

## MEDICAID WAIVER 1115 TALKING POINTS

- In prior years, county governments were not eligible to participate in this process. In light of how the program is structured, our county wants to carefully consider which agency would best meet our county's needs as an anchor in a regional health care partnership.
- Entering a regional healthcare partnership with an anchor means a 5 year commitment for the county and its funds. In recent months, there has been growing fear that Parkland will lose its federal funding due to ongoing compliance issues. Partnering with an anchor while it is working through such a problematic and uncertain time raises a red flag. We don't want to risk losing our funds due to an anchor that has a history of failing to meet federal mandates.
- Although Parkland was identified early on by the state as an anchor, it has made no effort to reach out to our county government, and has only reached out to select hospital groups in our area. In order for the regional health care partnership to better serve our community, we want to partner with an anchor that is actively seeking collaboration that includes, not excludes key stakeholders. There has been no contact between Dallas County or Parkland and members of the proposed RHP.
- Collin County matches the characteristics and demographics of the surrounding rural counties much closer than those of a Dallas, a large urban county:
  1. The rural county RHP proposed by Collin County has an average Medicaid population of less than 7% compared to Dallas' enrollment of almost 15%.

2. Almost 55% of Collin County is unincorporated and mostly undeveloped. We're a fast growing county with completely different needs and priorities (transportation, new infrastructure, etc.) compared to Dallas County.
  3. Collin County does not have nor have the residents requested a large indigent health system. The private and non-profit health sectors in Collin County provide these services in contrast to the tax funded system in Dallas County.
  4. According to Tobacco Settlement Statements, Dallas County spends 37 times as much on indigent health care compared to Collin County. The budget for the Dallas County Health District by itself is 3 times the size of the entire operating budget for Collin County.
  5. Dallas County is has over 3 times the population of Collin County. Dallas County is almost twice as big as the combined populations of Denton and Collin Counties.
  6. Dallas County represents over 95% of the uncompensated care costs for the entire proposed RHP.
- Collin County does have a history in participating in regional partnerships with Dallas County. NorthStar is a 7 county regional mental health district created and "managed" by the NTBHA Board dominated by Dallas County. Not only does Dallas County have over a third of the Board positions, over 81% of NorthStar funds are expended on Dallas County residents who represent just 65% of the NTBHA's population. In effect, 6 NorthStar counties are "givers" into NorthStar with Dallas County being the one "taker".
  - Collin County's proposed RHP groups 12 rural like-minded counties together. None of these 12 counties are dominating in size meaning

that any boards will include equal representation and any county or county hospital district in the RHP could serve as the Hub.

- The average county in our RHP spends around \$27 per resident on health care compared to Dallas County's \$205. In addition, our proposed RHP averages 7% Medicaid enrollment compared to Dallas' almost 15%.
- RHP's are being administratively created not legislatively. The Texas Legislature has previously considered and rejected regional health districts. The Centers for Medicare and Medicaid Services (CMS) has mandated the involuntary participation of counties in RHP's which is in direct conflict with the will of the Legislature.