Exhibit "A"

Cc: HHSC PFD Hospitals < PFD Hospitals@hhsc.state.tx.us>

Subject: DY 10 UC IGT Commitment Amounts

UC Providers,

Attached to this email are the IGT commitment amounts for each provider for the final DY 10 UC payment calculation. As you know, the UC payment methodology and process have changed rather significantly from what was done in demonstration years (DY) 1-8. Please read the following instructions very carefully prior to submitting, and please do not submit without reading this email in its entirety.

Providers will find their maximum commitment amount in column AD of the "IGT Commitments by Provider" tab in the attached workbook. There is also a summary of the maximum commitment by Service Delivery Area (SDA). Please note that the calculated maximum commitment amount is prior to any DSH payments being offset (as they have not been funded yet), and is prior to any haircut to stay within the total UC pool amount. HHSC bases IGT commitment amounts on the maximum possible payment amount without considering the UC pool in order to know the maximum allocation each SDA can support. The IGT amounts have also been calculated using the recently announced enhanced FMAP (please see notice pertaining to the enhanced FMAP here: https://rad.hhs.texas.gov/hospitals-clinic-services).

- 1. The commitment amounts have historically been submitted based on multiple government entities funding one provider. This year, HHSC is requiring that only one form be submitted for a hospital. It is each hospital's responsibility to coordinate with their governmental entities to ensure they are fully funded. HHSC does not need to know the detail of how much each governmental entity is funding, though this should be coordinated amongst providers and their funding source; HHSC only needs the total commitment amount by hospital.
- 2. To submit your commitments, providers should filter on their TPI in the "IGT Commitments by Provider" tab in the attached workbook. Please add your maximum commitment amount into column **AE**. This amount should not exceed the maximum commitment amount calculated in AD. Then, please save a version of the file with the following naming convention: TPI_ProviderName_DY10UCIGTCommitment
- 3. HHSC is requiring that only one form be submitted per provider. Again, it is important to submit your commitment at the hospital level and not at the affiliation level that was required in prior demonstration years. That said, it is acceptable if hospital systems, consultants, or SDAs wish to coordinate and submit one workbook with all of their providers. Regardless of how providers choose to coordinate this, it is the responsibility of each hospital to ensure that a commitment is submitted on their behalf.

All forms must be submitted to the UC tools mailbox at pfd_hospitals@hhsc.state.tx.us by 5:00 pm, Thursday, August 5th, 2021. Please contact the UC tools mailbox with any additional questions throughout this process. The UC calculation will be sent to providers the following Friday, August 13th, 2020.

Thank you,

2021 Maste	r UC Hospital Class	Rural Hospital	Provider Name	SDA	County	YTD UC Payments	YTD LIC IGT	,	Maximum Total IGT Commitment Amount (State Hospitals - Non- S-10 Only)
148698701	Private	Rural Hospital	Winnie Community Hospital	Jefferson	Chambers	\$ 75,480.80	\$ 24,146.31	\$222,862	\$71,293.63