

**FCC Rural Health Care Pilot Program
Texas Health Information Network Collaborative (TxHINC)
Quarterly Data Report
July 30, 2012**

Federal Communications Commission WC Docket No. 02-60

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

The Project leaders and their affiliations are:

George S. Conklin, SVP and CIO
CHRISTUS Health
Houston, Texas

Dr. Lee Ann Ray, chief of staff, Office of the President
Texas A&M Health Science Center
College Station, TX

Quang Ngo, Vice President and CIO
Texas Organization of Rural and Community Hospitals (TORCH)
Austin, TX

Shannon Calhoun
South East Texas Health System
Victoria, TX

Hank Fanberg
CHRISTUS Health
Houston, Texas

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

The responsible administrative official is:

George S. Conklin, SVP and CIO
CHRISTUS Health
2707 North Loop West
Houston, Texas 77008
713-684-3877 (p)
713-684-3555 (f)
George.conklin@christushealth.org

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

CHRISTUS Health is legally and financially responsible for the conduct of activities supported by this award.

d. Explain how project is being coordinated throughout the state or region.

TxHINC continues to coordinate across the state by distinct geographies. Starting with our participating facilities, we will implement across the state in what can be called a regionalized approach – taking the facilities in geographic proximity and implementing them before going on to another location. This approach makes it easier for TxHINC to support the Texas 1115 Medicaid Waiver which has twenty (20) distinct regional health partnerships (RHPs), with the thirteen (13) community based HIEs and with our state’s Department of Rural Health and Department of State Health Services to ensure that all Texas facilities, especially those in rural areas, have access to a secure broadband network in order to share health information, coordinate care and support the health facilitates to achieve meaningful use.

2. Identify all health care facilities included in the network.

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.

b. For each participating institution, indicate whether it is:

i. Public or non-public;

ii. Not-for-profit or for-profit;

iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission’s rules or a description of the type of ineligible health care provider entity.

Please see the attached list.

While all facilities in the attached list are a part of the TxHINC pilot program, our implementation will be done in phases. Approximately one third of the facilities listed in the Attachment will participate in Phase I. These facilities are distributed across the state and cover the entire geography of Texas. It is our intention that the remaining facilities will require only one additional phase.

TxHINC will also deploy its wireless pilot as a standalone component of its actions. The wireless pilot will cover a multi-county area that is approximately the size of the state of Connecticut.

Due in part to its size and diversity of terrain, Texas faces challenges that elude many other states.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that

it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

- a. TxHINC's initial activity as specified in the award is to develop a network design to connect all named entities to the network. Our intention is to implement a minimum transmission speed of 45Mbps, as long as it is affordable. Responses to our RFP show that the cost for a 45 Mbps connection is prohibitive. TxHINC desires to have its facilities avail themselves of state mandated rates that are less than what is available on the market. These rates are only available for intra-LATA. TxHINC continues to negotiate with the respondents to its RFP to offer state mandated rates. We have not completed the necessary work to provide an updated technical description of the network and therefore cannot produce one at this time.
- b. That said, however, health care provider sites will connect to the network via an aggregation point. We requested connection speeds of 45Mbps and intend to make that the minimum bandwidth required, if not prohibitive.
- c. At least one health care facility will connect to the Internet 2 via an I2 access point within Texas.
- d. TxHINC has no plans to construct any of its own fiber and will rely on existing backbone infrastructure available within the state
- e. No final decisions regarding network management or maintenance have been finalized at this time.

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

- a. Health care provider site;
 - b. Eligible provider (Yes/No);
 - c. Type of network connection (e.g., fiber, copper, wireless);
 - d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
 - e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps) ;
 - f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
- Federal Communications Commission FCC 07-198

- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

Our network is not yet build nor is it operational. Consequently, no health care provider sites are connected to the network.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant
 - i. Engineering
 - ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

TxHINC has just finalized its vendor selection process so non-recurring and recurring costs related to network design, equipment, infrastructure deployment, engineering, construction, leased facilities, network management or other non-recurring costs have not been incurred.

6. Describe how costs have been apportioned and the sources of the funds to pay them:

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

Funds to cover 85% of the costs for needed hardware and circuits will come from TxHINC's rural health care pilot program award. The remaining 15% will come from the individual facilities and then from TxHINC's founders that include CHRISTUS Health, The Texas A&M Health Science Center, TORCH and SETHs. The State of Texas has also expressed its interest in supporting the program.

No other costs have been identified and have not been apportioned. Each facility understands that they are individually responsible for their costs not covered by the rural health pilot program.

- b. Describe the source of funds from:
 - i. Eligible Pilot Program network participants

Eligible participants will provide 15% of the costs of all services they incur.

- ii. Ineligible Pilot Program network participants

Ineligible participants will provide 100% of all costs for service they utilize.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

No changes since our earlier filing. TxHINC continues to work with the 1115 Waiver RHPs for programmatic content and financial support, as well as the State's Office of Rural Health. The 1115 Waiver funds are county and local government generated.

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

The founding members of TxHINC have pledged funds to the initiative. As mentioned previously, agreement from thee of the Medicaid 1115 Waiver will result in additional fund as will any support garnered from the Department of Rural Health.

ii. Identify the respective amounts and remaining time for such assistance.

No changes since our last filing; the timeline is not finalized at this time, although we expect to do so within the next three months.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

It is too early for goals of the individual participants to be enabled; we are therefore unable to comment on how their minimum 15% contribution is helping them achieve their goals. However, with the need and requirement to exchange health information and coordinate care, the facilities understand that they need to be connected to other facilities and that TxHINC can support that need.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant’s network.

There should not be any technical barriers to non-eligible facilities ability to connect to the network. They will be required to cover 100% of the costs of connecting to the network, including their monthly recurring charge, as TxHINC will not provide any financial support.

8. Provide an update on the project management plan, detailing:

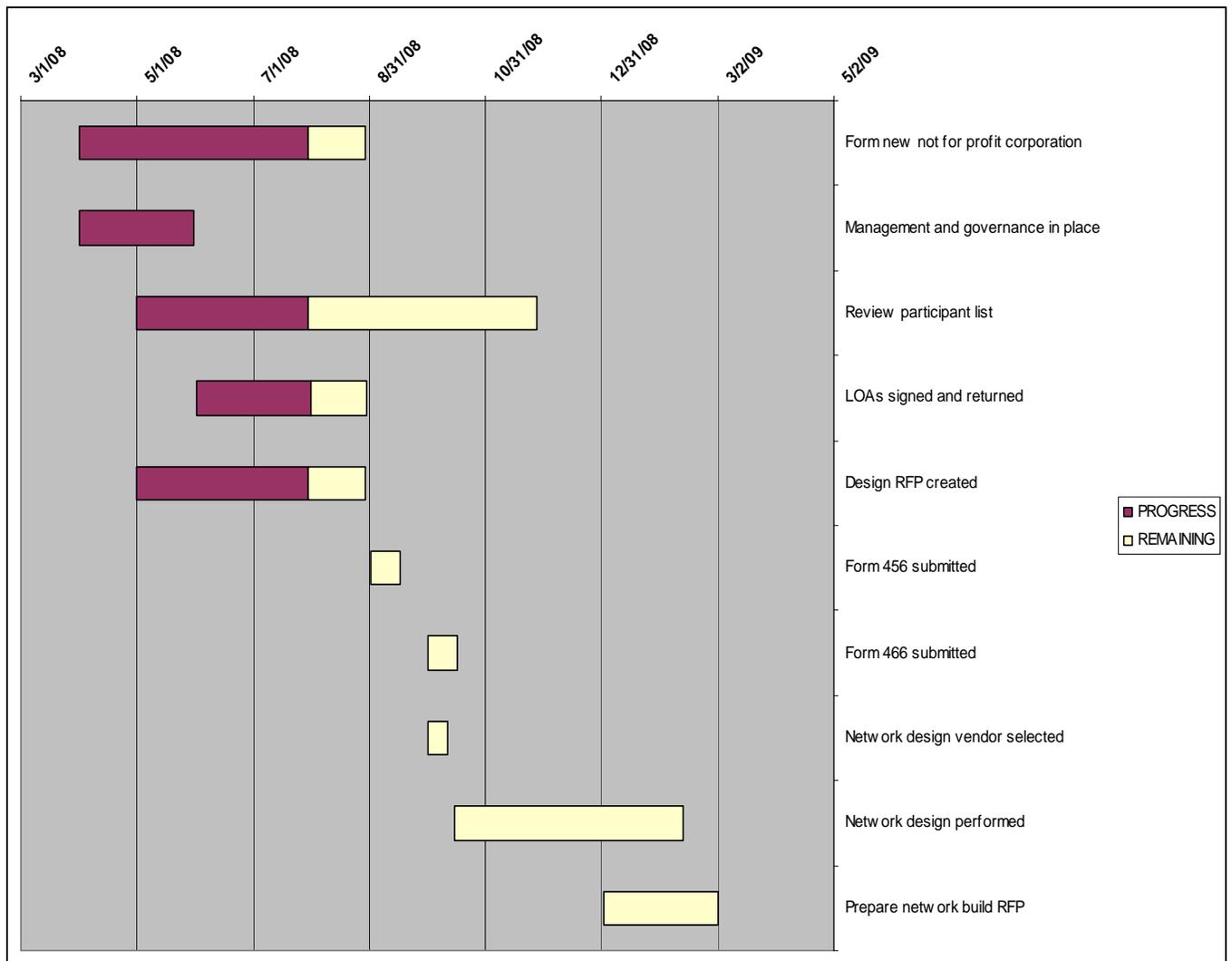
a. The project’s current leadership and management structure and any changes to the management structure since the last data report; and

Following a difficult two years of rebuilding its facility from the damage due to Hurricane Gustav and with new executive management in place, UTMB decide to withdraw from the project’s leadership and management.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Our RFP TxHINC reviewed all respondents and the two work groups made recommendations to the board, which just finalized contract negotiations.

ACTIVITY	START	END	STATUS
1. Outreach and add participants			ongoing
2. LOAs signed and returned	05-1-09	ongoing	review for completion
3. RFP released for bidding	04-09-11	05-13-11	completed
4. RFP closed	05-13-11	05-13-11	completed
5. Vendor selection process	05--14-11	06-30-12	completed
6. Vendor selected contract signed	06-30-12	06-30-12	completed
7. Network build started	10-01-12	10-30-12	0%
8. Network build completes	12-30-12	12-30-12	0%
9. Ongoing review	01-01-13	TBD	0%



ORIGINAL HIGH LEVEL PROJECT PLAN – MAJOR MILESTONES TO NETWORK BUILD RFP PHASE

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

As we are still early in our deployment, we have not yet become self-sustaining. Per our initial plan, TxHINC’s plan for sustainability rests upon the contributions of its participating facilities, administrative support from its founding organizations, and user and membership fees. With the approval of the 1115 Waiver from CMS, TxHINC is exploring potential new funding sources through the 19 regional health partnerships and the state of Texas.

We also continue to work with the 13 individual HIEs as the backbone for health information exchange in support of HHS' requirements that each state support and enable health information exchange within its state

Every participant will be required to provide the 15% match. We will consider the potential impact of participating in the statewide HIE but have no plans at this time to change this approach.

We expect no change to the plan to operate the network as a cooperative. Each facility is responsible for their individual costs while operating costs for the network will be apportioned to each user based upon their volume of services in order to assure fairness is cost allocation, in the event 1115 Waiver or other additional funding sources do not emerge.

The final business model for self sustaining the network has not been computed; however the primary model is that of a utility cooperative with each member responsible for its share of the costs. TxHINC continues to discuss with a variety of state agencies and other parties regarding long term sustainability.

10. Provide detail on how the supported network has advanced telemedicine benefits:

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

Due to the early phase of development and the lack of a network at this time, apart from garnering much interest on the part of many individuals and organizations about the promise of advancing telemedicine through this initiative, there has been no progress to date. We continue to collaborate with the State of Texas and now with ARRA there is much interest in our activities and our progress.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;

While the network is not yet operable, TxHINC is following closely the interoperability standards promulgated by HHS through the Office of the National Coordinator. We are prepared to implement them once TxHINC becomes operational. Additionally, our work with the Medicaid RHPS and HHS funded HIEs will assure that we follow those standards.

b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;

As TxHINC will not be providing an electronic health record, ONC certification will not apply. It is our intent, however, that all technologies used will follow the standards established by HHS and ONC. It is TxHINC's intent to be fully compliant with certification.

c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;

Since ARRA, NHIN (now NwHIN) established a number of new working groups, including one known as the "direct" project. Direct is now required by ONC in the state of Texas. Direct is a set of transmission protocols that allows for the secure exchange of information between two known entities without the need to go through a hub. In addition, the ONC standards work group. Additionally ONC has established a working group for NwHIN which has not yet concluded its work. TxHINC is following the workgroup and plans to support its findings.

d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

TxHINC is aware of AHRQ's resource center but has not made use of it to date. A number of proposed activities and outcomes measures for the network will use the AHRQ National Resource Center as we begin to define our core measures and impact. We have made contact with individuals at AHRQ but have not utilized their services yet.

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

In Texas, health care institutions are experienced in emergency preparations. The participant was ground zero for Hurricanes Rita and Katrina; during Katrina, our hospitals were forced to evacuate and during Katrina, our hospitals received and provided care for thousands of people displaced by the storm. Experience helped inform both state and federal officials as the PAHPA legislation was being drafted. We continue to participate in exercise drills at the local, state and national level.

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

The participant's clinical information system is interfaced with the CDC's Biosense and NEDSS programs that utilize PHIN to enable real time access to reportable events to both the CDC and the State of Texas. Due to the network not being ready, we are not using the network for PHIN reporting. We fully expect the network will be used to support these activities in the future, once it is available.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

As noted above our network is not yet operational. As noted in our response to question 9, we are in discussions with Texas' designated statewide HIE, the Texas Health Services Authority, as well as the regional extension centers regarding TxHINC's participation and inclusion. Meaningful use highlights the need for sharing information with the CDC and state syndromic surveillance and emergency data reporting. TxHINC is in discussions with the CDC to determine how it may assist in coordinating these activities across the state.

Company Name	Address Line 1	City	County	State	ZIP Code	RUCA	Census Trct
Atlanta Memorial Hospital	1007 S. William St.	Atlanta	Cass	TX	75551	7.3	9504.00
Ballinger Memorial Hospital	608 Avenue B	Ballinger	Runnels	TX	76821	7	9506.00
Bayside Community Hospital and Clinic	200 Hospital Drive	Anahuac	Chambers	TX	77514	10.1	7105.00
Baptist St. Anthony Health System	1600 Wallace Boulevard	Amarillo	Potter	TX	79106	1	0117.00
Bowie Memorial Hospital	705 East Greenwood Ave	Bowie	Montague	TX	76230	7	9505.00
Burleson St. Joseph's Hospital	1101 Woodson Drive	Caldwell	Burleson	TX	77836	7.1	9703.00
Burleson St. Joseph Somerville Clinic	600 Memory Lane	Somerville	Burleson	TX	77879	10.4	9704.00
St. Joseph Regional Health System	2801 Franciscan Drive	Brazos	Bryan	TX	77802	2	
Madison St. Joseph Health Center	100 West Cross Street	Madison	Madisonville	TX	77864	7	
St. Joseph Lexington Family Medical Clinic	8465 North highway 77	Lee	Lexington	TX	78947	10.4	
St. Joseph Normangee Family Medical Clinic	910 Highway 3 West	Leon	Normangee	TX	77871	10.4	
St. Joseph Health Point Franklin	808 West Highway 79	Robertson	Franklin	TX	77856	10.4	
Childress Regional Medical Center	1001Highway 83 North	Childress	Childress	TX	79201	7	9502.00
	303 Avenue T	Chillicothe	Hardeman	TX	79225	7.4	9501.00
CHRISTUS Spohn Alice Hospital	2500 East Main Street	Alice	Jim Wells	TX	78332	4	9502.00
CHRISTUS Spohn Beeville Hospital	1500 East Houston Street	Beeville	Bee	TX	78102	5	9505.00
CHRISTUS Hospital Kingsville	1300 General Cazavos Blvd	Kingsville	Kleberg	TX	78363	4	0205.00
CHRISTUS Santa Rosa Hospital	333 North Santa Rosa Ave	San Antonio	Bexar	TX	78207	1	1101.00
CHRISTUS Spohn Memorial Hospital	2606 Hospital Boulevard	Corpus Christi	Nueces	TX	78405	1	0010.00
CHRISTUS Spohn Shoreline Hospital	600 Elizabeth Street	Corpus Christi	Nueces	TX	78404	1	0012.00
CHRISTUS Spohn South Hospital	5950 Saratoga Blvd	Corpus Christi	Nueces	TX	78414	1	0033.02
CHRISTUS St. Elizabeth Hospital	2830 Calder Street	Beaumont	Jefferson	TX	77702	1	4545.00
CHRISTUS Jasper Memorial Hospital	1275 Marvin Hancock Drive	Jasper	Jasper	TX	75951	8	9503.00
Jasper Rural Health Center	1276 South Peachtree Street	Jasper	Jasper	TX	75951	8	9503.00
CHRISTUS St. Catherine Hospital	701 South Fry Road	Katy	Harris	TX	77450	1	4545.00
CHRISTUS St. John Hospital	18300 St. John Drive	Nassau Bay	Harris	TX	77058	1	3412.00
CHRISTUS St. Michael's Hospital	2600 St. Michael Drive	Texarkana	Bowie	TX	75503	1	0109.01
Community Action Corp. of South Texas	621 East Sinton	Sinton	San Patricio	TX	78387	7.3	0110.00
Community Action Corp. of South Texas	217 W. San Patricio	Mathis	San Patricio	TX	78368	2	0113.00

Coryell Memorial Health System	1507 West Main Street	Gatesville	Coryell	TX	76528	4	0103.00
CHRISTUS St. Mary Hospital	3600 Gates Boulevard	Jefferson	Port Arthur	TX	77642	7	
CHRISTUS St. Michael Senior Health Center	1400 College Drive	Bowie	Texarkana	TX	75503	1	
CHRISTS Santa Rosa Hospital City Center	333 anta Rosa Ave	Bexar	San Antonio	TX	78207	1	
CHRISTUS Santa Rosa Medical Center	2827 Babcock Road	Bexar	San Antonio	TX	78229	1	
CHRISTUS Santa Rosa Transplant Center	2829 Babcock Road	Bexar	San Antonio	TX	78229	1	
CHRISTUS Santa Rosa New Braunfels	600 North Union Ave	Comal	New Braunfels	TX	78130		
CHRISTUS Santa Rosa Westover Hills	11212 State Highway 151	Bexar	San Antonio	TX	78251	1	
CHRISTUS St. Michael's Rehab Center	2400 St. Michael Drive	Bowie	Texarkana	TX	77503	1	
CHRISTUS Kirbyville Rural Health Clinic	205 East Lavielle Street	Jasper	Kirbyville	TX	75956	10.4	
CHRISTUS Sam Rayburn Rural Health Clinic	2427 RR 335 West	Jasper	Sam Rayburn	TX	75951	7	
Cuero Community Hospital	2550 North Esplanade St.	Cuero	De Witt	TX	77954	7	9702.00
D.M. Cogdell Memorial Hospital	1700 Cogdell Boulevard	Snyder	Scurry	TX	79549	4	9503.00
Dallam-Hartley Counties Hospital District	1411 Denver Avenue	Dalhart	Hartley	TX	79022	7	9502.00
El Campo Memorial Hospital	303 Sandy Corner Road	El Campo	Wharton	TX	77437	4	7409.00
Electra Memorial Hospital	1207 South Bailey Street	Electra	Wichita	TX	76360	7.3	0138.00
Golden Plains Community Hospital	200 South McGee	Borger	Hutchinson	TX	79007	4	9508.00
Gonzales Community Health System	288 St. George Street	Gonzales	Gonzales	TX	78629	7	9904.00
Gonzales Healthcare System	1101 Sara DeWitt Drive	Gonzales	Gonzales	TX	78629	7	9904.00
Goodall-Witcher Healthcare Foundation	101 South Avenue T	Clifton	Bosque	TX	76634	8.4	9505.00
Goodall-Witcher Health Clinic	201 South Avenue T	Clifton	Bosque	TX	76634	8.4	9505.00
Goodall-Witcher Meridian Health Clinic	1110 North Main Street	Meridian	Bosque	TX	76665	10	
Guadalupe Regional Medical Center	1215 East Court Street	Seguin	Guadalupe	TX	78155	4.2	2104.00
Hamilton General Hospital	400 North Brown Street	Hamilton	Hamilton	TX	76531	7	9503.00
Hamilton Hospital	901 West Hamilton	Olney	Young	TX	76374	7	9502.00

Hansford Hospital	707 South Roland	Spearman	Hansford	TX	79081	7	9503.00
Hereford Regional Medical Center	801 East 3rd Street	Hereford	Deaf Smith	TX	79045	4	9505.00
Knox County Hospital District	701 South 5th	Knox City	Knox	TX	79529	10	9501.00
Lavaca Medical Center	1400 North Texana	Hallettsville	Lavaca	TX	77964	10	9801.00
Limestone Medical Center	700 McClintic Drive	Groesbeck	Limestone	TX	76642		
Luling Community Health Center	115-T South Laurel Street	Luling	Caldwell	TX	78648	7.3	9607.00
Madison St. Joseph Health Center	100 West Crossing Street	Madisonville	Madison	TX	77864	7	9804.00
Matagorda County Hospital District	1115 Avenue G	Bay City	Matagorda	TX	77414	4	7302.00
Memorial Health System East Texas	1201 Frank Avenue	Lufkin	Angelina	TX	75904	4	0004.00
Memorial Hospital	209 NW 8th Street	Seminole	Gaines	TX	79360	10.3	9503.00
Memorial Medical Center	815 N. Virginia Street	Port Lavaca	Calhoun	TX	77979	4	9901.00
Mitchell County Hospital District	997 West IH-20	Colorado City	Mitchell	TX	79512		
North Runnels County Hospital District	7821 Highway 153	Winters		TX	79567	7	9501.00
North Texas Medical Center	1900 Hospital Boulevard	Gainesville	Runnels	TX	76240	4.2	9901.00
Nuestra Clinica Del Valle	4800 South 24th Street	McAllen	Hidalgo	TX	78501	1	0205.03
Ochiltree General Hospital	3101 Garrett Drive	Perryton	Ochiltree	TX	79070	7	9503.00
Red River Regional Hospital	504 Lipscomb Street	Bonham	Fannin	TX	75418	7	9506.00
Reeves County Hospital	2323 Texas Street	Pecos	Reeves	TX	79772	4	9504.00
Seton Edgar B. Davis	130 Hays Street	Luling	Caldwell	TX	78648	7.3	9607.00
Seton Highland Lakes	3201 South Walter Street	Burnet	Burnett	TX	78611	2	9603.00
St. David Medical Center	919 E. 32 street	Travis	Austin	TX	78705	1	
El Paso Children's Hospital	4845 Alameda Street	El Paso	El Paso	TX	79905	1	
Harlingen Medical Center	5501 South Expressway 77	Cameron	Harlingen	TX	78550	1	
University Medical Center	602 Indiana Avenue	Lubbock	Lubbock	TX	79412	1	
St. Joseph Franklin Medicine Clinic	305 West Gay Street	Franklin	Robertson	TX	77856	10.4	9603.00
St. Joseph Hearne Family Medical Center Hearne	709 Barton Street	Hearne	Robertson	TX	77859	7.1	9605.00
St. Joseph Lexington Family Medical Center	8465 North Highway 77	Lexington	Lee	TX	78947	2	9801.00
St. Joseph Normangee Family Medicine Clinic	Main and 9th Street	Normangee	Leon	TX	77871	10.4	9502.00
St. Joseph Regional Health Center	2801 Franciscan Drive	Bryan	Brazos	TX	77802	1	0011.00
				TX			

Southwest Texas Network	201 South Evans	Uvalde	Uvalde	TX	78801	4	9505.00
Stamford Memorial Hospital	1601 Columbia Street	Jones	Stamford	TX	79553		
Sweeny Community Hospital	505 North Main Street	Sweeny	Brazoria	TX	77480	2	6628.00
Tyler County Hospital	1100 West Bluff Street	Woodville	Tyler	TX	75979	8	9503.00
United Medical Centers	2525 N. Veterans Boulevard	Eagle Pass		TX	78852	4	9503.00
United Medical Centers San Felipe Clinic	1117 W. De La Rosa Street	Del Rio	Val Verde	TX	78840	4	9506.02
United Medical Center #2	201 James Street	Bracketville	Kinney	TX	78832	10.5	9501.00
United Medical Centers Edison Road Clinic	1175 Edison Road	Eagle Pass	Maverick	TX	78853	4	9506.02
Uvalde Memorial Hospital	1025 Garner Field Road	Uvalde	Uvalde	TX	78801	4	9505.00
Val Verde Regional Medical Center	801 Bedell Avenue	Del Rio	Val Verde	TX	78840	4	9504.00

