

November 30, 2018

Via electronic submission to: TXHealthcareTransformation@hhsc.state.tx.us

PUBLIC COMMENT LETTER

Dr. Courtney Phillips
Executive Commissioner
Texas Health and Human Services Commission
4900 N. Lamar Blvd
Austin, Texas 78751-2316

Re: Response to Request for DSRIP Transition Proposals

Dear Commissioner Phillips:

On behalf of our more than 465 member hospitals and health systems, including rural, urban, children's, teaching and specialty hospitals, the Texas Hospital Association appreciates the opportunity to provide input on possible programs to continue to transform the Texas health care delivery system after the current DSRIP program ends.

Since 2011, Texas hospitals have used DSRIP funds to address community health needs, test innovations in care delivery, and improve the health outcomes. The phase-out of DSRIP dollars presents an enormous challenge for critical safety-net providers. As the Texas Health and Human Services Commission works with state leadership to develop the DSRIP transition plan, THA requests consideration of the following guiding principles:

1. Maximize the transition of effective DSRIP funds into the existing safety-net payment system.
2. Maximize federal funds. For any new programs that rely on hospital intergovernmental transfers, including local provider participation funds, for the non-federal share of payments, funding should be directed to hospitals.
3. Align quality, safety and payment reform initiatives across payors, providers and health plans, and streamline related administrative requirements.
4. Utilize the existing Medicaid framework to the extent feasible to ensure adequate hospital reimbursement and make directed payments to hospitals.
5. Any new programs should:

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- Build on DSRIP successes to improve health care access for vulnerable populations, including for low-income uninsured.
- Increase access to primary care and chronic disease management.
- Ensure timely and appropriate access to inpatient, outpatient, and community-based services and supports for individuals with behavioral health needs.
- Recognize the unique needs and circumstances of different communities, patient populations, and hospital types.

Thank you for your consideration of these comments. We look forward to working with you on these issues. Should you have any questions, please do not hesitate to contact me at Rschirmer@tha.org or 512/465-1056.

Respectfully submitted,



Richard Schirmer, FACHE, FHFMA
Vice President, Health Care Policy Analysis
Texas Hospital Association