Enhancing Funding for Graduate Medical Education

As Required by

Rider 39 of the

2018-19 General Appropriations Act,

85th Legislature, Regular Session, 2017

Health and Human Services Commission

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TEXAS
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Executive Summary

The *Enhancing Funding for Graduate Medical Education* report is submitted pursuant to Rider 39 of the 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission). The Health and Human Services Commission (HHSC) is required to coordinate with the Texas Higher Education Coordinating Board (THECB) to determine potential methods for enhancing current state funding to support new and existing graduate medical education (GME) through the Medicaid program. The rider specifically requires HHSC to provide the Governor, the Legislative Budget Board, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, options for increasing federal funding for GME. The report submission is required no later than December 1, 2018.

Descriptions of past efforts by both HHSC and THECB to support adequate graduate medical education in Texas are provided. Since the 2014-15 biennium, THECB has administered GME expansion grant programs that have increased the number of residency positions in the state. In 2017, Texas actually achieved the goal of having 10 percent more first-year residency positions than annual Texas medical school graduates, with 1,660 medical school graduates and 1,868 filled, first-year resident positions. While this is a significant achievement, the number of first-year residency positions must continue to increase to sustain this ratio, due to the opening of three new medical schools in Texas in the last three years.

HHSC had a program, supported by appropriations by the Legislature, for making Medicaid GME supplemental payments to non-state-owned teaching hospitals through state fiscal year (SFY) 2005. Since fiscal year 2008, the Legislature has specifically authorized Medicaid GME supplemental payments only to five state-owned teaching hospitals at no additional cost to the state's General Revenue Fund.

The report concludes with three recommended options for enhancing current state funding to support new and existing graduate medical education through the Medicaid program all of which would also require federal approval. The options are not mutually exclusive, however. The options include:

- Medicaid GME supplemental payments to non-state government-owned and operated teaching hospitals;

- Medicaid GME supplemental payments to privately-owned/operated teaching hospitals; and

- Implementation of a one-time update to the factor used to calculate the medical education add-on.

Option 1 has been initiated by HHSC, subject to the rulemaking process and federal approval. Option 2 should be pended until the federal position on local financing arrangements is clarified. Option 3 could require additional state appropriations to avoid a scenario in which a gain to some hospitals results in a loss to others. Thus Option 3 should await Legislative deliberation.

While a GME payment will increase overall Medicaid reimbursement to a hospital, it will have consequences in other supplemental payment programs. Specifically, a GME payment could have the effect of lowering Disproportionate Share Hospital (DSH) and Uncompensated Care (UC) supplemental payments to eligible teaching hospitals. However, such a decrease for those hospitals would lead to increases in DSH and UC payments to non-teaching hospitals.

1. Background

Graduate Medical Education (GME) refers to any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree in the United States. This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure and board certification as a physician. All individuals undergoing this training are commonly referred to as residents.

Teaching hospitals and medical schools partner to provide GME, or residency training, in Texas. GME programs provide three to seven years of training to residents who have obtained a medical degree. Typically, teaching hospitals provide the clinical training setting and patient care opportunities, and medical school faculty teach and supervise residents.

Funding from a number of different sources, including Medicare, Medicaid, local hospital district taxes, patient care revenues, and private donations is used to reimburse hospitals for the cost of GME. Texas has typically provided some level of funding for GME through the Medicaid program, either through direct supplemental GME payments or through a medical education add-on to the standard dollar amount (SDA) used for hospital inpatient reimbursement.

THECB administers grant programs, funded by state general revenue, that support efforts to increase the number of first-year residency positions. The 83rd Texas Legislature (2013) initiated several new programs to address the shortage of first-year residency positions. The initial effort, which started in FY 2014, addressed the need for additional residency positions with more than $12 million and supported the Planning Grant Program, Unfilled Residency Position Grant Program, New and Expanded Residency Position Grant Program, and Resident Physician Expansion Program. As a result of this support, nine new primary care and two non-primary care residency programs opened, and 100 new first-year residency positions were funded.

The 84th Texas Legislature (2015) streamlined THECB programs into one GME Expansion Program to encompass the programs created separately in 2013. A biennial appropriation of $49.5 million was made to support the continuation of and further increase in the number of first-year residency positions. This increased appropriation resulted in an increase in per-resident funding to GME programs from $65,000 per year to $75,000. This funding also allowed the new positions created

in the 2014-15 biennium to be maintained and provided enough funding to support the addition of approximately 130 new residency positions during the 2016-17 biennium.

HHSC made Medicaid GME supplemental payments to non-state-owned teaching hospitals, both public and private, prior to and during fiscal year 2003. For the 2004-05 biennium, funding for Medicaid GME supplemental payments was contingent upon the collection of unclaimed lottery proceeds. HHSC distributed approximately $51 million in Medicaid GME supplemental payments ($20 million in unclaimed lottery proceeds and $31 million in Federal Funds) to 62 teaching hospitals, both private and public, during that biennium. The 2006-07 General Appropriations Act authorized HHSC to make Medicaid GME supplemental payments to teaching hospitals, contingent upon intergovernmental transfers (IGTs) from public teaching hospitals to HHSC to provide the non-federal share for the payments. IGTs from public hospitals were not received by HHSC, so no Medicaid GME supplemental payments were made for that time period. Since fiscal year 2008, the Legislature has specifically authorized Medicaid GME supplemental payments only to five state-owned teaching hospitals. Table 1 summarizes the history of direct Medicaid GME supplemental payments made to teaching hospitals by HHSC.

Table 1 - History of Funding Sources for Direct Medicaid GME Supplemental Payments to Teaching Hospitals in Texas

Time Period	Source of Non-Federal Share	Class of Hospitals Receiving GME Supplemental Payments
Prior to SFY 2004	State General Revenue	Public and Private Teaching Hospitals
SFY 2004 – SFY 2005	Unclaimed Lottery Proceeds	Public and Private Teaching Hospitals
SFY 2006 – SFY 2007	Intergovernmental Transfers (IGT) from Public Teaching Hospitals	None (Public Teaching Hospitals chose not to provide IGT)
SFY 2008 – Current	Intergovernmental Transfers (IGT) from State-Owned Teaching Hospitals	State-Owned Teaching Hospitals
SFY 2019 – Implementation in Progress	Intergovernmental Transfers (IGT) from Non-State Government-Owned and Operated Teaching Hospitals	Non-State Government-Owned and Operated Teaching Hospitals

2. Current HHSC Programs Supporting Medicaid GME

Since fiscal year 2009, HHSC has made Medicaid GME supplemental payments only to five state-owned hospitals; University of Texas Medical Branch at Galveston, University of Texas Health Science Center at Tyler, University of Texas at MD Anderson, University of Texas Southwestern - Zale Lipshy, and University of Texas Southwestern - Clements. The non-federal share for these GME payments comes from appropriations or patient revenues belonging to the state-owned teaching hospitals that are transferred to HHSC. HHSC draws down the federal match and makes quarterly Medicaid GME supplemental payments directly to the hospitals. GME payments are allowed by the Centers for Medicare and Medicaid Services (CMS) to be paid outside of managed care capitation. This program pays out approximately $30.5 million all funds per year.

The methodology HHSC uses to reimburse the state-owned teaching hospitals for Medicaid GME costs is based on a per resident amount (PRA) that is calculated by HHSC. HHSC calculates the allowable costs incurred by each eligible teaching hospital for each resident based on their Medicaid cost report from the base year (2007). HHSC inflates the PRA to the current year using CMS Market Basket inflation factors, and multiplies it by the number of resident full-time equivalents (resident FTEs) for the previous quarter as reported by the provider. This total GME cost is then reduced to the teaching hospital's Medicaid Utilization, or the percent of Medicaid inpatient days to total inpatient days, to calculate the portion of costs that should be reimbursed by the Medicaid GME supplemental payment program. The reduction to Medicaid utilization results in a payment of 1 to 30 percent of the per resident amount, or $2,400 to $61,100 in Medicaid GME payment per resident.

Using this methodology, the quarterly payments to each hospital are based on the hospital's self-reported Medicaid days and resident FTEs. A reconciliation is performed using Medicaid days and resident FTE's from the Medicaid Final Audited Cost Report (ACR) when it becomes available.

Separate from Medicaid GME supplemental payments, HHSC provides a medical education add-on to the standard dollar amount (SDA) used for Medicaid hospital inpatient reimbursement. This add-on, called Indirect Medical Education or IME, is an adjustment to the base SDA to reflect higher patient care costs for teaching hospitals relative to non-teaching hospitals. Examples of higher inpatient costs include additional cost of resident supervision and maintenance of educational records for residents, additional diagnostic tests or procedures ordered by residents, and higher staff-to-patient ratios. The IME add-on is determined as a

portion of the overall cost during the SDA rebasing process. The estimated medical education costs are carved out of the base rates and allocated to the teaching hospitals based on the Medicare education adjustment factor multiplied by the base rate. The add-on is set at that time and is not adjusted until the next rebasing. If a hospital develops a new teaching program, they will be allowed the add-on at the beginning of the next fiscal year. There are currently 57 hospitals, both public and private, receiving this add-on. Refer to Appendix 2 for a list of these hospitals. HHSC estimates that the state fiscal year 2018 Medicaid expenditure for the medical education add-on was $109.3 million all funds ($47.2 million General Revenue and $62.1 million Federal Funds).

HHSC notes that the most recent rebasing of hospital rates was conducted in fiscal year 2012, using 2010 data, for implementation in fiscal year 2013. This was timed to accompany a new inpatient prospective payment system that uses diagnosis codes rather than procedure codes. HHSC will not typically rebase inpatient hospital rates without an increase in funding to mitigate the impact of winner and losers that would result under a "no-cost" rebase scenario. The uneven distribution of the IME add-on between hospitals over time is a byproduct of HHSC's inability to rebase the add-on.

3. Current THECB Programs Supporting GME

Texas Education Code, Section 61.0661 directs THECB (or Coordinating Board) to conduct an assessment of the adequacy of opportunities for graduates of Texas medical schools to enter GME in the state. The most current version of that report, titled "The Graduate Medical Education (GME) Report: An assessment of opportunities for graduates of Texas medical schools to enter residency programs in Texas", was published in October 2018 and presents the following information:

- A comparison of the number of first-year GME positions available annually with the number of medical school graduates.
- Methods and strategies for achieving a ratio for the number of first-year GME positions, relative to the number of medical school graduates in the state, of at least 1.1 to 1.
- An evaluation of current and projected physician workforce needs in the state, by total number and by specialty, for the development of additional first-year GME positions.

The 85th Texas Legislature (2017) increased general revenue funding to $97 million to continue support for the expansion of GME opportunities in the 2018-19 biennium. Approximately $96.5 million of this funding provides for residency positions established from 2014 through 2017 to be maintained and to provide an opportunity to establish additional residency positions going forward, while $500,000 will be applied to the Planning and Partnership Program. This program allows existing hospitals that do not have residency programs to investigate the feasibility of establishing a residency program.

In 2017, Texas achieved the goal of having 10 percent more first-year residency positions than annual Texas medical school graduates, with 1,660 medical school graduates and 1,868 filled, first-year resident positions. This achievement could be in jeopardy though, as three new medical schools have opened in Texas in the last three years. In summer and fall 2016 respectively, the University of Texas at Austin Dell Medical School and The University of Texas Rio Grande Valley School of Medicine matriculated their inaugural classes, and the University of the Incarnate Word in San Antonio opened a medical school in the fall of 2017. In addition, THECB recently approved a new osteopathic medicine degree program proposed by Sam Houston State University with a projected start date of fall 2020. A new program for the University of Houston proposed to enroll its first class in fall of 2020 was also approved. The University of North Texas Health Science Center has proposed a unique public/private partnership with Texas Christian University to offer an MD program.

4. Options for Enhancing Support for GME

Rider 39 requires HHSC to coordinate with the THECB to determine potential methods for enhancing current state funding to support new and existing GME through the Medicaid program. Three options for increasing federal funding for GME are provided below.

1. Medicaid GME Supplemental Payments to Non-State Government Owned and Operated Teaching Hospitals
2. Medicaid GME Supplemental Payments to Privately-Owned/Operated Teaching Hospitals
3. Update the Medical Education Add-on

Implementation of these options is not mutually exclusive. HHSC could implement one or all of these methods. The first two options require no state general revenue, while the third option could increase general revenue appropriations, depending on the details of implementation. All three options require CMS approval.

Option 1 – Medicaid GME Supplemental Payments to Non-State Government Owned and Operated Teaching Hospitals

HHSC is currently in the process of proposing Medicaid GME supplemental payments to non-state government-owned and operated teaching hospitals, using intergovernmental transfers (IGTs) to provide the non-federal share of the payments. The recommended methodology would calculate a maximum annual GME payment for each hospital by multiplying the hospital's Medicare per resident amount by the full-time equivalent number of resident FTEs to determine estimated total GME cost. This estimated GME cost will then be reduced proportionally to the teaching hospital's Medicaid Utilization, or the percent of Medicaid inpatient days to total inpatient days to calculate the portion of costs that should be reimbursed by the Medicaid GME supplemental payment program. The Medicare PRA, resident FTE's, and the total and Medicaid inpatient days are amounts sourced directly from each hospitals' most recently filed cost report.

There are nine non-state government-owned and operated teaching hospitals in Texas, which are listed in Table 2 below. If all nine of these hospitals provided the non-federal share through intergovernmental transfers, HHSC's estimated annual Medicaid GME supplemental payments for the 2020-21 biennium for non-state government-owned and operated teaching hospitals would be $84.9 million All Funds annually.

Table 2 - Estimated Medicaid Direct GME Supplemental Payments for Non-State Government-Owned and Operated Teaching Hospitals

Hospital Name	City	Estimated Maximum Annual GME Payments (2020-21)
John Peter Smith Hospital	Fort Worth	$ 5,753,285
University Health System	San Antonio	$ 13,313,878
Parkland Memorial Hospital	Dallas	$ 27,426,326
Harris County Hospital District	Houston	$ 27,755,882
Midland Memorial Hospital	Midland	$ 203,094
University Medical Center	Lubbock	$ 4,202,961
Medical Center Hospital	Odessa	$ 508,562
University Medical Center of El Paso	El Paso	$ 5,674,909
Hunt Regional Medical Center	Greenville	$ 92,677
	Total	$ 84,931,576

As stated earlier in this report, THECB will distribute $96.5 million in grant funds through the GME Expansion Program during the 2018-19 biennium. Because a significant portion of this funding currently supports resident slots at these nine hospitals, this THECB funding enhances the ability of the non-state government-owned teaching hospitals to provide the non-federal share of potential GME payments to HHSC through intergovernmental transfers, and to potentially increase the number of resident slots in the future.

This option would require no increase in appropriations by the Legislature for the purpose of enhanced GME support. HHSC has initiated state rule promulgation and the Medicaid state plan amendment process, subject to CMS approval, needed to establish this program.

Option 2 – Medicaid GME Supplemental Payments to Privately-Owned/Operated Teaching Hospitals

HHSC could move forward with Medicaid GME supplemental payments to privately-owned/operated teaching hospitals, using local funds for the non-federal share of the payments, and utilizing the same calculation methodology presented under Option 1.

There are currently 59 private teaching hospitals in Texas that would be eligible for these payments. This number includes eleven privately-owned children's hospitals.

HHSC estimates that maximum Medicaid GME supplemental payments for the 2020-21 biennium for private teaching hospitals under this program would be $416.9 million All Funds.

One advantage of this option is that it would require no increase in state fund appropriations by the Legislature for the purpose of supporting enhanced GME support. One disadvantage is that not all private teaching hospitals are currently located in a geographical area that is covered by a Local Provider Participation Fund (LPPF). The primary disadvantage of this option is that HHSC is currently engaged in a discussion with CMS regarding the nature of the financing of the non-federal share of payments in other supplemental payments programs. As no general revenue would be used to support the expanded GME program, participating private hospitals would have to rely on local public funds that CMS currently has under review. HHSC recommends pending implementation of this option until CMS's position on local funding mechanisms is clarified.

Option 3 – Update the Medical Education Add-on (IME)

HHSC could implement a one-time update of the factor used to calculate the medical education add-on. The indirect medical education add-on is an adjustment to the base SDA for an urban teaching hospital to reflect higher patient care costs relative to non-teaching urban hospitals, and is paid with state general revenue and federal Medicaid matching funds. The factor currently used by HHSC, specified in the Texas Medicaid State Plan, is the Medicare Education Adjustment Factor calculated and published by CMS for federal fiscal year 2012. Using a more recent factor would allow HHSC to more accurately reimburse teaching hospitals based on the hospital's current medical education costs.

The advantage of this option is that teaching hospitals whose GME programs have grown since 2012 will see increased Medicaid reimbursement. Additionally, utilizing a more current Medicare Education Adjustment Factor will result in reimbursement to teaching hospitals that more accurately reflects their current participation in GME. One drawback to this option is that some teaching hospitals, specifically those with declining GME programs, could experience lower Medicaid reimbursement. Another drawback is that this option could potentially require an increase in general revenue appropriations by the Legislature.

HHSC will provide the Office of the Governor and the Legislature with financial impact of various scenarios prior to or during the 86th legislative session.

Impact of Additional Medicaid GME Payments on Other Supplemental Hospital Payments

While a GME payment will increase overall Medicaid reimbursement to a hospital, it will have consequences in other supplemental payment programs. Specifically, a GME payment reduces the overall Medicaid shortfall (Medicaid costs less Medicaid reimbursements) experienced by a hospital. Disproportionate Share Hospital (DSH) supplemental payments to a hospital cannot exceed the hospital specific limit (HSL), which is the sum of the Medicaid shortfall and the cost of providing services of providing services to patients with no source of third party coverage. A reduced Medicaid shortfall could, therefore, limit the amount of DSH payment a hospital receives.

Similarly, in the Uncompensated Care (UC) waiver program in federal fiscal year 2019, UC payments are based on the HSL. A lower Medicaid shortfall would reduce the amount of UC payments received by a hospital in the GME program. In federal fiscal year 2020 onwards, UC supplemental payments would be based solely on charity costs incurred by a hospital. Medicaid shortfall would, therefore, no longer be a factor in the UC payment that a hospital receives.

The size of the Texas DSH allotment and the UC pool is less than the sum of HSLs for all hospitals. Therefore, any reduction in DSH and UC payments to GME hospitals would result in a possible increase in these payments to other (non-GME) hospitals participating in these programs.

5. Conclusion

There are multiple methods currently in place that provide financial support for maintaining and increasing the number of graduate medical education opportunities in the state of Texas. As this report indicates, there are several potential options that would further this goal.

At this time, HHSC has begun the initial steps needed to establish a program for Medicaid GME supplemental payments to non-state government-owned and operated teaching hospitals (Option 1), with hopes of implementing the program in early 2019.

HHSC intends to implement Medicaid GME supplemental payments to privately-owned/operated teaching hospitals (Option 2) if HHSC and CMS negotiations over the sources of the non-federal share are completed and a solution is identified.

Option 3 may be implemented by increasing payments to some hospitals while decreasing payments to others. Or the Legislature could increase state funding up to a level that would hold hospitals harmless from a reduction in IME payments. HHSC will continue its current formula for payment unless new legislative direction is provided.

List of Acronyms

Acronym	Full Name
ACR	Audited Cost Report
CMS	Centers for Medicare and Medicaid Services
DSH	Disproportionate Share Hospital payments
FTE	Full-Time Equivalent
GME	Graduate Medical Education
HHSC	Health and Human Services Commission
IGT	Intergovernmental Transfer
IME	Indirect Medical Education
LPPF	Local Provider Participation Fund
PRA	Per Resident Amount
SDA	Standard Dollar Amount
THECB	Texas Higher Education Coordinating Board
UC	Uncompensated Care (waiver) program

Appendix A. Text of Rider 39

S.B. 1 (Article II, Health and Human Services Commission, Rider 39), 85th Legislature, Regular Session, 2017.

39. Graduate Medical Education. HHSC shall coordinate with the Higher Education Coordinating Board to determine potential methods for enhancing current state funding to support new and existing Graduate Medical Education (GME) through the Medicaid program. HHSC shall provide a report with options for increasing federal funding for GME to the Governor, the Legislative Budget Board, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than December 1, 2018.

Appendix B. Hospitals Receiving the Medical Education Add-on (IME)

Hospital Name	City
BAPTIST ST. ANTHONY'S HOSPITAL	AMARILLO
BAY AREA HEALTHCARE GROUP, LTD - CORPUS CHRISTI MEDICAL CENTER	CORPUS CHRISTI
BAYLOR HEART AND VASCULAR HOSPITAL	DALLAS
BAYLOR SCOTT & WHITE MEDICAL CENTER - HILLCREST	WACO
BAYLOR UNIVERSITY MEDICAL CENTER	DALLAS
BEXAR COUNTY HOSPITAL DISTRICT - UNIVERSITY HEALTH SYSTEM	SAN ANTONIO
BRIM HEALTHCARE OF TEXAS LLC DBA WADLEY REGIONAL MEDICAL CENTER	TEXARKANA
CHCA CONROE LP - CONROE REGIONAL MEDICAL CENTER	CONROE
CHCA WEST HOUSTON LP-WEST HOUSTON MEDICAL CENTER	HOUSTON
CHG HOSPITAL CONROE, LLC	CONROE
CHI BAYLOR ST LUKES HOSPITAL	HOUSTON
CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL	MARSHALL
CHRISTUS HEALTH ARK LA TEX - CHRISTUS ST MICHAEL HEALTH SYSTEM	TEXARKANA
CHRISTUS MOTHER FRANCES HOSPITAL - TYLER	TYLER
CHRISTUS SANTA ROSA MEDICAL CENTER	SAN ANTONIO
CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI	CORPUS CHRISTI
COLLEGE STATION MEDICAL CENTER	COLLEGE STATION
COLUMBIA HOSPITAL MEDICAL CITY DALLAS	DALLAS
PLAZA MEDICAL CENTER OF FORT WORTH	FORT WORTH
COVENANT HEALTH SYSTEM - COVENANT MEDICAL CENTER	LUBBOCK
DALLAS COUNTY HOSPITAL DISTRICT DBA PARKLAND MEMORIAL HOSPITAL	DALLAS
DELL SETON MEDICAL CENTER AT UT	AUSTIN
DOCTORS HOSPITAL AT RENAISSANCE	EDINBURG
ECTOR COUNTY HOSPITAL DISTRICT - MEDICAL CENTER HOSPITAL	ODESSA
EL PASO COUNTY HOSPITAL DISTRICT - UNIVERSITY MEDICAL CENTER OF EL PASO	EL PASO
HARRIS COUNTY HOSPITAL DISTRICT	HOUSTON
HOUSTON NORTHWEST MEDICAL CENTER	HOUSTON
HUNT MEMORIAL HOSPITAL DISTRICT - HUNT REGIONAL MEDICAL CENTER	GREENVILLE
JOHN PETER SMITH HOSPITAL	FORT WORTH
KINGWOOD MEDICAL CENTER	KINGWOOD
MEDICAL CITY WEATHERFORD	WEATHERFORD

Appendix B. Hospitals Receiving the Medical Education Add-on (IME), continued

Hospital Name	City
MEMORIAL HERMANN HEALTH SYSTEM - TIRR MEMORIAL HERMANN	HOUSTON
MEMORIAL HERMANN HOSPITAL SYSTEM - MHHS HERMANN HOSPITAL	HOUSTON
MEMORIAL HERMANN HOSPITAL SYSTEM - MHHS THE WOODLANDS HOSPITAL	THE WOODLANDS
METHODIST HOSPITAL - SAN ANTONIO	SAN ANTONIO
METHODIST CHARLTON MEDICAL CENTER	DALLAS
METHODIST DALLAS MEDICAL CENTER	DALLAS
MIDLAND MEMORIAL HOSPITAL	MIDLAND
TOMBALL REGIONAL MEDICAL CENTER	TOMBALL
NORTHWEST HEALTH CARE SYSTEM - NORTHWEST TEXAS HOSPITAL	AMARILLO
OAKBEND MEDICAL CENTER	RICHMOND
PARK PLAZA HOSPITAL	HOUSTON
PROVIDENCE HEALTHCARE NETWORK	WACO
SAINT JOSEPH REGIONAL HEALTH CENTER	BRYAN
SAN JACINTO METHODIST HOSPITAL	BAYTOWN
SCOTT AND WHITE MEMORIAL HOSPITAL	TEMPLE
SOUTH TEXAS HEALTH SYSTEM - EDINBURG REGIONAL MEDICAL CENTER	EDINBURG
ST JOSEPH MEDICAL CENTER	HOUSTON
TEXAS HEALTH HARRIS METHODIST HOSPITAL - FORT WORTH	FORT WORTH
TEXAS PRESBYTERIAN HOSPITAL OF DALLAS	DALLAS
THE HOSPITALS OF PROVIDENCE MEMORIAL CAMPUS	EL PASO
THE METHODIST HOSPITAL	HOUSTON
UNIVERSITY MEDICAL CENTER	LUBBOCK
UTSW MEDICAL CENTER - WILLIAM CLEMENTS UNIVERSITY HOSPITAL	DALLAS
UTSW MEDICAL CENTER - ZALE LIPSHY UNIVERSITY HOSPITAL	DALLAS
VALLEY BAPTIST MEDICAL CENTER HARLINGEN	HARLINGEN
WARM SPRINGS REHABILITATION HOSPITAL OF SAN ANTONIO	SAN ANTONIO