

HHSC Responses on Service Coordination Deliverable

[Link to UMCM Ch 5.24.10 Service Coordination Report Text File Layout](#)

1. MCO Question: Line 15 of Service Coordination Deliverable: Is this question specific to members who decline at the point of initial outreach efforts or would MCOs also use this field to note if a member opted out/stopped engaging in Svc. Coordination at any time during a SC episode or successfully completed SC service plan goals?
 - a. HHSC Response: Row 15 "Did the Member decline service coordination?" is applicable at any time during the member's enrollment when the member declined service coordination.
2. Line 15: Once a member is noted as declining Svc. Coordination, do MCOs cease reporting all other fields (as they are related to Svc. Coordination) or do we continue to populate all other fields?
 - a. If a member declines service coordination and the decline is noted in Row 15 "Did the Member decline service coordination?", an MCO must continue to report all fields as currently instructed in the report. For example, Row 19, 25, and 28, regarding service plans and service coordination visits would be "DEC" for member declined.
3. Line 16: If MCOs are to report members who SC case is successfully closed in row 15, request a value added to Row 16 to denote that or guidance on which listed value to use.
 - a. MCOs are required to offer all MSHCN service coordination, including a service plan. If the member has stated to the MCO that they do not want assistance with accessing or coordinating services (for example, they indicate their needs are met), then the MCO should select "DEC" in Row 16.
 - b. HHSC acknowledges this suggestion and will take into consideration for future updates to the Service Coordination Report.
4. Line 18: Please confirm that MCOs should indicate "yes" for members with a service plan on file, to include EXISTING members with Service Plans the MCOs are working to outreach for ongoing Service Coordination efforts and Service Plan updates.
 - a. Existing members should be reported as "yes" for having a service plan if the plan is up-to-date. If an existing member has an outdated service plan, and MCOs are outreaching the member to complete the service plan, then the member should be reported as "no" for a not having a service plan, and the reason should be "in-progress". This aligns with contract requirements that state that a member is considered without a service plan if the plan is outdated. A member's service plan is considered "in progress" when the MCO is completing their standard outreach process with a newly enrolled member or newly identified MSHCN, or when initial outreach is occurring to update an existing plan. Once the MCO has completed their standard outreach process, and the member has

not been successfully reached, the member is considered "unable to reach/locate the member"

5. Line 22: Are STAR/CHIP health plans supposed to list every member as a value of "04" or "06" or can we use values "01-03" if our processes stratify different levels of SC?
 - a. For STAR and CHIP, in Row 22 "What is the Member's service coordination or service management level?", select only 04 or 06.
6. Lines 23 and 27: Do contacts made for engagement purposes (prior to enrollment in SC) need to be reported or is this only contacts made after enrollment in SC?
 - a. Contacts reported in Row 23 "Was at least one service coordination contact attempt made?" and Row 27 "How many successful telephonic service coordination/service management visits?" are for contacts conducted by the MCO after the member began enrollment in service coordination.
7. Line 23: Was at least one service coordination contact attempt made? As not all members will be due for a service coordination visit during the reporting period, recommend adding "if required during the reporting period" to the end of the question (Was at least one service coordination contact attempt made, if required during the reporting period).
 - a. HHSC recognizes MCOs may not be required to contact members during each reporting period. However, we would like to capture all contact attempts, whether required or not; adding "if required" to line 23 may exclude contact attempts that go beyond what is required. We are considering ways to modify the report to allow MCOs to indicate that a contact attempt was not required for a member in the reporting period.
8. Line 24: As Face to Face visits are not contractually required for STAR/CHIP plans, requesting this field be excluded from STAR/CHIP reporting
 - a. HHSC acknowledges this suggestion and will take into consideration for future updates to the Service Coordination Report.
9. Line 25: If no successful face-to-face visits, why not? And line 28: If no successful telephonic visits, why not? Recommend adding an option that a visit was not needed/required during the reporting period. Even though there is a note that says that visits may not be required during the reporting period, simply capturing responses to this question without a caveat option that a visit wasn't required makes the aggregate data appear that MCOs are not conducting necessary service coordination visits. Adding an option that visits weren't required or needed during that period would offer a more accurate picture of why a visit wasn't completed (without using the Other option).
 - a. HHSC response: Thank you for this recommendation. We agree that this may be a helpful addition to the report and will consider making this change on the next update.
10. Line 25/26: If STAR/CHIP plans are required to report face to face visits in Row 24, request another value added to capture "not required"
 - a. HHSC acknowledges this suggestion and will take into consideration for future updates to the Service Coordination Report.
11. Please clarify how answers will be interpreted and used (applies across lines 13-29)
HHSC initially indicated that Members Declining Service Coordination, Unable to

Contact, Refusing to participate in SAIs, Deceased, or Left the area would be interpreted by HHSC as not deficient for not having a service plan. However, Members in these categories appear to be included in reporting to CMS and committees as being deficient in not having a service plan.

- a. We appreciate the question and opportunity to clarify how this data is reported. When HHSC reports to CMS on Service Coordination Report data, we report on how many members have a service plan and explain that there are allowable reasons a member may be without a service plan including declining a service plan or being unable to reach/locate. We also provide data detailing the breakdown of reasons members do not have a service plan. We do not equate being without a service plan as being noncompliant. However, when a member with special healthcare needs does not have a service plan this is concerning regardless of the reason. This is why it is important for us to review, consider, and report this data holistically, in addition to understanding the reasons behind it. When sharing this data with stakeholders we have historically provided context and explain allowable reasons a member may be without a service plan including declining a service plan or being unable to reach/locate. We will consider additional efforts we can make to provide context for the data.
12. The MCOs would like clarification that each field of the report is only requesting information over the reporting period.
 - a. Correct. On each monthly Service Coordination Report, data should be submitted for the reporting period only.
 13. Is the population for this report to be all members designated as MSHCN or all members in Service Coordination, regardless of MSHCN status?
 - a. The Service Coordination Report must include all members designated as members with special healthcare needs (MSHCN) and should not include any other members. For STAR and CHIP, only include MSHCN members. For STAR Kids, STAR+PLUS, STAR Health, and MMP include all enrolled members as all members are considered MSHCN.
 14. If the population for this report is for all members designated as MSHCN, request clarification if members are to remain on the report every month they have the designation regardless of Svc. Coordination status or if they "fall off" the report if they decline Svc. Coordination
 - a. All members designated as MSHCN must remain on the monthly Service Coordination Report even if they decline service coordination.
 15. We request all clarification be incorporated into the submission instructions, to ensure understanding and consistency across MCO reporting.
 - a. We agree. HHSC is working to update submission instructions to clarify reporting requirements and help MCOs report consistently.