

**Texas Transformation and Quality Improvement Program 1115 Waiver
Program Funding and Mechanics Protocol Feedback Form**

Name: _____

Date: _____

Organization: _____

Type of Organization (e.g. public hospital, private hospital, professional organization, academic health science center, county agency):

County where organization is located: _____

Complete the following table to submit comments regarding the Program Funding and Mechanics Protocol for the Texas Transformation and Quality Improvement Program 1115 Waiver. Please add rows as needed. Comments will only be considered if submitted to the Texas Health and Human Services Commission (HHSC) using this form by **Thursday, May 31, 2012**.

Please save the feedback form as a Microsoft Word file and email to TXHealthcareTransformation@hhsc.state.tx.us. HHSC prefers to receive feedback in a Microsoft Word file sent to the waiver email box; however, if you are unable to access email, please fax to ATTN: Shanece Collins at 512-491-1972.

Note: The protocol is HHSC's draft proposed approach; however, many items are under negotiation with the Centers for Medicare & Medicaid Services (CMS), including Delivery System Reform Incentive Payment (DSRIP) requirements to be eligible for uncompensated care (UC) payments; UC and DSRIP allocation methodology; the methodology for allocating funding among DSRIP Categories; the minimum number of projects; valuation of projects; and variation of requirements across regions.

#	Section	Comment/Issue	Proposed Change
Example	III(12)(c)	A hospital is only required to complete 1 common Category 3 intervention which provides minimal transformation.	Require each hospital to complete a minimum of 2 common Category 3 interventions.
1			
2			