Finance Department
PY	Program Year
QA	Quantified Assessment
SA	Service Area
SDA	Service Delivery Area
THSA	Texas Health Services Authority
UMCM	Uniform Managed Care Manual

# 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 possibly into future program years.

MCO Total Possible Score: 1045 points

**Table 1. MCO Survey Performance Levels**

Category	Percentage	Points
<b>Exceptional</b>	<b>90-100%</b>	<b>941-1045</b>
<b>Advanced</b>	<b>75-89%</b>	<b>783 - 940</b>
<b>Developing</b>	<b>60-74%</b>	<b>627 - 782</b>
<b>Basic</b>	<b>45-59%</b>	<b>470 - 626</b>
<b>Emerging</b>	<b>&lt;45%</b>	<b>&lt;470</b>

In-network Hospital Total Possible Score: 1070 points.

**Table 2. In Network Hospital Survey Performance Levels**

Category	Percentage	Points
<b>Exceptional</b>	<b>90-100%</b>	<b>963-1070</b>
<b>Advanced</b>	<b>75-89%</b>	<b>803-962</b>
<b>Developing</b>	<b>60-74%</b>	<b>642-802</b>
<b>Basic</b>	<b>45-59%</b>	<b>482-641</b>
<b>Emerging</b>	<b>&lt;45%</b>	<b>&lt;482</b>