

Thomas Suehs
Texas Health and Human Services
Executive Commissioner
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751-2316

Mr. Suehs,

The undersigned represent Collin County in the Texas Legislature and are concerned about the proposed Regional Health Partnerships (RHP) for Collin County and the rest of the State. The creation and, if needed, assignment of counties to reporting districts in relation to the Medicaid 1115 Waiver should have been a legislative function and not an administrative function of the Health and Human Services Commission (HHSC). In any case, the creation process for RHP's must be open and transparent allowing for full public involvement by all parties. No County should be assigned to a RHP without the consent of the Commissioners Court.

In addition, we are specifically concerned and want to insure that Collin County participates in a RHP which consists of counties that are like sized with similar indigent health care demographics. Collin County should not participate in a RHP with a large dominating hospital district such as Dallas County. The needs and expectations in relation to Medicaid and indigent healthcare for Dallas County residents in no way match those of Collin County. As an example, Dallas County spends over \$205 per resident on healthcare while Collin County spends \$16. Dallas County has almost 15% of their residents enrolled in some form of Medicaid while Collin County has 5%. The point being that the programs and amount of funding necessary for Medicaid and indigent healthcare in Dallas County are in no way comparable to those needed for Collin County.

RHP 9 as proposed by HHSC is dominated by Dallas County. Dallas County represents 79% of the Medicaid population, almost 96% of the unreimbursed medical care and 65% of the population. Dallas County overwhelms statistically the proposed RHP which will result in minor representation and participation for the other counties in the RHP.

The RHP proposed by Collin County is attached and consists of the following counties: Collin, Denton, Cooke, Grayson, Wise, Fannin, Hunt, Lamar, Delta, Jack, Montague, Hopkins. These counties are similar to each other in Medicaid enrollment and indigent healthcare spending characteristics. The proposed RHP has a Medicaid enrollment of 7% and average indigent healthcare expenditures of \$27.70 per resident. In addition, no single County represents over 29% of the indigent healthcare expenditures in the RHP.

The Collin County RHP provides for more equal participation and representation of the 13 counties than what was proposed by HHSC RHP 9. In addition, the Collin County RHP includes 4 public hospital districts any of which can serve as the RHP hub.

In summary, Collin County should not be assigned to a RHP without the approval of the Commissioners Court. The RHP should provide for equal representation and participation of all members and not be

dominated by any single county or hospital district. Please contact any of our offices for further questions or feedback.

Sincerely,

Paxton,

Madden

Laubenberg

Taylor

Shapiro

Estes

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