

RHP Plan Update Provider Form

This page provides high-level information on the various inputs that a user will find within this template.

Cell Background	Description
Sample Text	Required user input cell, that is necessary for successful completion
Sample Text	Pre-populated cell that a user CANNOT edit
Sample Text	Pre-populated cell that a user CAN edit
Sample Text	Optional user input cell

DY7-8 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete

Section 1: Performing Provider Information

RHP: 4

TPI and Performing Provider Name: **121785303 - Gonzales County Hospital District DBA Memorial Hos**

Performing Provider Type: Hospital

Ownership: Non-State Owned Public

TIN: 17416250136501

Physical Street Address: 1110 N Sarah DeWitt Drive

City: Gonzales

Zip: 78629

Primary County: Gonzales

Additional counties being served (optional):

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Leslie Janssen	John Hughson	Patty Stewart
Street Address:	PO Box 587	PO Box 587	PO Box 587
City:	Gonzales	Gonzales	Gonzales
Zip:	78629	78629	78629
Email:	ljanssen@gonzaleshealthcare.com	jhughson@gonzaleshealthcare.com	pstewart@gonzaleshealthcare.com
Phone Number:	830-672-7581	830-672-7581	830-672-7581
Phone Extension:	3206	1001	1002
Lead Contact or Both:	Both	Both	Both

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the DSRIP Provider Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP Provider Distribution List, and will be given access to the DSRIP Online Reporting System.

Section 3: Optional Withdrawal From DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP," this organization acknowledges it understands that any DY6 DSRIP payments will be recouped as required by the DY6 Program Funding and Mechanics Protocol. This does not include recoupment of DY4-5 payments that may have occurred in DY6 due to allowable carryforward.

Yes - Withdraw from DSRIP

Please provide an explanation for the withdrawal

The costs and reporting requirements for DSRIP reporting are far greater for our organization than the benefits of DSRIP payments.

Please provide lessons learned in implementing DSRIP

The time and effort involved in implementing and maintaining DSRIP was greater than we anticipated when the waiver originally began.

Please provide an explanation of the close out of DSRIP

All of our existing projects have either been closed out or were not successful and were withdrawn.

DY7-8 Provider RHP Plan Update Template - Overall Template Progress

PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: Template is COMPLETE!

Please confirm that the Provider RHP Plan Update template progress shows complete above. If it shows that the template is not ready for submission, please complete any missing steps and correct any outstanding issues before submitting to HHS.

Provider Entry

Section 1: Performing Provider Information
Section 2: Lead Contact Information
Section 3: Optional Withdrawal From DSRIP

Complete
Complete
Complete