



# **Strategic Review of Maternal Level of Care Designations**

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**TEXAS**  
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## Executive Summary

The Department of State Health Services (DSHS), in consultation with the Perinatal Advisory Council (PAC), completed a strategic review of the practical implementation of Hospital Level of Care Designations for Maternal and Neonatal Care pursuant to [Senate Bill 749 \(S.B. 749\), 86<sup>th</sup> Legislature, Regular Session, 2019](#). The legislation requires that the strategic review should, at a minimum, identify:

- Barriers to a hospital obtaining its requested level of care designation
- Whether the barriers are appropriate to ensure and improve neonatal and maternal care
- Requirements for a level of care designation that relate to gestational age and
- Whether, in making a level of care designation for a hospital, the department or PAC should consider:
  - ▶ Geographic area in which the hospital is located, and
  - ▶ Regardless of the number of patients of a particular gestational age treated by the hospital, the hospital's capabilities in providing care to patients of a particular gestational age as determined by the hospital.

The Texas maternal level of care designation requirements are consistent with the nationally recognized and accepted American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine guidelines and are comparable to nine other states with perinatal systems.

There are currently 222 designated maternal facilities in Texas. From 2019-2021, 206 facilities received their requested level of designation. 14 facilities either appealed or utilized a new survey to establish compliance with the requirements for their requested level of designation. In total, 99 percent of facilities ultimately received their requested level of designation.

DSHS analyzed numerous materials related to the designation process, including 222 surveys or self-assessments, 3,126 patient record reviews, pertinent sections of the Texas Administrative Code, geographical considerations, and level of care requirements in other states. Based on this review, DSHS identified the following

barriers that potentially impacted hospitals from receiving their initial requested level of designation:

- Level IV - not providing comprehensive care for pregnant and postpartum patients with low-risk conditions to the most complex medical, surgical, or obstetrical conditions and their fetuses, that present a high risk of maternal morbidity or mortality.
- Level III - not ensuring access to consultation to a full range of medical and maternal subspecialists, surgical specialists, and behavioral health specialists.
- Level II – not having in place effective Quality Assessment Performance Improvement (QAPI) processes, medical staff team-based education and training, and evidence of collaboration between the maternal medical director and the maternal program manager.
- Level I – not creating or implementing written policies and procedures specific to the maternal program.

To further improve the maternal level of care designation process, DSHS coordinates regular calls with the maternal facilities to provide technical assistance, share best-practices, and provide education customized to these facilities' needs. DSHS continues to focus on improving maternal care across Texas through the designation process, system development, and collaborative efforts with stakeholders and the PAC.

DSHS reviewed recommendations provided by the PAC specific to rule clarification and suggestions. The PAC provided recommendations for integrating S.B. 749 language into the rules, with two recent subcommittees focusing on specific rule language, one of which focuses on [House Bill 1164, 87th Legislature, Regular Session, 2021](#), which requires specific requirements related to placenta accreta spectrum disorder be added to the maternal levels of care rules. The maternal rules incorporating recommendations from the PAC are in the formal Health and Human Services (HHS) rulemaking process. The proposed rules will be considered by the HHS Executive Council prior to appearing in the *Texas Register* as proposed rules for formal comment.

# 1. Introduction

[Senate Bill 749 \(S.B. 749\), 86<sup>th</sup> Legislature, Regular Session 2019](#), directs the Department of State Health Services (DSHS), in consultation with the Perinatal Advisory Council (PAC), to conduct a strategic review of the practical implementation of the adopted Hospital Maternal Levels of Care Designations rules. This review includes information on the maternal designation process and current appeal process. The review explores the development and creation of the maternal designation process and how DSHS worked with the PAC to develop the current rules. The outcome of the initial maternal designation reviews and the identified barriers to successful designation are highlighted.

This report includes a comparison with the three states with specific and similar maternal designation requirements (Georgia, Indiana, and Louisiana). The primary barriers identified in the Texas maternal designation process were compared to these three states' designation requirements.

Geographic alignment and consideration of the levels of maternal designation are included in this review. This information includes the counties without a maternal designated facility and those counties that have only a designated Level I maternal facility.

Finally, the report also highlights improvements in maternal care and next steps by the PAC and DSHS.

## 2. Background

The Maternal Levels of Care Designation process was first required by [House Bill 15, 83<sup>rd</sup> Legislature, Regular Session, 2013](#) and [House Bill 3433, 84<sup>th</sup> Legislature, Regular Session, 2015](#). Designation for a maternal level of care has been an eligibility requirement for hospitals for Medicaid reimbursement since September 1, 2021. While designation itself is voluntary, non-designated maternal hospitals that submit maternal-related billing to Medicaid will have their billing denied.

Hospital designations are a formal recognition process that categorizes hospital capabilities, capacity, and resources to provide specific types of care. The levels of care are defined by established requirements. The designation status allows the public, patients, and their families to have confidence in the hospital's services. The designation also communicates to Emergency Medical Services (EMS) providers and other health care workers the types of care capabilities the facility can provide to patients.

Hospital designations can establish systems of care that, over time, improve health outcomes for patients. Designation recognizes the highest functional level of maternal care provided by a hospital inclusive of all lower-level care provided. Hospitals choose the specific type and level of designations they seek based on their capabilities. Designation does not dictate who a hospital can care for, what services a hospital can provide, and does not mandate patient transfers or limit a doctor's decision about patient care.

Designated facilities of the same level and type have requirements for standard procedures, processes, and evidence-based care practices. In Texas, hospitals can receive designations for the following care categories: Trauma, Stroke, Neonatal, and Maternal. (Note: The term hospital refers to an entity seeking or applying for a level of designation. Once the hospital achieves designation, it is referred to as a designated facility.)

### **Creation of Neonatal and Maternal Levels of Care**

The 83<sup>rd</sup> and 84<sup>th</sup> Legislatures directed the formation and functions of the Perinatal Advisory Council (PAC) to establish maternal and neonatal levels of care.

The PAC, per statute, is composed of pertinent specialists and subspecialists involved in the care of pregnant patients and newborns, and representatives from hospital administration. The PAC served as the primary source of health care expertise and stakeholder comments for DSHS' development of the formal administrative rules that define the maternal levels of care designation requirements. The Legislature tasked the PAC with:

- Developing and recommending criteria for designating neonatal and maternal levels of care.
- Developing and recommending a process for assigning levels of care to a hospital.
- Recommending state perinatal care regions.
- Reviewing and examining neonatal and maternal outcomes.

DSHS reviewed maternal levels of care requirements and rules established in Illinois, Indiana, Louisiana, Maryland, Massachusetts, Missouri, New York, Ohio, and South Carolina. Only Georgia, Indiana, and Louisiana have clear and separate levels of care for the maternal and neonatal populations. Other states combine their maternal and neonatal levels of care. See [Appendix A](#) for a list of literature review and resources utilized for this review.

The PAC researched and received extensive stakeholder feedback to frame the maternal levels of care rules. In alignment with PAC recommendations, Texas adopted rules consistent with the *Guidelines for Perinatal Care, Seventh Edition* (American Academy of Pediatrics [AAP] and the American College of Obstetricians and Gynecologists [ACOG], 2012), which serves as a national resource on perinatal care. Like other states, the rules also align with the *Obstetric Care Consensus: Levels of Maternal Care* (American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine, 2015), an additional national resource on maternal levels of care. More information on the process, stakeholder feedback, and PAC composition can be found in the [September 2016 Perinatal Advisory Council Report on Determinations and Recommendations](#).

[Title 25, Chapter 133, Texas Administrative Code, Sections 133.206 – 133.209](#) establishes the following maternal levels of care with corresponding designation requirements:

- **Level IV, Comprehensive Care.** The hospital provides comprehensive care for pregnant and postpartum patients with low-risk conditions to the most

complex medical, surgical, or obstetrical conditions and their fetuses, that present a high risk of maternal morbidity or mortality.

- **Level III, Subspecialty Care.** The hospital provides care for pregnant and postpartum patients with low-risk conditions to significant complex medical, surgical, or obstetrical conditions that present a high risk of maternal morbidity or mortality.
- **Level II, Specialty Care.** The hospital generally provides care for pregnant and postpartum patients with medical, surgical, or obstetrical conditions that present a low to moderate risk of maternal morbidity or mortality.
- **Level I, Basic Care.** The hospital generally provides care for pregnant and postpartum patients who are generally healthy, and have medical, surgical, or obstetrical conditions that present a significant risk of maternal morbidity or mortality.

Facilities with lower levels of designation can, according to the hospital's discretion and medical decision-making, retain care of a pregnant or postpartum patient with any medical problem. DSHS does not regulate the practice of medicine.



## 3. Designation Implementation Evaluation

### Initial Designations

DSHS awards maternal level of care designations based on compliance with the designation requirements defined in the [Title 25, Chapter 133, Texas Administrative Code \(TAC\), Sections 133.203 – 133.209](#). Designations are intended to recognize the functional level of care demonstrated and maintained by an individual hospital.

Hospital compliance with the designation requirements is determined through a survey process for Level II, III, and IV maternal facilities. Hospitals seeking Level I maternal level of care designation complete a self-assessment and an attestation of compliance to the designation requirements. A survey is not completed for the Level I facilities. The surveys for Level II, III, and IV facilities are completed by a department-approved survey organization. The survey process is designed to function as a peer-to-peer process. The survey reviewers must have experience in maternal care and meet specific requirements for surveyor credentialing. The surveyors review the hospital's compliance with each of the defined designation requirements and complete patient care reviews.

The review validates that the facility provides maternal standards of care and follows established maternal guidelines. The surveyor evaluates that the facility has established Quality Assessment Performance Improvement (QAPI) processes to assess situations in which variances from the standard of care occur. The surveyor reviews many forms of documentation, including the QAPI process and committee minutes, outreach activities, multidisciplinary team education, and documented evidence of the maternal program's participation in their Perinatal Care Region.

The designation survey summary report includes the patient-care-record review summaries, which are then submitted to the facility within 30 days of the survey date. This report is submitted by the hospital to the department with a designation application and a plan of correction for any deficiencies identified by the survey organization. See [Appendix B: Designation Process Summary](#) for additional information related to the designation process.

The hospital's designation application is reviewed to verify documented evidence of compliance with the designation requirements. The department provides recommendations for designation to the DSHS commissioner. The commissioner or

designee makes designation decisions. Further details regarding the review processes for the designation summary report are in [Appendix B, Survey Process Summary](#).

The DSHS commissioner awarded maternal level of care designations to 222 facilities by September 1, 2021. Every facility that met the requirements for a maternal level of care designation received a designation award letter. For hospitals that did not receive their desired designation level, DSHS provided a written summary and outlined processes to meet compliance. These facilities were awarded designation at the level where they demonstrated compliance with the designation requirements.

Below is a breakdown of the 222 hospitals by the maternal level of care designation awarded. A map detailing the geographic location of the Texas maternal designated facilities by level is available in [Appendix C, Texas Maps of Maternal Designated Facilities](#).

- Level IV, Comprehensive Care – 32
- Level III, Subspecialty Care – 44
- Level II, Specialty Care – 93
- Level I, Basic Care – 53

Of the 222 designated hospitals, 16 hospitals (approximately 7 percent) were initially designated at a lower level than requested by the hospital. This cohort was seeking Level III or Level IV designation. These 16 hospitals were designated at the highest demonstrated level of care for which minimum requirements were met.

- Designated as a Level II with a Level III application – 11 hospitals
- Designated as a Level III with a Level IV application – 5 hospitals

## **Appeals Process**

As defined in the rule ([TAC Section 133.204\(e\)](#)), if a hospital disagrees with the designation level awarded, the facility can request an appeal. The appeal process includes two levels of appeal and the opportunity to dispute the findings of the original survey. The current appeals process requires the facility to submit a written appeal within 60 days of receiving the department's formal designation award. This appeal is to the DSHS EMS/Trauma Systems director. If the first level of appeal review upholds the original determination, the designation level remains unchanged. The facility will receive a written summary of the appeal and appeal

decisions. If the hospital disagrees with this decision, the hospital can request in writing a second level appeal with the DSHS Consumer Protection Division's associate commissioner.

Thirteen of the 16 hospitals that were designated at a level lower than their application submitted an appeal. Through the appeals process, these hospitals submitted additional evidence of their care, capabilities, and documented evidence of compliance to specific designation requirements. Twelve hospitals obtained their requested designation through the appeals process. One hospital chose to complete a full maternal survey two years later. At that time, the facility demonstrated program improvements and compliance with all designation requirements and was designated at the level originally requested. Therefore, the final determinations resulted in approximately 99 percent of the total number of hospitals (222) receiving designation at their requested level.

The department is currently updating the appeals process and has drafted guidelines to implement the appeal panel defined in S.B. 749. The appeal panel guidelines were reviewed and approved during the February 7, 2022 meeting of the Perinatal Advisory Council (PAC). The revised appeal process establishes a seven-member panel, with expertise in maternal care. One of the seven panel members will participate in a designation appeal along with a member from the department and a representative from the Health and Human Services Commission.

## Evaluation

DSHS analyzed maternal designation applications to ascertain the evidence of services available, care provided, and patient disposition to determine a hospital's compliance with the [TAC Section 133.205](#). In addition, DSHS performed an in-depth retrospective analysis of patient record reviews submitted with a Level II, III, or IV application to evaluate the documented abilities of hospitals for each level of designation.

The overall results of this review reflect that hospitals throughout the state provide comparable services at each designation level. Examples of comparable hospital services by designation level include:

- Level IV Maternal Facilities:
  - ▶ 97 percent have skilled personnel with documented training, competencies, and annual continuing education, specific for the population served.
  - ▶ 97 percent have a board-certified obstetrics and gynecology physician with maternal privileges on-site and available for urgent situations at all times.
  - ▶ 94 percent ensure the capability to perform major surgery on-site.
  - ▶ 91 percent have a Maternal-Fetal-Medicine Critical Care Team.
  - ▶ 84 percent provide comprehensive care for the most complex medical, surgical, or obstetrical conditions.
- Level III Maternal Facilities:
  - ▶ 100 percent ensure the capability to perform major surgery on-site.
  - ▶ 98 percent have an obstetrics and gynecology physician with maternal privileges on-site and available for urgent situations at all times.
  - ▶ 89 percent have skilled personnel with documented training, competencies, and annual continuing education, specific for the population served.
  - ▶ 86 percent demonstrated care to patients with complex medical, surgical, or obstetrical conditions.
- Level II Maternal Facilities:
  - ▶ 100 percent demonstrated care to pregnant and postpartum patients with medical, surgical, or obstetrical conditions presenting a low to moderate risk of maternal morbidity or mortality.

- ▶ 91 percent have skilled personnel with documented training, competencies, and annual continuing education, specific for the population served.
- ▶ 91 percent have a board-certified, Maternal-Fetal-Medicine physician available at all times for consultation.
- Level I maternal facilities completed a self-assessment to meet the designation requirements and are not included in this comparison review.

## **Barriers to Requested Level of Designation**

DSHS reviewed maternal designation survey reports and patient record reviews from 169 facilities to identify barriers to designation. These records reflect 93 survey reports from Level II facilities with 1,538 patient care records. DSHS reviewed 44 survey reports from Level III facilities with 764 patient care records, and 32 survey reports from Level IV facilities with 824 patient care records.

### **Level IV Barriers**

Five hospitals seeking Level IV designation did not initially meet the standards outlined in rule. The primary reason a hospital did not achieve Level IV designation was its inability to demonstrate it provided the full spectrum of care for pregnant and postpartum patients, from low-risk conditions to the most complex medical, surgical, or obstetrical conditions that present a high risk of morbidity or mortality.

The Level IV maternal facilities are designed to care for the most critical and complex patients with all necessary resources at immediate availability. This level of care includes specialists, subspecialists, and well-trained hospital personnel. In some cases, the most critical patients were transferred to the hospital's main campus for intensive care. These main campus hospitals were not designated as maternal facilities. In addition, these situations required the patient to be transferred in an ambulance. In other situations, the lack of documentation from the specialist led to the non-compliance of this specific requirement.

In further consultation with these facilities, DSHS identified the improvements needed to demonstrate evidence of compliance. All five facilities were able to present documentation during their appeal which resulted in them receiving their requested Level IV designation.

## **Level III Barriers**

Eleven hospitals seeking Level III designation did not initially meet the standards outlined in rule. The primary reason hospitals did not achieve Level III designation was an inability to demonstrate that they provide access to consultation to a full range of medical and maternal subspecialists, surgical specialists, and behavioral health specialists. Upon further review with these hospital administrators, medical directors, and program managers, DSHS provided guidance of what is needed to demonstrate evidence of compliance for this designation requirement.

Eight of the facilities appealed and provided documentation to meet the requirement and obtained designation as a Level III maternal facility. Three hospitals continued to improve their program and chose not to request an appeal. One hospital completed a full re-survey for designation two years later and was then designated as a maternal Level III facility. Two additional hospitals continue to improve their programs and have surveys scheduled for later this year.

## **Level II Barriers**

The most common designation barriers experienced by the Level II maternal hospitals were related to an ineffective QAPI program, lack of team-based maternal medical staff education and training, and lack of evidence of collaboration between the maternal medical director and the maternal program manager. A few Level II hospitals received deficiencies because they did not provide evidence to demonstrate compliance with maternal management guidelines. These hospitals completed a plan of correction and improved their processes to remove the contingencies and achieve full designation.

## **Level I Barriers**

All facilities requesting Level I status received the requested level of designation. The most common potential designation barriers experienced by Level I maternal hospitals were related to the lack of written policies and procedures specific to the maternal program. Each hospital completed a plan of correction that allowed them to achieve full designation. DSHS continues to provide guidance for these hospitals.

## **Comparison with Other States**

DSHS compared the identified barriers to the three other states with established maternal level of care designation requirements: Georgia, Indiana, and Louisiana. The Texas maternal designation requirements identified as barriers were

comparable to these three states' similar requirements. See [AppendixD](#) for the specific comparison.

## **Geographic Considerations for Designation**

Texas maternal level of care rules include consideration of a hospital's location. However, the geographic location alone does not define the designation decision. Instead, every hospital with a maternal designation is required to participate in a perinatal care region (PCR). A PCR aligns with the established boundaries of the state's trauma regional advisory councils. Designated maternal hospitals are required to develop collaborative relationships and participate in a PCR's performance improvement initiative. The goal is to keep maternal patients and their infants as close as possible to their support systems and provide safe, equitable, timely, efficient, quality care for their unique situations. This creates a hub and spoke model, where the higher designated hospitals (hubs) can provide outreach to the lower-level designated hospitals (spokes) for implementing best practices, education and collaboratives designed to improve the regional perinatal care.

There are 151 out of 254 Texas counties without a maternal designated hospital (59.4 percent). However, most Texas counties that have a hospital have a maternal designated facility (151 of 183). Specifically, 47 (18.5 percent) counties have a designated Level I maternal hospital. Also, 55 percent of the Level I maternal hospitals are farther than 50 miles from a Level III or Level IV maternal hospital. Of the 94 Level II maternal facilities, 33 percent are farther than 50 miles from a Level III or Level IV maternal hospital. The geographical distances between designated hospitals underscore the need for the collaboration facilitated by perinatal care regions.

The PCRs focus on maternal transport needs, education, and collaborative practice to facilitate the movement or transfer of a maternal patient who requires a higher level of care. [Appendix C](#) has the current maternal designation maps to reflect the location of the maternal facilities. In addition, [Appendix E](#) contains geographic considerations and reflect mileage considerations when transferring a patient.

## **Impact of COVID-19**

The COVID-19 pandemic created challenges and barriers in 2020 and 2021. Hospitals and survey organizations could not complete fully in-person surveys required for Level II-IV designations. To address this, DSHS developed guidelines to facilitate virtual survey options. Forty-two hospitals conducted virtual surveys. In

some situations, one reviewer was on-site, and the other surveyor participated virtually. The department-approved survey organization collaborated with DSHS and the hospitals to streamline functions and evaluate agendas to establish optimal virtual survey guidelines.

The pandemic and staffing challenges continue to impact the designated maternal hospitals. Some hospitals have responded to the challenges in varying ways, including entering into diversion status for maternal care, leading to patients in labor to be transferred to other hospitals, discontinuation of perinatal services, and consolidation of maternal care with other facilities within a hospital system.

## **Improvement in Maternal Care**

The maternal level of care rules were adopted in March 2018 with 222 hospitals completing the designation process by September 2021. Comprehensive metrics of improvements in maternal outcomes cannot be determined at this time. However, DSHS has identified many small advances in processes and care through hospital designation applications, documented plans of correction, site visits, and discussions with hospital program staff.

DSHS has identified improvements in facility QAPI programs and systems of maternal care coordination and collaboration, not only in the designated facilities but also in the PCRs. The QAPI program evaluates the provision of maternal care and emphasizes a multidisciplinary approach to continuous improvement for the system, patient management and outcomes. The QAPI program is the core and strength of any designation program. Implementation of a robust maternal systemwide QAPI process is an area of opportunity throughout the state. This requires established data elements, monitoring systems, and processes to compare benchmarking and risk-adjusted outcomes.

An identified system strength is the Perinatal Care Regions (PCRs). PCRs are geographically aligned with and are supported by the RAC. The PCRs have established perinatal committees. Maternal designated facilities collaborate in these regional committees to discuss issues that affect the system delivery of care and to share best practices in this regional forum. The PCR committee chairs meet every quarter to identify quality improvement initiatives that can be implemented in all 22 PCRs. Many PCR chairs attend the Perinatal Advisory Council meetings in conjunction with the PCR meetings and may provide feedback on their quality improvement initiatives at the PAC meeting. This strengthens the collaboration between the PAC, PCR, hospitals, and the regional systems of care.



## DSHS Actions and Next Steps

Draft guidelines for the perinatal appeal panel and the designation waiver guidelines will be discussed at future PAC meetings.

DSHS initiated conference call meetings with stakeholders across the state to provide an open forum to discuss issues that impact the maternal and neonatal levels of designation and to share facility best practices. A major focus in 2021 was stakeholder calls to prepare facilities for completing the designation application, preparing for surveys, and building an effective QAPI plan. The chair and vice-chair of the PAC are included in these stakeholder calls. In addition, DSHS met with individual hospitals to answer questions and assist them in meeting designation requirements. DSHS provided explanations and examples of ways to document compliance.

DSHS reviewed and revised internal and external maternal-related designation documents to incorporate feedback and opportunities improve designation review workflows. For example, DSHS is revising the survey guidelines to integrate the opportunities identified in the survey reviews. These survey guidelines outline the expectations for the DSHS-approved survey organizations and define the surveyor credentialing and performance expectations. The survey guidelines will be reviewed internally and shared with the PAC. These guidelines integrate the processes for the virtual surveys.

DSHS collaborated with two PAC subcommittees focused on implementing [House Bill 1164 \(H.B. 1164\), 87th Legislature, Regular Session, 2021](#) and reviewing telehealth/telemedicine requirements. DSHS integrated the PAC's rule recommendations for managing placenta accreta spectrum disorder and telehealth/telemedicine into the current maternal rules.

The maternal rules incorporating previous recommendations from the PAC, placenta accreta spectrum disorder requirements, and telehealth/telemedicine rule recommendations are in the formal Health and Human Services (HHS) rulemaking process. These proposed rules were open for informal comment from January 31 through February 14, 2022. The proposed rules will be considered by the HHS Executive Council prior to appearing in the *Texas Register* as proposed rules for formal comment.

## 4. Conclusion

The Texas maternal level of care designation requirements are consistent with the nationally recognized and accepted American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine guidelines and are comparable to nine other states with similar programs.

DSHS performed a strategic review encompassing analysis of hospital survey reports, patient record reviews, relevant to current designation rules, geographical considerations, and level of care designation requirements in other states. DSHS identified the following barriers that impacted hospitals from potentially receiving their initial requested level of designation:

- Level IV - not providing comprehensive care for pregnant and postpartum patients with low-risk conditions to the most complex medical, surgical, or obstetrical conditions and their fetuses, that present a high risk of maternal morbidity or mortality.
- Level III - not ensuring access to consultation to a full range of medical and maternal subspecialists, surgical specialists, and behavioral health specialists.
- Level II – effective QAPI processes, medical staff team-based education and training, and evidence of collaboration between the maternal medical director and the maternal program manager.
- Level I – written policies and procedures specific to the maternal program.

There are currently 222 designated maternal facilities in Texas. Following the initial designation to meet the September 2021 deadline for Medicaid reimbursement, 206 facilities received their requested level of designation. 14 facilities either appealed or utilized a new survey to establish compliance with the requirements for their requested level of designation. In total, 99 percent of facilities ultimately received their requested level of designation.

The maternal rules incorporating recommendations from the PAC are in the formal Health and Human Services (HHS) rulemaking process. The proposed rules will be considered by the HHS Executive Council prior to appearing in the Texas Register as proposed rules for formal comment.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
<b>AAP</b>	American Academy of Pediatrics
<b>ACOG</b>	American College of Obstetricians and Gynecologists
<b>DSHS</b>	Department of State Health Services
<b>EMS</b>	Emergency Medical Services
<b>MMD</b>	Maternal Medical Director
<b>MPM</b>	Maternal Program Manager
<b>PAC</b>	Perinatal Advisory Committee
<b>PCR</b>	Perinatal Care Region
<b>QAPI</b>	Quality Assessment and Performance Improvement
<b>RAC</b>	Regional Advisory Council
<b>TAC</b>	Texas Administrative Code
<b>TSA</b>	Trauma Service Area

## **Appendix A. Literature Review Sources**

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<https://astho.org>



## **Appendix B. Designation Process Summary**

Hospital compliance with the Texas Administrative Code (TAC) Section 133.205 is determined through evidence of Perinatal Care Region participation, survey findings, and patient record reviews. The designation application includes the survey report with the patient record reviews that detail the hospital's compliance with the defined designation rules.

- Level I hospital applications require submission of a self-survey report with an administrative attestation to confirm compliance with the rules.
- Level II, III and IV hospitals require submission of a survey report with the patient record reviews documenting requirement compliance from department-approved survey organizations before application. The hospital chooses one of the department-approved survey organizations to perform its survey and contracts for services with that organization.

For maternal levels of care, the American College of Obstetricians and Gynecologists (ACOG) and the Texas EMS Trauma and Acute Care Foundation (TETAF) are DSHS-approved survey organizations. They complete the designation surveys to verify compliance with the maternal level of designation requirements. The level of designation a hospital requests defines the survey team and processes. The pandemic response created the need for virtual surveys. DSHS implemented virtual survey guidelines to continue the maternal designation reviews to meet the August 31, 2021, deadline.

The individual survey organizations select surveyor candidates to participate in a maternal surveyor course to gain essential knowledge and skills before a survey is conducted. The survey organizations are responsible for the credentialing of each of the selected surveyor applicants as identified in the rules, 25 Tex. TAC §133.190 (2019) (DSHS, Survey Team). Every surveyor must be a practicing professional with relevant experience and knowledge of maternal care. The surveyors must also meet the geographical distance restrictions defined in the rules and must have no conflicts of interest with the hospital they survey.

Survey organizations must define their survey process and methodology, as well as their tools, to ensure compliance and/or noncompliance with designation requirements. These processes must align with the DSHS survey guidelines. Survey teams consist of multidisciplinary professionals. Team size and composition are based on the requested level of designation. As an example, if a hospital is applying

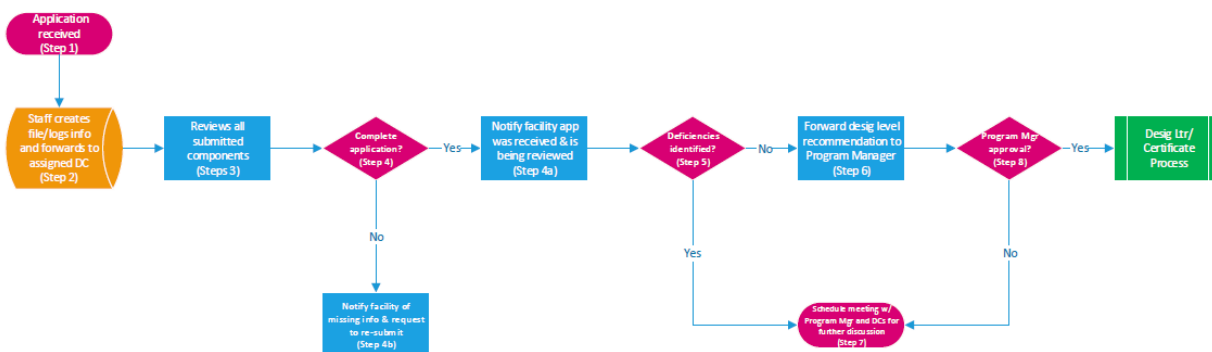
for Level IV designation, it must be surveyed by a registered nurse and an obstetrician as well as a maternal-fetal medicine specialist.

Once the survey is completed, the survey organization must provide its summary reports to the hospital no later than 30 days after the date of the survey. The hospital then completes a plan of correction for any identified potential deficiencies, completes its application packet, and submits an application packet to DSHS within 120 days of the survey date.

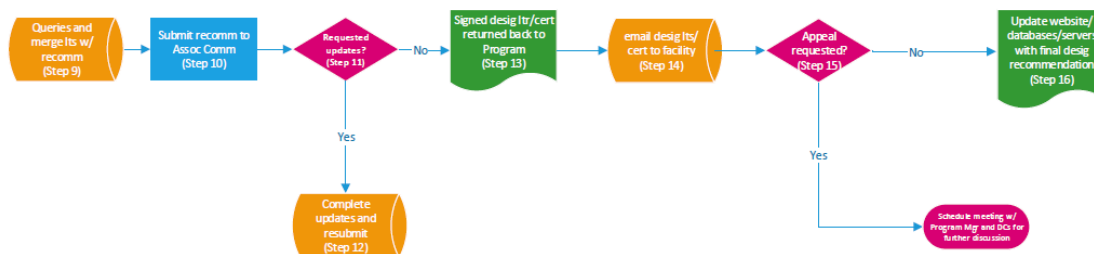
Once DSHS receives an application from a hospital, a DSHS perinatal designation coordinator, who is a registered nurse with perinatal experience, performs a desk review that includes an in-depth analysis of the survey report findings and patient record reviews submitted by the hospital. The purpose of this review is to verify documented evidence of compliance with the requirements. The quality of the survey report and completeness of the report is determined. The designation is then recommended to the DSHS commissioner or designee based on compliance with the requirements.

The individual surveyor summaries and patient care records are reviewed and tracked for compliance with the current survey guidelines to share with the appropriate approved survey organization.


## Perinatal Application Process




## Perinatal Application Process (cont.)



### Legend

 Designation Admin Process

 Designation Coord. Process

### Perinatal Designation Application Review Process

1. The designation administrative assistant or other designation staff receive perinatal designation application packets by physical mail or electronically in the [DSHS.EMS-TRAUMA@dshs.texas.gov](mailto:DSHS.EMS-TRAUMA@dshs.texas.gov) inbox.
2. The designation staff member will review the designation application packet for required documents. All physical application packets will be scanned to an electronic file. The designation application packet requires the following:
  - a. a complete designation application form for the appropriate level of designation;
  - b. the designation fee;
  - c. a designation survey report, including case reviews or a completed attestation and self-survey report;
  - d. evidence of participation in the application RAC/PCR;
  - e. a plan of correction if needed; and
  - f. any subsequent documents requested by the department.

Application information data received are entered into the database and the perinatal log for review. The application packet is then electronically sent to the Perinatal Designation Coordinators and filed in the facility folder.

3. The Designation Coordinator will review the designation application form to ensure it is complete for the appropriate level of designation including:
  - a. Ensure all requested information is provided
    - i. Hospital Demographic information
    - ii. Hospital information (TSA, TPI, License# and Beds)
    - iii. Fee amount
    - iv. Level requested
    - v. Designation type
    - vi. Program Manager, Medical Director and Chief Executive Officer information.
    - vii. Chief Executive Officer or designee signature with date.
    - viii. Statistical information
    - ix. Program Manager and Medical Director signatures with dates.
  - b. Verify the designation application fee has been received and deposited by Cash Receipts Branch Office.

- i. Check the corresponding database to verify if the payment has been processed.
  - ii. The remit information is located in the Payment Coupon screen of each database.
  - iii. Verify that the correct fee amount and current date is documented in the Payment Coupon fields. Completed information indicates the fee has been received and the application review may proceed.
  - iv. If the information is not current or blank, contact a designation staff member with Cash Branch access to verify the fee online. Once the fee has been verified online, the application review may proceed.
  - v. If the fee is not verified in the database or online, mark the fee as pending.
  - vi. The application is incomplete and cannot be recommended until the fee is received.
- c. Verify that all pages of the designation survey report, and all medical record reviews are present if applicable.
- d. Verify the RAC/PCR letter of participation is present and reflects the facility meets the participation requirements. A facility that does not meet the RAC/PCR requirements is considered non-compliant until the participation letter is submitted. A plan of correction to achieve compliance may be considered.
- e. If designation requirements are not met and identified potential deficiencies are defined, a correction action plan must be included in the application packet and reviewed.
- f. The plan of correction with supporting documentation is reviewed to identify if the facility is making progress in meeting the designation requirements.
  - i. Ensure all potential deficiencies are listed and addressed in the plan of correction (POC).
  - ii. Ensure all elements of the plan of correction are included and appropriate:
    - 1. any deficiencies cited in the survey report;
    - 2. the corrective action;
    - 3. the title of the person responsible for ensuring the correction(s) is implemented.
  - iii. How the corrective action will be monitored; and
  - iv. The date by which the POC will be completed.
- g. Verify any subsequent documents requested by the department are attached. Subsequent documents may be a Board Resolution, Medical

- Staff Resolution, or any other documentation requested by the department.
4. The Designation Coordinator determines if the application packet is complete.
    - a. If all documents are provided, the Designation Coordinator will notify the facility that the application packet is complete and in the review process.
    - b. If documents are missing, the Designation Coordinator will contact the facility designation program manager and notify the facility of the missing documents and that the application review process will be on hold, waiting on receipt of the required documents.
  5. The designation application packet review will continue if all documents are complete and present with the exception of the fee. The Designation Coordinator will:
    - a. Review the survey report for surveyor identified compliance, noncompliance, or weakness with requirements.
    - b. Verify if the surveyor documented evidence to support the identified findings.
    - c. Review the medical record review documentation to identify evidence supporting facility compliance, noncompliance, or weakness with the rule requirements for the requested level of care.
    - d. Verify the medical record review documented evidence supports the findings documented in the survey report.
    - e. Review the plan of correction and supporting documentation to verify all potential criteria deficiencies identified by the surveyors are addressed appropriately.
      - i. The corrective action must include a detailed plan to achieve compliance.
      - ii. The position responsible for implementing the corrective action must be appropriate and the action within their responsibilities. Example – The Program Manager cannot be responsible for physician interventions, physician recruitment or other corrective actions outside of their responsibilities.
      - iii. The corrective action monitoring includes a detailed plan and specified time frame.
      - iv. The date the POC is completed must be acceptable for the specific deficiency to meet compliance as quickly as possible.
    - f. Verify the plan of correction is complete, acceptable, and addresses the potential deficiencies cited in the survey report or for RAC participation.

- g. If supporting documentation is submitted with evidence of compliance for the potential criteria deficiency or RAC participation, the Designation Coordinator will determine the deficiency is met.
  - h. If the POC and/or supporting documentation are approved and implemented, the Designation Coordinator may determine the potential criteria deficiency as met.
  - i. If the POC is incomplete or not acceptable, the potential criteria deficiency may remain as "not met."
  - j. If the Designation Coordinator has questions regarding the documentation in the survey report or medical record reviews requiring clarification or explanation, the survey organization will be contacted for additional information. The Designation Coordinator and Designation Program Manager will meet with the survey organization representatives.
  - k. If the Designation Coordinator has questions regarding application documents or the plan of correction, the facility program manager will be contacted for additional information. If the CEO, CNO or Medical Director are needed, the Designation Coordinator and Designation Program Manager will meet with the facility representatives.
  - l. If the Designation Coordinator has questions regarding the RAC/PCR participation letter, the RAC will be contacted for additional information. The Designation Coordinator and Designation Program Manager will meet with the RAC/PCR representative.
  - m. Additional information received from the survey organization, facility or RAC/PCR will be included in the summary as appropriate and considered to determine if the facility meets the minimum requirements for the level of care requested.
  - n. The Designation Coordinator will complete a summary of the findings from the designation application packet review.
  - o. The Designation Coordinator will determine if the facility meets the minimum requirements for designation at the level of care requested.
6. If the Designation Coordinator determines the facility successfully meets the minimum requirements for designation at the level of care requested, a recommendation for designation at the level requested will be initiated.
7. If the Designation Coordinator determines the facility does not meet the minimum criteria, the Designation Program Manager will be notified of the findings. The Designation Coordinators and Designation Program Manager will meet to review the designation application packet and summary of findings.

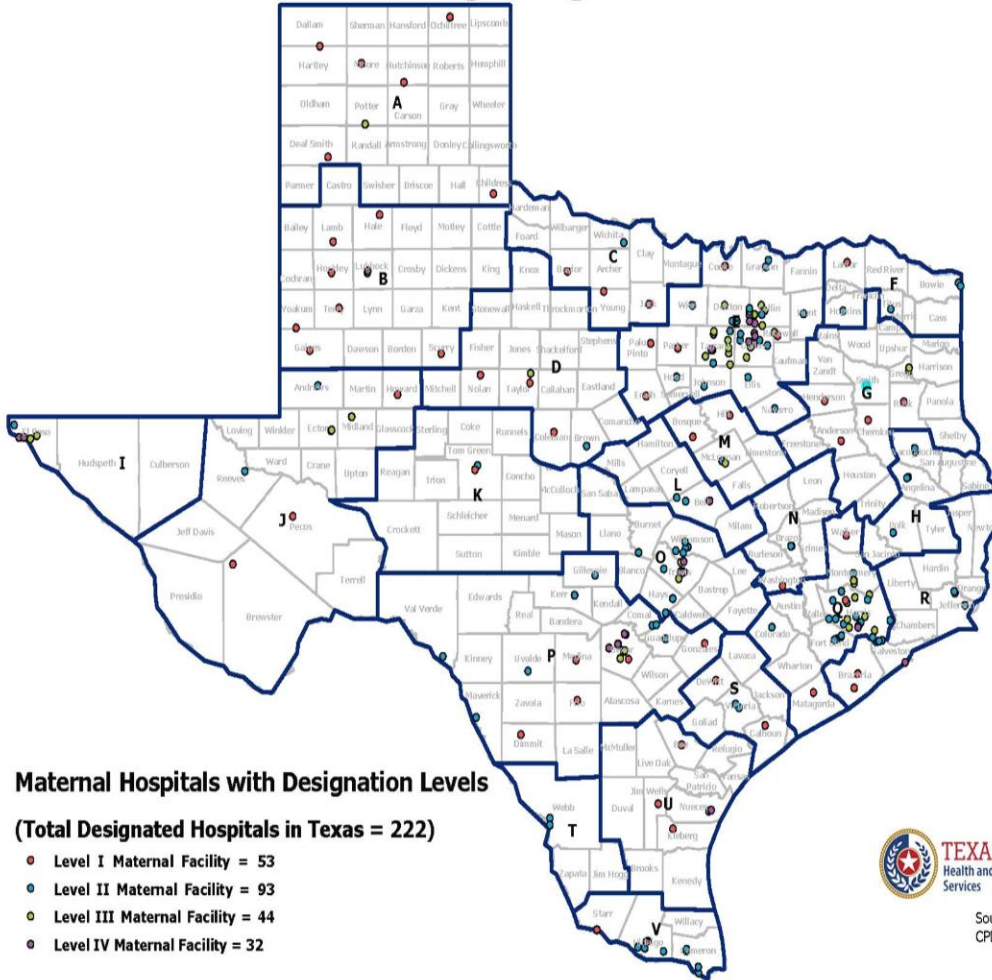
- a. If determined that the facility meets the minimum requirements for designation at the level of care requested, a recommendation for designation at the level requested will be initiated and approved.
  - b. If determined that the facility does not meet the minimum requirements for designation at the level of care requested, the EMS/Trauma Systems Director will be notified.
    - i. The Designation Program Manager will provide the facility application documents, review summary and proposed designation determination to the Director for review and consideration.
    - ii. The Director will review the documents and make a final designation determination.
    - iii. The Director will notify the Designation Program Manager of the designation determination, recommendations, or a corrective action plan.
    - iv. The Designation Program Manager will provide the final determination and approval to the appropriate Designation Coordinator to initiate the recommendation and develop a corrective action plan if required.
  - c. The Designation Coordinator or Designation Program Manager will notify the facility when the application review is complete. The Designation Coordinator will document the date of the application review completion.
  - d. If a facility is recommended for a Contingent Designation, the Designation Staff will schedule a conference call/virtual meeting with the facility.
8. The Designation Coordinator will send a designation recommendation to the Designation Program Manager and Designation Program Specialist. The Program Manager will review the recommendation for the correct program, level, and new expiration date. The Designation Program Manager will approve the recommendation and send it to the Designation Program Specialist for processing.
  9. The Designation Program Specialist will develop the Action Memo, designation letter, certificate and spreadsheet as required with the correct facility information to submit to the Associate Commissioner for approval. Designation documents for approval may be compiled by program and levels for approval.
  10. The designation recommendation approval packets are reviewed by the Designation Program Manager and sent to the EMS/Trauma Systems Director for review and approval. The EMS/Trauma Systems Director will



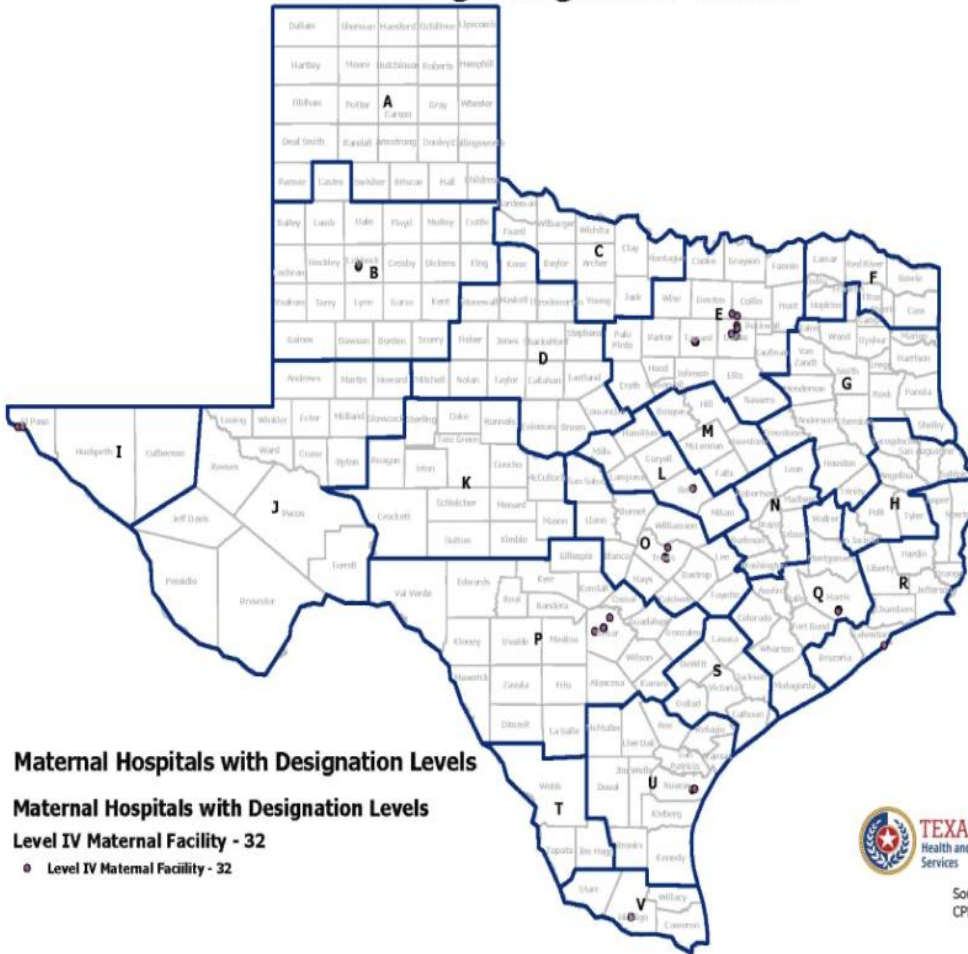
- sign facility certificates and send approved recommendations to the Associate Commissioner for review and approval.
11. The Associate Commissioner will contact the EMS/Trauma Systems Director for any questions or clarifications on recommendations.
  12. The designation staff will update any documents as required and resubmit them to the Associate Commissioner for approval.
  13. The Associate Commissioner will sign the facility designation letters and certificates for approved recommendations.
  14. The signed letters and certificates will be returned to the Designation Program to be issued to the facilities. Electronic copies of the signed letters and certificates will be issued to the facility CEO, Medical Director and Program Manager as available.
  15. An appeal may be submitted by a facility that did not receive the designation requested. If an appeal is submitted, the EMS/Trauma Systems Director, Designation Program Manager and Designation Coordinators will meet to review the appeal and original designation determination. The EMS/Trauma Systems Director will make the designation determination for all appeals.
  16. Designations approved or awarded by the Associate Commissioner will be added or updated on the DSHS Designation webpages and in the database.

# Appendix C. Texas Maps of Maternal Designated Facilities

## Texas Maternal Designated Hospitals Showing Designation Levels



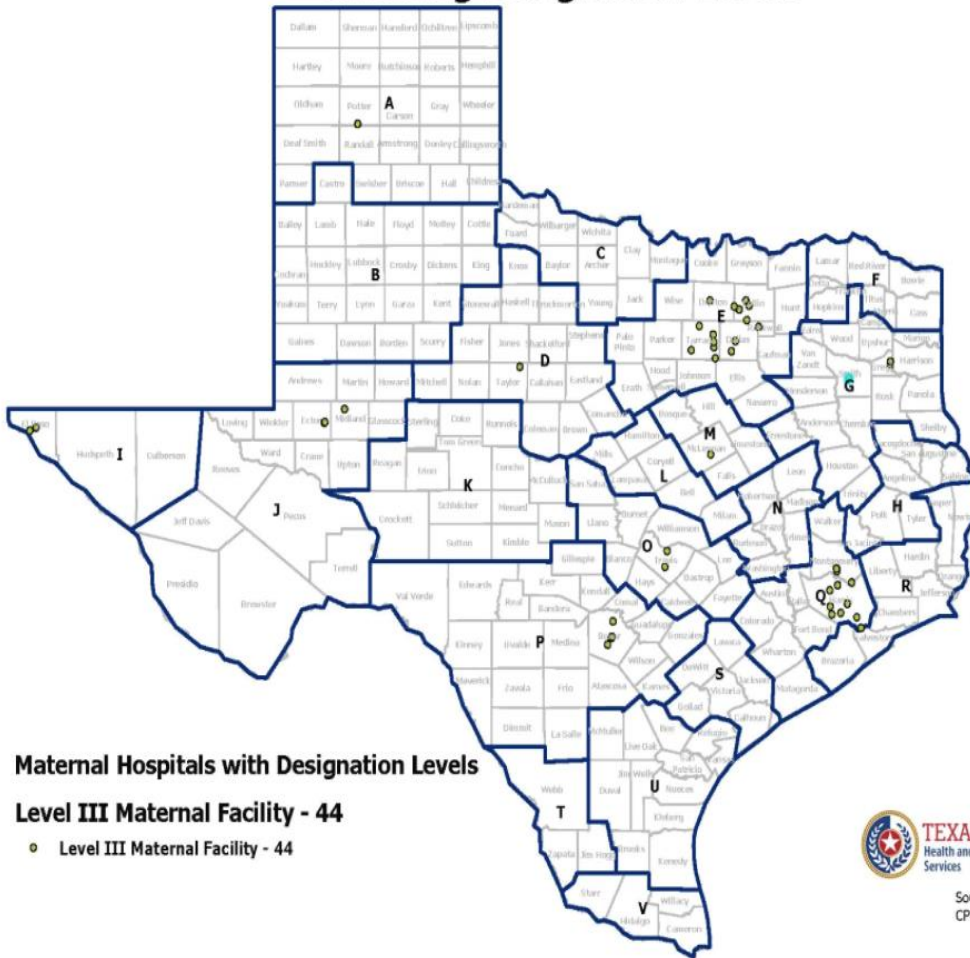
# Texas Maternal Designated Hospitals Showing Designation Levels



Texas Department of State Health Services

Sources: DSHS, EMS-Trauma Systems CPD, PSQA Unit, AYartz, Nov 2021

## Texas Maternal Designated Hospitals Showing Designation Levels



### Maternal Hospitals with Designation Levels

#### Level III Maternal Facility - 44

- Level III Maternal Facility - 44

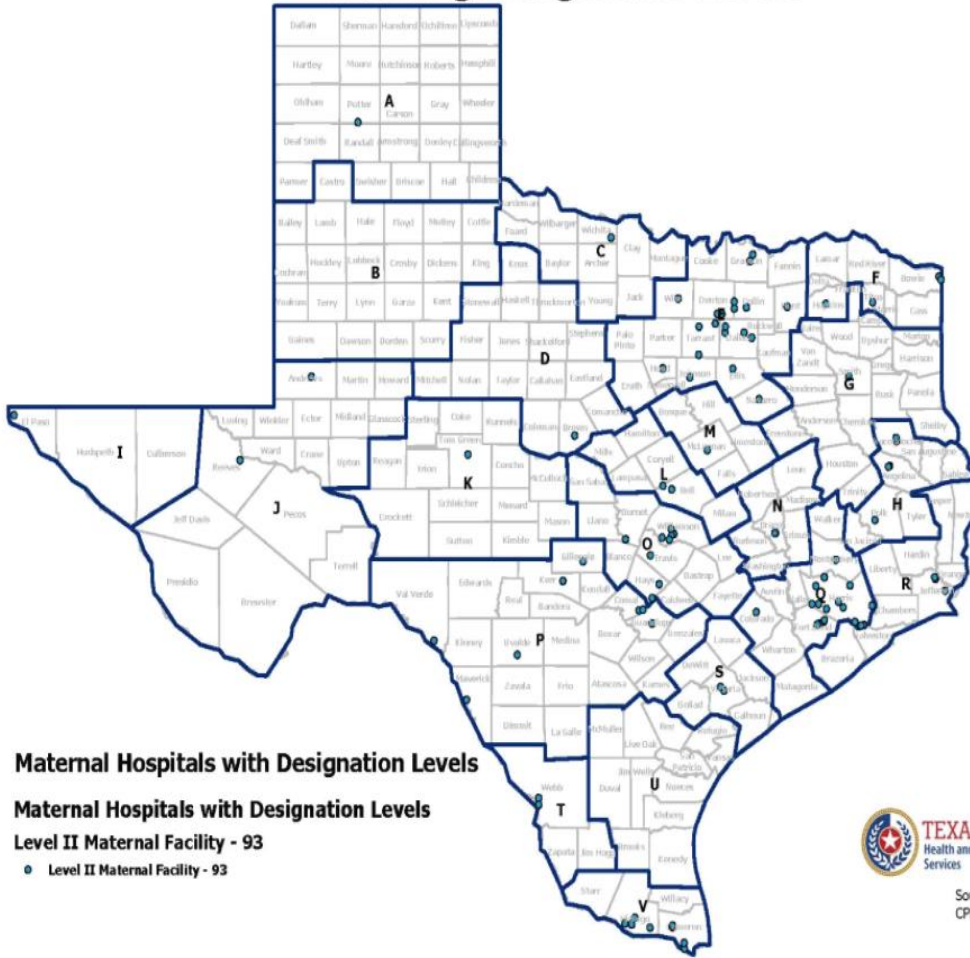


**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

Sources: DSHS, EMS-Trauma Systems  
CPD, PSQA Unit, AYartz, Nov 2021

# Texas Maternal Designated Hospitals Showing Designation Levels



**Maternal Hospitals with Designation Levels**

**Maternal Hospitals with Designation Levels**

**Level II Maternal Facility - 93**

- Level II Maternal Facility - 93



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

Sources: DSHS, EMS-Trauma Systems  
CPD, PSQA Unit, AYartz, Nov 2021





**Appendix D. Texas Maternal Level of Care  
Designation Requirements defined as barriers to  
achieving the hospital’s desired designation level  
compared to the other state designation requirements.**

<b>Identified Texas Designation Requirement Barriers</b>	Georgia <sup>i</sup>	Indiana <sup>ii</sup>	Louisiana <sup>iii</sup>
<b>Level IV Barrier</b>			
133.209(a)(1) Providing comprehensive care for pregnant and postpartum with low-risk conditions to the most complex medical, surgical, and/or obstetrical conditions and their fetuses, that present a high risk of morbidity or mortality.	UK	√	√
<b>Level III Barriers</b>			
133.208(a)(2) Ensuring access for consultation from a full range of medical and maternal subspecialists, surgical specialists, and behavioral specialists,	√	√	√
133.208(d)(5) Maternal-Fetal Medicine physician with the availability to arrive at the	Required to be readily available at	Required to be readily available at	Required to be readily available at all times

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<sup>i</sup> Georgia Department of Public Health notes that their requirements and guidelines reflect current edition of the Guidelines for Perinatal Care, AAP and ACOG.

<sup>ii</sup> Indiana State Department of Health (ISDH) states that they developed their standards “based on the requirements of the American College of Obstetrics and Gynecology (ACOG), the American Academy of Pediatrics (AAP), the Association of Women’s Health and Obstetric Nurses (AWOHN) and other medical professional organizations.”

<sup>iii</sup> Louisiana Administrative Code states that, “Obstetrical services shall be provided in accordance with acceptable standards of practice as delineated in the 2014 AAP/ACOG Guidelines for Perinatal Care.” LAC 48:I.Chapter 93 §9507.C

patient bedside within 30 minutes of urgent request	all times onsite, by telephone or telemedicine. Must be physically present to provide direct care within 24 hours.	all times onsite, by telephone or telemedicine. Must be physically present to provide direct care within 24 hours.	onsite, by telephone or telemedicine and in person onsite as needed by the facility.
<b>Level II Barriers</b>			
133.205(b)(2)(F) Documented QAPI Program	Requires participation in a perinatal quality collaborative but not specific to on-site QAPI	√	√
133.207(c)(12)(A) Anesthesia personnel with training and expertise in obstetrical anesthesia	Board certified in anesthesia but does not address training and expertise.	Board certified in anesthesia but does not address training and expertise.	√
133.205(d)(6) & 133.205(e)(4) Maternal Medical Director and Maternal Program Manager collaboration	UK	UK	UK
133.207(c)(3), 133.207(c)(5), 133.207(c)(8)(A), 133.207(c)(11), 133.207(c)(12)(A) Physician response to urgent request	Required to be readily available at all times but does not address 30-minute	UK	Required to be readily available at all times but does not address 30-minute response time or urgent request



	response time or urgent request response.		response. Requires 20-minute response time for anesthesia.
133.207(c)(19) Social Services availability	√	UK	UK
133.205(b)(2)(A)(ii) Lack of dissemination of policies and procedures and documentation to reflect compliance.	UK	UK	UK
<b>Level I Barriers</b>			
133.205(b)(2)(F) Documented QAPI Program	Requires participation in a perinatal quality collaborative but not specific to on-site QAPI	√	√
133.206(c)(13) Written policies and procedures specific to the maternal program	√	√	UK

State has the same or similar requirement = Check Mark (√).

State does not have the same or similar requirement = X

Unable to determine = UK

## **Appendix E. Geographic Considerations and Mileage**

Women living in rural areas may have the greatest distances to travel for accessing higher-level neonatal care. Women travel longer distances to a higher level of care maternal hospitals as evidenced in the tables below. This distance may prevent them from delivering in the most appropriate maternal facility.

Maternal designations are determined by verifying evidence of compliance with the requirements in the rule. This standard consistency in the care provided through the designation process assures consumers that maternal services do not differ much from one geographical area to another. Designation informs patients, their families, health care providers, and emergency medical services organizations, about the hospital’s maternal level of care provided.

**Table 1. Distance of Level I Maternal Facility from Level III or IV Maternal Designated Facility**

*Twenty-nine (55 percent) of the 53 Level I maternal hospitals are located farther than 50 miles from a Level III or IV maternal hospital.*

<b>Nearest Level III or IV</b>	<b>Level I (53)</b>
<b>More than 150 miles</b>	0
<b>100 – 149 miles</b>	4
<b>75-99 miles</b>	10
<b>50-74 miles</b>	15
<b>25-49 miles</b>	19
<b>Less than 25 miles</b>	5

## **Table 2. Distance of Level II Facilities from Level III or Level IV Maternal Designated Facility**

*Thirty-one (33 percent) of the 94 Level II hospitals are farther than 50 miles from a Level III or IV maternal hospital. Fifty-one percent of Level II hospitals are less than 25 miles from Level III or Level IV maternal hospitals.*

<b>Nearest Level III or IV</b>	<b>Level II (94)</b>
<b>More than 150 miles</b>	0
<b>100 – 149 miles</b>	8
<b>75-99 miles</b>	12
<b>50-74 miles</b>	11
<b>25-49 miles</b>	15
<b>Less than 25 miles</b>	48

**Table 3. Number of Counties Per Regional Advisory Council Without a Maternal Designated Facility (151/254 or 59%)**

<b>TSA</b>	<b>Counties per TSA</b>	<b>Counties Without a Designated Facility</b>	<b>No Designated Facility (%)</b>
A	25	18	72%
B	22	14	64%
C	10	6	60%
D	16	12	75%
E	19	3	16%
F	8	4	50%
G	19	13	68%
H	7	4	57%
I	3	2	67%
J	17	10	59%
K	14	13	93%
L	6	5	83%
M	5	2	40%
N	7	5	71%
O	11	7	64%
P	22	10	45%
Q	9	3	33%
R	9	6	67%
S	6	3	50%
T	3	2	67%
U	12	8	67%
V	4	1	25%
<b>Total</b>	<b>254</b>	<b>151</b>	<b>59%</b>

**Table 4. Counties with Maternal Level I Designated Facility**

*Forty-seven (18.5%) counties have only Level I Maternal Designated hospitals. Of those, 38 are rural and nine are urban counties.*

<b>TSA</b>	<b>County</b>	<b>Facility</b>	<b>Designation Level</b>	<b>Class</b>
A	Childress	Childress Regional Medical Center	I	Rural
A	Deaf Smith	Hereford Regional Medical Center	I	Rural
A	Hartley	Coon Memorial Hospital and Home	I	Rural
A	Hutchinson	Golden Plains Community Hospital	I	Rural
A	Moore	Memorial Hospital***Dumas	I	Rural
A	Ochiltree	Ochiltree General Hospital	I	Rural
B	Gaines	Memorial Hospital***Seminole	I	Rural
B	Hale	Covenant Hospital Plainview	I	Rural
B	Hockley	Covenant Hospital Levelland	I	Rural
B	Lamb	Lamb Healthcare Center	I	Rural
B	Scurry	Cogdell Memorial Hospital	I	Rural
B	Terry	Brownfield Regional Medical Center	I	Rural
B	Yoakum	Yoakum County Hospital	I	Rural
C	Baylor	Seymour Hospital	I	Rural
C	Jack	Faith Community Hospital	I	Rural
C	Young	Hamilton Hospital	I	Rural
D	Coleman	Coleman County Medical Center Company	I	Rural
D	Nolan	Rolling Plains Memorial Hospital	I	Rural
E	Cooke	North Texas Medical Center	I	Rural
E	Erath	Texas Health Harris Methodist Hospital Stephenville	I	Rural
E	Palo Pinto	Palo Pinto General Hospital	I	Rural
E	Parker	Medical City Weatherford	I	Urban
F	Lamar	Paris Regional Medical Center North Campus	I	Rural
G	Anderson	Palestine Regional Medical Center	I	Urban

<b>TSA</b>	<b>County</b>	<b>Facility</b>	<b>Designation Level</b>	<b>Class</b>
G	Cherokee	UT Health East Texas Jacksonville Hospital	I	Urban
G	Henderson	UT Health East Texas Athens Hospital	I	Urban
G	Rusk	UT Health East Texas Henderson Hospital	I	Urban
J	Brewster	Big Bend Regional Medical Center	I	Rural
J	Howard	Scenic Mountain Medical Center, a Steward Family Hospital	I	Rural
J	Pecos	Pecos County Memorial Hospital	I	Rural
M	Bosque	Goodall - Witcher Hospital	I	Rural
M	Hill	Hill Regional Hospital	I	Rural
N	Washington	Baylor Scott & White Medical Center - Brenham	I	Rural
P	Dimmit	Dimmit Regional Hospital	I	Rural
P	Frio	Frio Regional Hospital	I	Rural
P	Gonzales	Memorial Hospital***Gonzales	I	Rural
P	Medina	Medina Regional Hospital	I	Rural
Q	Matagorda	Matagorda Regional Medical Center	I	Rural
Q	Walker	Huntsville Memorial Hospital	I	Urban
R	Brazoria	CHI St. Luke's Health - Brazosport	I	Urban
R	Brazoria	UTMB Health Angleton Danbury Campus	I	Urban
S	Calhoun	Memorial Medical Center	I	Rural
S	DeWitt	Cuero Regional Hospital	I	Rural
U	Bee	CHRISTUS Spohn Hospital Beeville	I	Rural
U	Jim Wells	CHRISTUS Spohn Hospital Alice	I	Rural
U	Kleberg	CHRISTUS Spohn Hospital Kleberg	I	Rural

**Table 5. Level of Maternal Designated Facilities Per Regional Advisory Council or Trauma Service Area (TSA)**

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
A	Childress Regional Medical Center	I	Childress
A	Coon Memorial Hospital and Home	I	Hartley
A	Golden Plains Community Hospital	I	Hutchinson
A	Hereford Regional Medical Center	I	Deaf Smith
A	Memorial Hospital***Dumas	I	Moore
A	Ochiltree General Hospital	I	Ochiltree
A	Baptist St. Anthony’s Hospital	II	Potter
A	Northwest Texas Hospital	III	Potter
B	Brownfield Regional Medical Center	I	Terry
B	Cogdell Memorial Hospital	I	Scurry
B	Covenant Hospital Levelland	I	Hockley
B	Covenant Hospital Plainview	I	Hale
B	Lamb Healthcare Center	I	Lamb
B	Memorial Hospital***Seminole	I	Gaines
B	Yoakum County Hospital	I	Yoakum
B	Covenant Children’s Hospital	IV	Lubbock
B	University Medical Center	IV	Lubbock
C	Faith Community Hospital	I	Jack
C	Hamilton Hospital	I	Young
C	Seymour Hospital	I	Baylor
C	United Regional Healthcare System	II	Wichita
D	Coleman County Medical Center Company	I	Coleman
D	Hendrick Medical Center South	I	Taylor
D	Rolling Plains Memorial Hospital	I	Nolan
D	Hendrick Medical Center Brownwood	II	Brown

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
D	Hendrick Medical Center	III	Taylor
E	Medical City Weatherford	I	Parker
E	North Texas Medical Center	I	Cooke
E	Palo Pinto General Hospital	I	Palo Pinto
E	Texas Health Harris Methodist Hospital Stephenville	I	Erath
E	Texas Health Hospital Rockwall	I	Rockwall
E	Baylor Scott & White Medical Center - Frisco	II	Collin
E	Baylor Scott & White Medical Center - Grapevine	II	Tarrant
E	Baylor Scott & White Medical Center - Irving	II	Dallas
E	Baylor Scott & White Medical Center - Waxahachie	II	Ellis
E	City Hospital at White Rock	II	Dallas
E	Dallas Regional Medical Center	II	Dallas
E	Hunt Regional Medical Center Greenville	II	Hunt
E	Lake Granbury Medical Center	II	Hood
E	Medical City Alliance	II	Tarrant
E	Medical City Las Colinas	II	Dallas
E	Medical City Lewisville	II	Denton
E	Navarro Regional Hospital	II	Navarro
E	Texas Health Harris Methodist Hospital Cleburne	II	Johnson
E	Texas Health Hospital Frisco	II	Collin
E	Texas Health Huguley Hospital	II	Tarrant
E	Texas Health Presbyterian Hospital Allen	II	Collin
E	Texas Health Presbyterian Hospital Flower Mound	II	Denton
E	Texoma Medical Center	II	Grayson
E	Wilson N. Jones Regional Medical Center	II	Grayson
E	Wise Health System	II	Wise



<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
E	Baylor Scott & White Medical Center - Centennial	III	Collin
E	Baylor Scott & White Medical Center - Lake Pointe	III	Rockwall
E	Baylor Scott & White Medical Center - McKinney	III	Collin
E	Medical City Arlington	III	Tarrant
E	Medical City Frisco, a Medical Center of Plano Facility	III	Collin
E	Medical City McKinney	III	Collin
E	Methodist Charlton Medical Center	III	Dallas
E	Methodist Dallas Medical Center	III	Dallas
E	Methodist Mansfield Medical Center	III	Tarrant
E	Methodist Richardson Medical Center	III	Collin
E	Texas Health Arlington Memorial Hospital	III	Tarrant
E	Texas Health Harris Methodist Hospital Alliance	III	Tarrant
E	Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	III	Tarrant
E	Texas Health Harris Methodist Hospital Southwest Fort Worth	III	Tarrant
E	Texas Health Presbyterian Hospital Denton	III	Denton
E	Baylor Scott & White All Saints Medical Center - Fort Worth	IV	Tarrant
E	Baylor University Medical Center	IV	Dallas
E	John Peter Smith Hospital	IV	Tarrant
E	Medical City Dallas Hospital	IV	Dallas
E	Medical City Plano	IV	Collin
E	Parkland Memorial Hospital	IV	Dallas
E	Texas Health Harris Methodist Hospital Fort Worth	IV	Tarrant
E	Texas Health Presbyterian Hospital Dallas	IV	Dallas
E	Texas Health Presbyterian Hospital Plano	IV	Collin
E	William P. Clements University Hospital	IV	Dallas

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
F	Paris Regional Medical Center North Campus	I	Lamar
F	CHRISTUS Mother Frances Hospital - Sulphur Springs	II	Hopkins
F	CHRISTUS St. Michael Health System	II	Bowie
F	Titus Regional Medical Center	II	Titus
F	Wadley Regional Medical Center	II	Bowie
G	Palestine Regional Medical Center	I	Anderson
G	UT Health East Texas Athens Hospital	I	Henderson
G	UT Health East Texas Henderson Hospital	I	Rusk
G	UT Health East Texas Jacksonville Hospital	I	Cherokee
G	UT Health East Texas Tyler Regional Hospital	II	Smith
G	CHRISTUS Good Shepherd Medical Center - Longview	III	Gregg
G	CHRISTUS Mother Frances Hospital - Tyler	III	Smith
G	Longview Regional Medical Center	III	Gregg
H	CHI St. Luke's Health - Memorial Livingston	II	Polk
H	CHI St. Luke's Health Memorial Lufkin	II	Angelina
H	Nacogdoches Medical Center	II	Nacogdoches
H	Nacogdoches Memorial Hospital	II	Nacogdoches
H	Woodland Heights Medical Center	II	Angelina
I	The Hospitals of Providence Transmountain Campus	II	El Paso
I	Del Sol Medical Center, a Campus of LPDS Healthcare	III	El Paso
I	The Hospitals of Providence East Campus	III	El Paso
I	Las Palmas Medical Center A Campus of LPDS Healthcare	IV	El Paso
I	The Hospitals of Providence Memorial Campus	IV	El Paso
I	University Medical Center of El Paso	IV	El Paso
J	Big Bend Regional Medical Center	I	Brewster
J	Pecos County Memorial Hospital	I	Pecos

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
J	Scenic Mountain Medical Center, a Steward Family Hospital	I	Howard
J	Permian Regional Medical Center	II	Andrews
J	Reeves County Hospital	II	Reeves
J	Medical Center Hospital***Ector	III	Ector
J	Midland Memorial Hospital	III	Midland
J	Odessa Regional Medical Center	III	Ector
K	Shannon Medical Center South	I	Tom Green
K	Shannon Medical Center	II	Tom Green
L	AdventHealth Central Texas	II	Bell
L	Seton Medical Center Harker Heights	II	Bell
L	Baylor Scott & White Medical Center - Temple	IV	Bell
M	Goodall - Witcher Hospital	I	Bosque
M	Hill Regional Hospital	I	Hill
M	Ascension Providence	II	McLennan
M	Baylor Scott & White Medical Center - Hillcrest	III	McLennan
N	Baylor Scott & White Medical Center - Brenham	I	Washington
N	Baylor Scott & White Medical Center - College Station	II	Brazos
N	CHI St. Joseph Health College Station Hospital	II	Brazos
O	Dell Children's Medical Center	I	Travis
O	Ascension Seton Hays	II	Hays
O	Ascension Seton Williamson	II	Williamson
O	Baylor Scott & White Medical Center - Lakeway	II	Travis
O	Baylor Scott & White Medical Center - Marble Falls	II	Burnet
O	Baylor Scott & White Medical Center - Round Rock	II	Williamson
O	Cedar Park Regional Medical Center	II	Williamson

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
O	CHRISTUS Santa Rosa Hospital - San Marcos	II	Hays
O	Round Rock Medical Center	II	Williamson
O	St. David's Georgetown Hospital - A St. David's Medical Center Facility	II	Williamson
O	Ascension Seton Northwest	III	Travis
O	St. David's South Austin Medical Center	III	Travis
O	Ascension Seton Medical Center Austin	IV	Travis
O	North Austin Medical Center	IV	Travis
O	St. David's Medical Center	IV	Travis
P	Dimmit Regional Hospital	I	Dimmit
P	Frio Regional Hospital	I	Frio
P	Medina Regional Hospital	I	Medina
P	Memorial Hospital***Gonzales	I	Gonzales
P	Mission Trail Baptist Hospital	I	Bexar
P	CHRISTUS Santa Rosa Hospital - New Braunfels	II	Comal
P	Fort Duncan Regional Medical Center	II	Maverick
P	Guadalupe Regional Medical Center	II	Guadalupe
P	Hill Country Memorial Hospital	II	Gillespie
P			
P	Peterson Regional Medical Center	II	Kerr
P	Resolute Health	II	Comal
P	Uvalde Memorial Hospital	II	Uvalde
P	Val Verde Regional Medical Center	II	Val Verde
P	Children's Hospital of San Antonio	III	Bexar
P	Methodist Stone Oak Hospital	III	Bexar
P	Metropolitan Methodist Hospital	III	Bexar
P	Texas Vista Medical Center	III	Bexar

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
P	CHRISTUS Santa Rosa Hospital - Westover Hills	IV	Bexar
P	Methodist Hospital	IV	Bexar
P	North Central Baptist Hospital	IV	Bexar
P	St. Luke's Baptist Hospital	IV	Bexar
P	University Hospital	IV	Bexar
Q	Huntsville Memorial Hospital	I	Walker
Q	Matagorda Regional Medical Center	I	Matagorda
Q	St. Luke's Hospital at The Vintage	I	Harris
Q	Columbus Community Hospital	II	Colorado
Q	HCA Houston Healthcare Conroe	II	Montgomery
Q	HCA Houston Healthcare Tomball	II	Harris
Q	HCA Houston Healthcare West	II	Harris
Q	Houston Methodist Baytown Hospital	II	Harris
Q	Houston Methodist Clear Lake Hospital	II	Harris
Q	Houston Methodist Sugar Land Hospital	II	Fort Bend
Q	Houston Methodist West Hospital	II	Harris
Q	Memorial Hermann Cypress Hospital	II	Harris
Q	Memorial Hermann Greater Heights Hospital	II	Harris
Q	Memorial Hermann Katy Hospital	II	Harris
Q	Memorial Hermann Northeast Hospital	II	Harris
Q	Memorial Hermann Southeast Hospital	II	Harris
Q	Memorial Hermann Sugar Land Hospital	II	Fort Bend
Q	OakBend Medical Center***Williams Way Campus	II	Fort Bend
Q	St. Joseph Medical Center	II	Harris
Q	St. Luke's Sugar Land Hospital	II	Fort Bend
Q	UTMB Health Clear Lake Campus	II	Harris

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
Q	Harris Health System Lyndon B. Johnson Hospital	III	Harris
Q	HCA Houston Healthcare Clear Lake	III	Harris
Q	HCA Houston Healthcare Kingwood	III	Montgomery
Q	HCA Houston Healthcare Northwest	III	Harris
Q	HCA Houston Healthcare Southeast	III	Harris
Q	Houston Methodist Hospital	III	Harris
Q	Houston Methodist The Woodlands Hospital	III	Montgomery
Q	Houston Methodist Willowbrook Hospital	III	Harris
Q	Memorial Hermann Memorial City Medical Center	III	Harris
Q	Memorial Hermann Southwest Hospital	III	Harris
Q	Memorial Hermann The Woodlands Medical Center	III	Montgomery
Q	St. Luke's The Woodlands Hospital	III	Harris
Q	Harris Health System Ben Taub Hospital	IV	Harris
Q	Memorial Hermann - Texas Medical Center	IV	Harris
Q	Texas Children's Hospital	IV	Harris
Q	The Woman's Hospital of Texas	IV	Harris
R	CHI St. Luke's Health - Brazosport	I	Brazoria
R	UTMB Health Angleton Danbury Campus	I	Brazoria
R	Baptist Hospitals of Southeast Texas	II	Jefferson
R	CHRISTUS Southeast Texas - St. Elizabeth & St. Mary	II	Jefferson
R	The Medical Center of Southeast Texas	II	Jefferson
R	University of Texas Medical Branch	IV	Galveston
S	Cuero Regional Hospital	I	DeWitt
S	Memorial Medical Center	I	Calhoun
S	Citizens Medical Center	II	Victoria
S	DeTar Healthcare System	II	Victoria

<b>TSA</b>	<b>Facility Name</b>	<b>Designation Level</b>	<b>County</b>
T	Doctors Hospital of Laredo	II	Webb
T	Laredo Medical Center	II	Webb
U	CHRISTUS Spohn Hospital Alice	I	Jim Wells
U	CHRISTUS Spohn Hospital Beeville	I	Bee
U	CHRISTUS Spohn Hospital Kleberg	I	Kleberg
U	CHRISTUS Spohn Hospital Corpus Christi South	IV	Nueces
U	The Corpus Christi Medical Center - Bay Area	IV	Nueces
V	Starr County Memorial Hospital	I	Starr
V	Harlingen Medical Center	II	Cameron
V	Knapp Medical Center	II	Hidalgo
V	Mission Regional Medical Center	II	Hidalgo
V	Rio Grande Regional Hospital	II	Hidalgo
V	South Texas Health System Edinburg	II	Hidalgo
V	South Texas Health System McAllen	II	Hidalgo
V	Valley Baptist Medical Center	II	Cameron
V	Valley Baptist Medical Center - Brownsville	II	Cameron
V	Valley Regional Medical Center	II	Cameron
V	Women's Hospital at Renaissance	IV	Hidalgo