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

Name: Collin County, Texas **Date:** May 28, 2012

Organization: County – Proposed Anchor for Region

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

Texas County

County where organization is located: Collin County, Texas

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	Attachment J. II Section 4 – first bullet point	The first bullet point makes a representation that "RHP's are based on distinct geographic boundaries that reflect patient flow patterns for the region." This may not be entirely correct. For example, some	Revise the first bullet point in Section 4 to reflect that RHPs are based on district geographic boundaries that *generally* reflect patient flow patterns for the region.

		patients in Collin County receive specialty care services in Dallas and vice versa, yet Dallas and Collin are in two different RHP regions	
2	Section 6(b)	"…the project and DSRIP payments are documented in the RHP plan where the Performing Provider and DSRIP project is physically located." The anchor where the DSRIP project is performed does not have access to the matrices, funding agreements, or project plan that was utilized by the IGT provider in making the determination to fund the project. The success and performance of the DSRIP project is better measured by the home RHP of the IGT provider.	Revise Section 6(b) so that the IGT and DSRIP project by a Performing Provider be reported in the RHP where the IGT provider is located and the DSRIP projects are planned and coordinated.
3	Section 11	"RHP's must select a minimum number of projects…" HHSC direction all along has been that a county must be a member of an RHP but is not required to participate in projects.	Remove entire section or change "must" to "may"
4	Section 11	"RHP's must select a minimum number of projects…" What happens if the members of an RHP do not select the minimum number of projects?	
5	Section 11.b.i.	This section states that an RHP located in an urban area must select a minimum of five projects from Categories 1 and 2 combined. This statement assumes IGT entities are willing to commit multi-year funding obligations for a minimum of five projects and recognizes neither the voluntary nature of the IGT entities' contributions nor the prohibition against multiple year funding commitments other than debt.	Add a clause that qualifies the minimum number of projects as being subject to sufficient multi-year funding commitments from IGT entities in the RHP.
6	Section 16.b.	This section states that DSRIP plans not approved in full by CMS will be at risk for recoupment of their entire DY 1 incentive payment related to plan	Flesh out the specifics of the DY 1 incentive payment related to plan submission. Need full specifics of DY 1 before any local commitments can

		submission. Yet the protocol does not otherwise address the DY 1 incentive payment, nor how to qualify for them.	be made.
7	Section 23 b.	The proposed formula allocation of DSRIP funding among RHP Regions uses a formula that is inequitable. Using historical IGT as a factor skews the formula to over-allocate funding to wealthy areas and/or the large urban public hospitals where significant historical IGT's have been made. Rural hospitals, private hospitals, and new prospective IGT providers are shortchanged under the proposed formula	Use a population-based allocation formula for allocation of DSRIP funding among DSRIP regions. Exclude consideration of historical IGT as a factor in the allocation formula.
8	Section 25	This section is currently under development. Yet the payment formula by DSRIP category is a critical feature of the overall DSRIP component of the waiver and will guide Participating Providers, IGT entities and other stakeholders in drafting their DSRIP plans. Without a working understanding of the payment formula by DSRIP category, it is conceivable that those RHP Plans currently under development will require significant future modification in response to the funding allocations made available for the various DSRIP categories.	Produce a proposed DSRIP incentive payment formula by DSRIP category asap for consideration of the stakeholders.
9	Section 28	The current plan modification provisions do not address procedures for withdrawal of IGT entities and associated funding commitments for DSRIP project, yet many of the IGT entities operate on a yearly budget cycle and cannot commit to fund multi-year projects	Address withdrawal of IGT entities and associated funding commitments in section 28 concerning plan modification.
10	Overall	The County is appreciative of the fact that the discussion draft of the Program Funding Mechanics Protocol is a work in progress and has been shared among potential DSRIP stakeholders for comment prior to being finalized; however, the document as a whole leaves too many unanswered questions at this	Complete the current draft and address, as appropriate, the issues raised on the May 23rd HHSC conference call.

		time for rational decision making by the stakeholders. Certain key provisions in the document are not complete, or are presented in concept only, while other key issues, including those raised by the participants on the HHSC teleconference held on May 23rd are not addressed.	