

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: TX 21-0035**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

August 30, 2022

Ms. Stephanie Stephens  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Mail Code: H100  
Post Office Box 13247  
Austin, Texas 78711

RE: Texas State Plan Amendment (SPA) 21-0035

Dear Ms. Stephens:

We have reviewed the proposed amendment to Attachment 4.19-A and 4.19 B of your Medicaid state plan submitted under transmittal number (TN) 21-0035 effective for services on or after October 1, 2021. This amendment will create a Hospital Augmented Reimbursement Program for non-state government-owned and operated hospitals to preserve the financial resources many Texas hospitals depend on to provide access and quality care to Medicaid clients.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 21-0035 is approved effective October 1, 2021. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

A handwritten signature in black ink that reads "Rory Howe". The signature is written in a cursive, flowing style.

Rory Howe  
Director

Enclosure

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>   |  | 1. TRANSMITTAL NUMBER:<br><br><b>21-0035</b>   | 2. STATE:<br><br><b>TEXAS</b> |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)   |                               |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE:<br><br>10/01/2021  |                               |
| 5. TYPE OF PLAN MATERIAL ( <i>Circle One</i> ):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT   |  |  |                               |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )   |  |  |                               |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><br><b>Social Security Act § 1902(a)(30); 42 CFR §§ 440.10; 440.20; 447.201</b>   |  | 7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b><br><br>a. FFY 2022 \$477,178,117<br>b. FFY 2023 \$447,074,956<br>c. FFY 2024 \$444,724,705                                   |                               |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b><br><b>4.19 A pages 1 - 5</b><br><b>4.19 B pages 1 - 5</b>   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):<br><br><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b><br><b>New page</b><br><b>New page</b> |                               |
| 10. SUBJECT OF AMENDMENT:<br><br>The proposed amendment will create a Hospital Augmented Reimbursement Program for non-state government-owned and operated hospitals to preserve the financial resources many Texas hospitals depend on to provide access and quality care to Medicaid clients.  |  |  |                               |
| 11. GOVERNOR'S REVIEW ( <i>Check One</i> ):<br><br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |  |                               |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><br><div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Stephanie Stephens</div> <div style="font-size: small;">Digitally signed by Stephanie Stephens<br/>Date: 2022.08.31 12:43:32 -05'00'</div> </div>  |  | 16. RETURN TO:<br><br><b>Stephanie Stephens<br/>State Medicaid Director<br/>Post Office Box 13247, MC: H-100<br/>Austin, Texas 78711</b>                                     |                               |
| 13. TYPED NAME:<br><br><b>Stephanie Stephens</b>   |  |  |                               |
| 14. TITLE:<br><br><b>State Medicaid Director</b>   |  |  |                               |
| 15. DATE SUBMITTED:<br><br>September 14, 2021  |  |  |                               |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |  |                               |
| 17. DATE RECEIVED:<br><br>September 14, 2021   |  | 18. DATE APPROVED:<br><br>August 30, 2022  |                               |
| PLAN APPROVED – ONE COPY ATTACHED  |  |  |                               |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><br>October 1, 2021  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><br><i>Rory Howe</i>  |                               |
| 21. TYPED NAME:<br><br><b>Rory Howe</b>  |  | 22. TITLE:<br><br><b>Director, Financial Management Group</b>  |                               |
| 23. REMARKS:<br><br><b>Pen and ink change made with state approval in blocks 8 and 9.</b>  |  |  |                               |

**Hospital Augmented Reimbursement Program (HARP) Methodology for Non-state government-owned and operated hospitals (Inpatient Payments)**

- (a) Introduction. Non-state government-owned and operated hospitals participating in the Texas Medicaid program that meet the conditions of participation and serve fee-for-service patients are eligible for reimbursement. The non-federal share of the payments is funded through intergovernmental transfer (IGT). The Health and Human Services Commission (HHSC) will establish each hospital's eligibility for an amount of reimbursement using the methodology described in this appendix.
- (b) Definitions
- (1) Fee-for-Service (FFS)--A system of health insurance payment in which a health care provider is paid a fee by HHSC through the contracted Medicaid claims administrator directly for each service rendered. For Texas Medicaid purposes, fee-for-service excludes any service rendered under a managed care program through a managed care organization.
- (2) Inpatient hospital services--Services ordinarily furnished in a hospital for the care and treatment of inpatients under the direction of a physician or dentist, or a subset of these services identified by HHSC. Inpatient hospital services do not include those furnished in a skilled nursing facility, intermediate care facility services furnished by a hospital with swing-bed approval, or any other services that HHSC determines should not be subject to payment.
- (3) Intergovernmental transfer (IGT)--A transfer of public funds from another state agency or a non-state governmental entity to HHSC.
- (4) Medicare payment gap--The difference between what Medicare is estimated to pay for the services and what Medicaid actually paid for the same services from the most recent FFS upper payment limit (UPL) demonstration.
- (5) Non-state government-owned and operated hospital--A hospital that is owned and operated by a local government entity, including but not limited to a city, county, or hospital district.
- (6) Program period--Each program period is equal to a federal fiscal year beginning October 1 and ending September 30 of the following year.

- (7) Prospective Payment System--A method of reimbursement in which payment is made based on a predetermined, fixed amount.
- (8) Sponsoring governmental entity--A state or non-state governmental entity that agrees to transfer to HHSC some or all of the non-federal share of program expenditures.
- (9) State government-owned hospital--Any hospital owned by the state of Texas that is not considered an IMD.

(c) Participation requirements. As a condition of participation, all hospitals participating in the program must allow for the following.

(1) The hospital must submit a properly completed enrollment application by the due date determined by HHSC. The enrollment period must be no less than 15 business days, and the final date of the enrollment period will be at least nine days prior to the intergovernmental transfer (IGT) notification.

(2) If a provider has changed ownership in the past five years in a way that impacts eligibility for this program, the provider must submit to HHSC, upon demand, copies of contracts it has with third parties with respect to the transfer of ownership or the management of the provider and which reference the administration of, or payment from, this program.

(d) Payments for non-state government-owned and operated hospitals.

(1) Eligible hospitals. Payments under this subsection will be limited to hospitals defined as a "non-state government-owned and operated hospital" that are enrolled in Medicare and participate in Texas Medicaid fee-for-service.

(2) Non-federal share of program payments. The non-federal share of the payments is funded through IGTs from sponsoring governmental entities. No state general revenue is available to support the program.

(A) HHSC will communicate suggested IGT responsibilities. Suggested IGT responsibilities will be based on the maximum dollars to be available under the program for the program period as determined by HHSC. HHSC will also communicate estimated revenues each enrolled hospital could earn under the program for the program period with those estimates based on HHSC's suggested IGT responsibilities.

(B) HHSC will issue an IGT notification to specify the date that IGT is requested to be transferred not fewer than 14 business days before IGT transfers are due. HHSC may post the IGT deadlines and other associated information on HHSC's website, send

the information through the established Medicaid notification procedures used by HHSC's fiscal intermediary, send through other direct mailings, send through GovDelivery, or provide the information to the hospital associations to disseminate to their member hospitals.

(3) Payment Methodology. To determine each participating non-state government-owned and operated hospital's inpatient HARP payment, HHSC will use the inpatient FFS Medicare payment gap.

(e) Changes in operation. If an enrolled hospital closes voluntarily or ceases to provide hospital services in its facility, the hospital must notify the HHSC Provider Finance Department by hand delivery, United States (U.S.) mail, or special mail delivery within 10 business days of closing or ceasing to provide hospital services. Notification is considered to have occurred when the HHSC Provider Finance Department receives the notice.

(f) Reconciliation. HHSC will reconcile the amount of the non-federal funds expended under this section during the program period with the amount of funds transferred to HHSC by the sponsoring governmental entities for that same period. If the amount of non-federal funds expended under this section is less than the amount transferred to HHSC, HHSC will refund the balance proportionally to how it was received.

(g) Payments under this section will be made on a semi-annual basis.

For fiscal year 2022, the following providers are eligible for a HARP payment:

| Master Texas Provider Identifier (TPI) | Master National Provider Identifier (NPI) | Hospital Name  |
|--|---|--|
| 364187001                              | 1457393571                                | ANSON HOSPITAL DISTRICT  |
| 138353107                              | 1194893263                                | Baylor County Hospital District - Seymour Hospital                   |
| 083290905                              | 1477857332                                | Bellville Medical Center   |
| 136141205                              | 1821011248                                | Bexar County Hospital District                                       |
| 136142011                              | 1033118716                                | Castro County Hospital District DBA Plains Memorial Hospital         |
| 133250406                              | 1326079534                                | CHILDRESS COUNTY HOSPITAL DISTRICT                                   |
| 137907508                              | 1124052162                                | Citizens Medical Center  |
| 091770005                              | 1326025701                                | Concho County Hospital   |
| 134772611                              | 1780823021                                | Coryell County Memorial Hospital Authority                           |
| 138911619                              | 1437148020                                | Cuero Community Hospital   |
| 130826407                              | 1639176456                                | Dallam Hartley Counties Hospital District dba Coon Memorial Hospital |

|           |            |   |
|-----------|------------|---|
| 127295703 | 1932123247 | Dallas County Hospital District   |
| 189947801 | 1134108053 | Dawson County Hospital District dba Medical Arts Hospital                   |
| 133544006 | 1568454403 | Deaf Smith County Hospital District   |
| 130606006 | 1124076401 | Decatur Hospital Authority DBA Wise Health System                           |
| 217884004 | 1326134255 | Dimmit Regional Hospital  |
| 137074409 | 1689650921 | Eastland Memorial Hospital  |
| 135235306 | 1740273994 | Ector County Hospital District d/b/a Medical Center Health System           |
| 138951211 | 1316936990 | El Paso County Hospital District d/b/a University Medical Center of El Paso |
| 135034009 | 1871583153 | Electra Memorial Hospital   |
| 112692202 | 1598746703 | Fisher County Hospital District   |
| 346945401 | 1881691061 | Graham Hospital District dba Graham Regional Medical Center                 |
| 138411709 | 1720088123 | Guadalupe Regional Medical Center   |
| 094117105 | 1992707780 | Hansford County Hospital District   |
| 133355104 | 1205900370 | Harris County Hospital District   |
| 112702904 | 1184607897 | Haskell Memorial Hospital   |
| 109588703 | 1558354241 | Hemphill County Hospital District   |
| 131038504 | 1598750721 | Hunt Regional Medical Center  |
| 136412710 | 1699772541 | Karnes County Hospital District   |
| 127313803 | 1700854288 | Lamb County Hospital dba Lamb Healthcare Center                             |
| 284333604 | 1154324952 | Liberty Dayton Regional Medical Center                                      |
| 137999206 | 1821087164 | Lubbock County Hospital District dba University Medical Center              |
| 094180903 | 1821066820 | Lynn County Hospital District   |
| 136145310 | 1679560866 | Martin County Hospital District   |
| 130959304 | 1679678767 | Matagorda County Hospital District  |
| 212140201 | 1427048453 | Medina County Hospital District   |
| 137909111 | 1689630865 | Memorial Medical Center   |
| 136143806 | 1255325817 | Midland Memorial Hospital   |
| 136325111 | 1184631673 | Mitchell County Hospital District   |
| 127310404 | 1689655912 | Nocona General Hospital   |
| 020989201 | 1205837770 | North Runnels County Hospital   |
| 396650901 | 1972071991 | North Texas Medical Center  |
| 121787905 | 1396748471 | North Wheeler County Hospital District                                      |
| 127303903 | 1700883196 | OakBend Medical Center  |
| 112704504 | 1245237593 | Ochiltree Hospital District   |

|           |            |  |
|-----------|------------|--|
| 138950412 | 1972590602 | Palo Pinto County Hospital District dba Palo Pinto General Hospital              |
| 130616909 | 1760598692 | PECOS COUNTY MEMORIAL HOSPITAL   |
| 121193005 | 1538150370 | Preferred Hospital Leasing Shamrock, Inc. dba Shamrock General Hospital          |
| 121799406 | 1295739258 | Rankin County Hospital District  |
| 121806703 | 1881697316 | Reagan Hospital District   |
| 112684904 | 1831170273 | Reeves County Hospital District  |
| 020991801 | 1942240189 | Refugio County Memorial Hospital   |
| 133244705 | 1275581852 | Rolling Plains Memorial Hospital   |
| 136330112 | 1578588463 | Scurry County Hospital District dba Cogdell Memorial Hospital                    |
| 094121303 | 1821025990 | Seminole Hospital Distirct   |
| 216719901 | 1700826575 | Somervell County Hospital District   |
| 337991901 | 1285065623 | Stephens Memorial Hospital District  |
| 126675104 | 1992753222 | Tarrant County Hospital District d/b/a JPS Health Network                        |
| 130618504 | 1811916901 | TERRY MEMORIAL HOSPITAL DISTRICT dba BROWNFIELD REGIONAL MEDICAL CENTER          |
| 138913209 | 1174526529 | Titus County Memorial Hospital District d/b/a Titus Regional Medical Center      |
| 136381405 | 1447259627 | Tyler County Hospital  |
| 119877204 | 1104830900 | Val Verde Hospital Corporation dba Val Verde Regional Medical Center             |
| 126667806 | 1104842475 | W.J. Mangold Memorial Hospital   |
| 112707808 | 1316931835 | Wilbarger County Hospital District - Wilbarger General Hospital                  |
| 135151206 | 1871599829 | Wilson County Memorial Hospital District d.b.a. Connally Memorial Medical Center |
| 137227806 | 1790702371 | Yoakum County Hospital   |



**Hospital Augmented Reimbursement Program (HARP) Methodology for Non-state government-owned and operated hospitals (Outpatient Payments)**

(a) Introduction. Non-state government-owned and operated hospitals participating in the Texas Medicaid program that meet the conditions of participation and serve fee-for-service patients are eligible for reimbursement. The non-federal share of the payments is funded through intergovernmental transfer (IGT). The Health and Human Services Commission (HHSC) will establish each hospital's eligibility for an amount of reimbursement using the methodology described in this appendix.

(b) Definitions

(1) Fee-for-Service (FFS)--A system of health insurance payment in which a health care provider is paid a fee by HHSC through the contracted Medicaid claims administrator directly for each service rendered. For Texas Medicaid purposes, fee-for-service excludes any service rendered under a managed care program through a managed care organization.

(2) Intergovernmental transfer (IGT)--A transfer of public funds from another state agency or a non-state governmental entity to HHSC.

(3) Medicare payment gap--The difference between what Medicare is estimated to pay for the services and what Medicaid actually paid for the same services from the most recent FFS upper payment limit (UPL) demonstration.

(4) Non-state government-owned and operated hospital--A hospital that is owned and operated by a local government entity, including but not limited to a city, county, or hospital district.

(5) Outpatient hospital services--Preventive, diagnostic, therapeutic, rehabilitative, palliative services or a subset of these services identified by HHSC that are furnished to outpatients of a hospital under the direction of a physician or dentist.

(6) Program period--Each program period is equal to a federal fiscal year beginning October 1 and ending September 30 of the following year.

- (7) Prospective Payment System--A method of reimbursement in which payment is made based on a predetermined, fixed amount.
- (8) Sponsoring governmental entity--A state or non-state governmental entity that agrees to transfer to HHSC some or all of the non-federal share of program expenditures.
- (9) State government-owned hospital--Any hospital owned by the state of Texas that is not considered an IMD.

(c) Participation requirements. As a condition of participation, all hospitals participating in the program must allow for the following.

(1) The hospital must submit a properly completed enrollment application by the due date determined by HHSC. The enrollment period must be no less than 15 business days, and the final date of the enrollment period will be at least nine days prior to the intergovernmental transfer (IGT) notification.

(2) If a provider has changed ownership in the past five years in a way that impacts eligibility for this program, the provider must submit to HHSC, upon demand, copies of contracts it has with third parties with respect to the transfer of ownership or the management of the provider and which reference the administration of, or payment from, this program.

(d) Payments for non-state government-owned and operated hospitals.

(1) Eligible hospitals. Payments under this subsection will be limited to hospitals defined as a "non-state government-owned and operated hospital" that are enrolled in Medicare and participate in Texas Medicaid fee-for-service.

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the information through the established Medicaid notification procedures used by HHSC's fiscal intermediary, send through other direct mailings, send through GovDelivery, or provide the information to the hospital associations to disseminate to their member hospitals.

(3) Payment Methodology. To determine each participating non-state government-owned and operated hospital's outpatient HARP payment, HHSC will use the outpatient FFS Medicare payment gap.

(e) Changes in operation. If an enrolled hospital closes voluntarily or ceases to provide hospital services in its facility, the hospital must notify the HHSC Provider Finance Department by hand delivery, United States (U.S.) mail, or special mail delivery within 10 business days of closing or ceasing to provide hospital services. Notification is considered to have occurred when the HHSC Provider Finance Department receives the notice.

(f) Reconciliation. HHSC will reconcile the amount of the non-federal funds expended under this section during the program period with the amount of funds transferred to HHSC by the sponsoring governmental entities for that same period. If the amount of non-federal funds expended under this section is less than the amount transferred to HHSC, HHSC will refund the balance proportionally to how it was received.

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| 136141205                              | 1821011248                                | Bexar County Hospital District                                       |
| 136142011                              | 1033118716                                | Castro County Hospital District DBA Plains Memorial Hospital         |
| 133250406                              | 1326079534                                | CHILDRESS COUNTY HOSPITAL DISTRICT                                   |
| 137907508                              | 1124052162                                | Citizens Medical Center  |
| 091770005                              | 1326025701                                | Concho County Hospital   |
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| 112692202 | 1598746703 | Fisher County Hospital District   |
| 346945401 | 1881691061 | Graham Hospital District dba Graham Regional Medical Center                 |
| 138411709 | 1720088123 | Guadalupe Regional Medical Center   |
| 094117105 | 1992707780 | Hansford County Hospital District   |
| 133355104 | 1205900370 | Harris County Hospital District   |
| 112702904 | 1184607897 | Haskell Memorial Hospital   |
| 109588703 | 1558354241 | Hemphill County Hospital District   |
| 131038504 | 1598750721 | Hunt Regional Medical Center  |
| 136412710 | 1699772541 | Karnes County Hospital District   |
| 127313803 | 1700854288 | Lamb County Hospital dba Lamb Healthcare Center                             |
| 284333604 | 1154324952 | Liberty Dayton Regional Medical Center                                      |
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| 130959304 | 1679678767 | Matagorda County Hospital District  |
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| 136325111 | 1184631673 | Mitchell County Hospital District   |
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| 130616909 | 1760598692 | PECOS COUNTY MEMORIAL HOSPITAL   |
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| 121799406 | 1295739258 | Rankin County Hospital District  |
| 121806703 | 1881697316 | Reagan Hospital District   |
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| 138913209 | 1174526529 | Titus County Memorial Hospital District d/b/a Titus Regional Medical Center      |
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