

- Can HHSC please confirm the criteria for including a hospital in the survey data? Specifically, must the hospital meet all of the following requirements:
 - Located in an ATLAS SDA (as identified in the updated ATLAS program scope) or be a qualifying provider-class for the Medicaid Product (STAR Kids, STAR+PLUS);
 - In-network with the MCO; and
 - Located in an SDA for which the MCO is contracted with HHSC
 - Should the member's SDA always align with the hospital's SDA for the claims data to be counted for the hospital?
- For each scenario, can HHSC please confirm whether the hospital should be included in the survey data, based on the criteria discussed?
 - Scenario 1: If a STAR Nueces member goes to an in-network hospital in Harris SDA, should the MCO include this hospital in its survey data for the ATLAS program? In this scenario, if the MCO is not a contracted MCO in Harris SDA, does that change the direction since there will not be ATLAS funding for the MCO for the hospitals class and region?
 - Scenario 2: If a STAR Hidalgo member goes to an in-network hospital in Nueces SDA, should the MCO include this hospital in its survey data for the ATLAS program?
 - Scenario 3: Assume that an MCO is contracted for STAR Kids in Central, but is not contracted for STAR Kids in Travis. If MCO's STAR Kids member goes to an in-network Children's Hospital in Travis SDA, should the MCO include this hospital in its survey data for the ATLAS program?
- HHSC previously provided Hospital %s for consideration of distribution in the "ATLAS Estimates 2.2.24 – Informational Use Only" file. With the changes in scope, will an updated file be provided to indicate the funding %s that HHSC assumed in program build out? Also, are those hospitals that are non-CHIRP with the baseline funding assumption of \$275K considered in these percentages?
- MCO reporting tool methodology tab - "90% of data fields related to in-network responding hospitals completed" May we please get clarification on this definition? Are you meaning 90% of fields in the survey are completed? Unsure of the denominator here.
- Should a hospital be listed as In Network for a SDA and Product, if it is a contracted facility of the MCO but the MCO does not participate in a specific product in the hospitals SDA?
- We request clarification on how the reporting milestones and confidence interval calculator are designed to work together within the program's context.
- Please confirm that the 90% measure in the section below is calculated on the "Hospital Data" tab.
- "An MCO will be measured as having achieved the milestone if the MCO data responses are at a 100% level of completion for data fields related to the MCO's data and the level of completion of data fields related to in-network responding hospitals percentage of data completion is 90% or higher."

- On the Hospital Data fields, for the 90% threshold calculation, can we clarify that the total count of data fields being evaluated are 20 or 33?
- We suggest adding a column to indicate whether the MCO is a contracted MCO in each region and product and updating the "In/Out of Network" dropdown to include "Out-of-area." "Out-of-area" would signify that the MCO is not contracted with HHSC in that area but has contracted facilities there.
- Given the anticipated start of operations for the new STAR/CHIP contract (with different MCOs in different service areas) – how will HHSC be adjusting program value and expectations for the second year of the program for STAR in the select service areas below?
- Re: MCOs being eligible to earn percentages back of capitation – is that for MCOs to keep? Or we earn these percentages and then required to pass the earnings onto to Children's Hospitals for STAR Kids?
- If MCOs keep, is it fair that some MCOs will benefit while others will not depending on SA? If we are required to pass the earnings onto the participating hospitals – same question – will there be issues with hospitals benefiting in different ways / to varying degrees based on location and patient mix?