



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

AUG - 3 2009

TO: Charlene Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services

FROM: Daniel R. Levinson *Daniel R. Levinson*
Inspector General

SUBJECT: Review of Medicare Contractor Processes for Reviewing Pennsylvania Hospitals' Wage Data (A-03-08-00020)

Attached is an advance copy of our final report on Medicare contractor processes for reviewing Pennsylvania hospitals' wage data. We will issue this report to Highmark Medicare Services (Highmark) and to Wisconsin Physicians Service Insurance Corporation (Wisconsin Physicians) within 5 business days.

Highmark and Wisconsin Physicians are Medicare contractors responsible for reviewing and adjusting, as appropriate, the cost reports of 154 hospitals in Pennsylvania. The Centers for Medicare & Medicaid Services (CMS) uses the nationwide wage data that Medicare contractors have reviewed and approved to calculate wage indexes for hospitals in all core-based statistical areas (CBSA) and statewide rural areas. To establish consistency in wage data reviews, each year CMS provides Medicare contractors with specific guidance, the "Annual Desk Review Program for Hospital Wage Data" (desk review program).

We conducted this review as a result of a congressional request related to Highmark's calculation of costs used to determine the wage index of the Altoona Regional Health System (Altoona Hospital), one of two hospitals in a CBSA in western Pennsylvania. Discussions indicated congressional concern that any differences in wage indexes between western and eastern Pennsylvania may have resulted from possible disparate treatment of western and eastern Pennsylvania hospitals during Highmark's wage data reviews.

Our objectives were to determine whether:

- Highmark followed the desk review program when reviewing Altoona Hospital's wage data that CMS used to calculate the fiscal years (FY) 2004 through 2009 wage indexes and

- Highmark and Wisconsin Physicians followed the desk review program when reviewing 20 other Pennsylvania hospitals' wage data that CMS used to calculate the FY 2009 wage indexes.

Highmark followed the desk review program when reviewing Altoona Hospital's wage data that CMS used to calculate the FYs 2004 through 2009 wage indexes. For the 20 other selected hospitals, Highmark and Wisconsin Physicians followed the desk review program when reviewing the hospitals' wage data that CMS used to calculate the FY 2009 wage indexes.

Because we found no evidence of disparate treatment based on the Medicare contractor that reviewed the wage data or a hospital's geographic location, we have no recommendations.

If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact George M. Reeb, Assistant Inspector General for the Centers for Medicare & Medicaid Audits, at (410) 786-7104 or through email at George.Reeb@oig.hhs.gov or Stephen Virbitsky, Regional Inspector General for Audit Services, Region III, at (215) 861-4470 or through email at Stephen.Virbitsky@oig.hhs.gov. Please refer to report number A-03-08-00020.

Attachment



Office of Audit Services, Region III
Public Ledger Building, Suite 316
150 S. Independence Mall West
Philadelphia, PA 19106-3499

AUG - 5 2009

Report Number: A-03-08-00020

Mr. Patrick Kiley
President
Highmark Medicare Services
1800 Center Street
Camp Hill, Pennsylvania 17089

Dear Mr. Kiley:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled "Review of Medicare Contractor Processes for Reviewing Pennsylvania Hospitals' Wage Data." We will forward a copy of this report to the HHS action official noted below.

Pursuant to the Freedom of Information Act, 5 U.S.C. § 552, OIG reports generally are made available to the public to the extent that information in the report is not subject to exemptions in the Act. Accordingly, this report will be posted on the Internet at <http://oig.hhs.gov>.

If you have any questions or comments about this report, please direct them to the HHS action official. Please refer to report number A-03-08-00020 in all correspondence.

Sincerely,

Stephen Virbitsky
Regional Inspector General
for Audit Services

Enclosure

HHS Action Official:

Ms. Nanette Foster Reilly
Consortium Administrator
Consortium for Financial Management & Fee for Service Operations
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 235
Kansas City, Missouri 64106



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150 S. Independence Mall West
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AUG - 5 2009

Report Number: A-03-08-00020

Mr. Guy Ringle
Senior Vice President, Medicare
Wisconsin Physicians Service Insurance Corporation
1707 West Broadway
Madison, Wisconsin 53707-7927

Dear Mr. Ringle:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled "Review of Medicare Contractor Processes for Reviewing Pennsylvania Hospitals' Wage Data." We will forward a copy of this report to the HHS action official noted below.

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Sincerely,

Stephen Virbitsky
Regional Inspector General
for Audit Services

Enclosure

HHS Action Official:

Ms. Nanette Foster Reilly
Consortium Administrator
Consortium for Financial Management & Fee for Service Operations
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 235
Kansas City, Missouri 64106

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**REVIEW OF MEDICARE
CONTRACTOR PROCESSES FOR
REVIEWING PENNSYLVANIA
HOSPITALS' WAGE DATA**



Daniel R. Levinson
Inspector General

August 2009
A-03-08-00020

Office of Inspector General

<http://oig.hhs.gov>

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Pursuant to the Freedom of Information Act, 5 U.S.C. § 552, Office of Inspector General reports generally are made available to the public to the extent that information in the report is not subject to exemptions in the Act.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

Under the inpatient prospective payment system for acute-care hospitals, Medicare Part A pays hospital costs at predetermined, diagnosis-related rates for patient discharges. Fiscal intermediaries and Medicare administrative contractors (collectively, Medicare contractors) under contract with the Centers for Medicare & Medicaid Services (CMS) pay acute-care hospitals and review hospitals' Medicare cost reports.

To reflect labor cost variations among localities, CMS adjusts prospective payments to hospitals through wage indexes. CMS calculates a wage index for each metropolitan area, known as a core-based statistical area (CBSA), as well as a statewide rural wage index for each State. These calculations use hospital wage data (which include wages, salaries, and related hours) collected 4 years earlier to allow time for CMS to collect complete cost report data and for Medicare contractors to review and adjust, as appropriate, the data. For example, CMS based the wage indexes for fiscal year (FY) 2009, which began October 1, 2008, on wage data collected from hospitals' Medicare cost reports for their FYs that began during Federal FY 2005. To establish consistency in wage data reviews, each year CMS provides Medicare contractors with specific guidance, the "Annual Desk Review Program for Hospital Wage Data" (desk review program).

The Altoona Regional Health System (Altoona Hospital) is one of two hospitals in the Altoona CBSA, located in western Pennsylvania. Highmark Medicare Services (Highmark) is responsible for reviewing Altoona Hospital's Medicare cost reports, as well as the cost reports of 119 other hospitals in Pennsylvania. Wisconsin Physicians Service Insurance Corporation (Wisconsin Physicians) is responsible for reviewing the cost reports of the 34 remaining hospitals in the State.

We conducted this review as a result of a congressional request related to Highmark's review and approval of wage data used to determine Altoona Hospital's wage index. Discussions indicated congressional concern that any differences in wage indexes between western and eastern Pennsylvania may have resulted from the possible disparate treatment of western and eastern Pennsylvania hospitals during Highmark's wage data reviews.

OBJECTIVES

Our objectives were to determine whether:

- Highmark followed the desk review program when reviewing Altoona Hospital's wage data that CMS used to calculate the FYs 2004 through 2009 wage indexes and
- Highmark and Wisconsin Physicians followed the desk review program when reviewing 20 other Pennsylvania hospitals' wage data that CMS used to calculate the FY 2009 wage indexes.

RESULTS OF REVIEW

Highmark followed the desk review program when reviewing Altoona Hospital's wage data that CMS used to calculate the FYs 2004 through 2009 wage indexes. For the 20 other selected hospitals, Highmark and Wisconsin Physicians followed the desk review program when reviewing the hospitals' wage data that CMS used to calculate the FY 2009 wage indexes.

Because we found no evidence of disparate treatment based on the Medicare contractor that reviewed the wage data or a hospital's geographic location, we have no recommendations.

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INTRODUCTION

BACKGROUND

Medicare Inpatient Prospective Payment System

Under the inpatient prospective payment system for acute-care hospitals, Medicare Part A pays hospital costs at predetermined, diagnosis-related rates for patient discharges. In fiscal year (FY) 2009, the Centers for Medicare & Medicaid Services (CMS) expects Medicare Part A to pay inpatient hospitals approximately \$138.3 billion. Under contract with CMS, fiscal intermediaries and Medicare administrative contractors (collectively, Medicare contractors) pay acute-care hospitals and review hospitals' Medicare cost reports.

Wage Indexes and Wage Rates

To reflect labor cost variations among localities, CMS adjusts prospective payments to acute-care hospitals through wage indexes.¹ CMS uses the Office of Management and Budget (OMB) metropolitan area designations to identify labor markets and to calculate and assign wage indexes to hospitals. In 2003, OMB revised its metropolitan statistical area definitions and announced new core-based statistical areas (CBSA). CMS first used the CBSAs when calculating the wage indexes for FY 2005. CMS calculates a wage index for each CBSA and a statewide rural wage index for each State for areas that lie outside CBSAs. The wage index for each CBSA and statewide rural area is based on the average hourly wage rate of the hospitals in those areas divided by the national average hourly wage rate. All hospitals within a CBSA or within a statewide rural area receive the same labor payment adjustment.

To calculate wage indexes, CMS uses hospital wage data (which include wages, salaries, and related hours) collected 4 years earlier to allow time for CMS to collect complete cost report data from all inpatient prospective payment system hospitals and for Medicare contractors to review the data. For example, CMS based the wage indexes for FY 2009, which began October 1, 2008, on wage data collected from hospitals' Medicare cost reports for their FYs that began during Federal FY 2005 (October 1, 2004, through September 30, 2005). A hospital's wage rate is the quotient of dividing total dollars (numerator) by total hours (denominator). Arriving at the final numerator and denominator in this rate computation involves a series of calculations. Inaccuracies in either the dollar amounts or hours reported can have varying effects on the final rate computation.

Section 1886(d)(3)(E) of the Social Security Act (the Act) requires that CMS update wage indexes annually in a manner that ensures that aggregate payments to hospitals are not affected by changes in the indexes. Further, section 1886(d)(3)(A)(iv) of the Act requires CMS to update labor and nonlabor average standardized amounts by an applicable percentage increase specified in section 1886(b)(3)(B)(i). The percentage increase is based on the market basket index, which measures inflationary increases in hospital costs. The inclusion of unallowable costs in wage

¹The inpatient prospective payment system wage index or a modified version also applies to other providers, such as outpatient hospitals, long-term-care hospitals, inpatient rehabilitation facilities, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, and hospices.

data could produce an inaccurate market basket index for updating prospective payments to hospitals.

Medicare Contractor Wage Data Reviews

Generally, chapter 8, section 20.1, of CMS’s “Medicare Financial Management Manual” (Pub. No. 100-06) (the Manual) requires that Medicare contractors review hospitals’ annual cost reports to determine the adequacy, completeness, accuracy, and reasonableness of the reported data. According to section 20.1, the “objective of the desk review is to determine whether the cost report can be settled without an audit or whether an in-house or field audit is necessary.”

Chapter 8, section 20.4, of the Manual requires that wage data reviews be “completed on all cost reports for short-term acute inpatient prospective payment system (IPPS) hospitals and hospitals that would otherwise be subject to IPPS if they did not have a waiver.” To establish consistency in wage data reviews, each year CMS provides Medicare contractors with specific guidance, the “Annual Desk Review Program for Hospital Wage Data” (desk review program). After completing their reviews, Medicare contractors calculate a wage rate for each hospital for which they are responsible. CMS uses the nationwide wage data and other hospital data that Medicare contractors have reviewed and approved to calculate wage indexes for all CBSAs and statewide rural areas.

Currently, two Medicare contractors review the wage data of the 154 Pennsylvania hospitals with Medicare utilization.

- Highmark Medicare Services (Highmark) conducts wage data reviews for 120 Pennsylvania hospitals at its offices in Camp Hill, Fort Washington, and Pittsburgh, Pennsylvania.
- Wisconsin Physicians Service Insurance Corporation (Wisconsin Physicians) conducts wage data reviews at its Omaha, Nebraska, office for 34 Pennsylvania hospitals that are parts of chains.²

Altoona Regional Health System

The Altoona Regional Health System (Altoona Hospital) was formed when the Altoona and Bon Secours–Holy Family Hospitals merged on November 1, 2004. Acute-care services are provided at two campuses, Altoona and Bon Secours. Altoona Hospital is licensed for a combined total of 497 beds and is one of two hospitals in the Altoona CBSA, located in western Pennsylvania.³ Highmark’s Pittsburgh office is responsible for reviewing Altoona Hospital’s wage data.

Based on the nationwide wage data reviewed and approved by Medicare contractors, CMS calculated the FY 2009 wage index for the Altoona CBSA as 0.8333, the same wage index calculated for three other Pennsylvania CBSAs (Johnstown in western Pennsylvania,

²Wisconsin Physicians also has offices in Wisconsin.

³The Altoona CBSA comprises Altoona Hospital and Nason Hospital.

Williamsport in central Pennsylvania, and Scranton–Wilkes-Barre in eastern Pennsylvania) and the same as Pennsylvania’s rural wage index. Of the 439 CBSAs nationwide, 385 had higher wage indexes than the Altoona CBSA and 50 had lower wage indexes. Of the 49 statewide rural wage indexes, 33 were higher and 15 were lower than Pennsylvania’s rural wage index.

Congressional Request

We conducted this review as a result of a congressional request related to Highmark’s review and approval of wage data used to determine Altoona Hospital’s wage index. Discussions indicated congressional concern that any differences in wage indexes between western and eastern Pennsylvania may have resulted from the possible disparate treatment of western and eastern Pennsylvania hospitals during Highmark’s wage data reviews.

OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives

Our objectives were to determine whether:

- Highmark followed the desk review program when reviewing Altoona Hospital’s wage data that CMS used to calculate the FYs 2004 through 2009 wage indexes and
- Highmark and Wisconsin Physicians followed the desk review program when reviewing 20 other Pennsylvania hospitals’ wage data that CMS used to calculate the FY 2009 wage indexes.

Scope

Our review covered Highmark’s review of the wage data that Altoona Hospital included in its FYs 2001 through 2006 cost reports, which CMS used to calculate the FYs 2004 through 2009 wage indexes. For the wage data used to calculate the FYs 2004 through 2008 wage indexes, we limited our review to Highmark’s procedures for reviewing wage data; we did not independently review Altoona Hospital’s wage data, nor did we verify the appropriateness of Highmark’s adjustments to the data. For the wage data used to calculate the FY 2009 wage indexes, in addition to reviewing Highmark’s review procedures, we audited the wage data that Altoona Hospital included in its FY 2006 cost report. The results of that audit are included in another report.⁴

We also reviewed Highmark’s and Wisconsin Physicians’ procedures for reviewing 20 other Pennsylvania hospitals’ wage data that CMS used to calculate the FY 2009 wage indexes. We did not independently review the 20 hospitals’ wage data, nor did we verify the appropriateness of Highmark’s and Wisconsin Physicians’ adjustments to the data.

We judgmentally selected the 20 hospitals to include hospitals in western, central, and eastern Pennsylvania. Highmark reviewed 15 of the 20 hospitals’ cost reports: 6 in its Pittsburgh office,

⁴“Review of Altoona Regional Health System’s Reported Fiscal Year 2006 Wage Data” (A-03-08-00019).

5 in its Camp Hill office, and 4 in its Fort Washington office. Wisconsin Physicians' Omaha office reviewed the five other hospitals' cost reports. See the Appendix for the names and locations of the hospitals reviewed.

We conducted our audit from August to December 2008. Our audit included fieldwork at the Highmark office in Pittsburgh, Pennsylvania, and contacts with the Highmark offices in Camp Hill and Fort Washington, Pennsylvania, and the Wisconsin Physicians office in Omaha, Nebraska.

Methodology

To accomplish our objectives, we:

- reviewed applicable Medicare laws, regulations, and guidance;
- interviewed Highmark staff to obtain an understanding of their procedures for reviewing the wage data that CMS used to calculate the FYs 2004 through 2009 wage indexes;
- reviewed Highmark's procedures for reviewing Altoona Hospital's wage data that CMS used to calculate the FYs 2004 through 2009 wage indexes and Highmark's related workpapers and documentation;
- compared the wage data that Altoona Hospital submitted to Highmark with the approved wage data that Highmark submitted to CMS for use in calculating the FYs 2004 through 2009 wage indexes to determine whether Altoona Hospital had questioned any of Highmark's adjustments;
- reviewed Highmark's procedures for reviewing the 15 selected hospitals' wage data that CMS used to calculate the FY 2009 wage indexes and Highmark's related workpapers and documentation;
- interviewed Wisconsin Physicians staff to obtain an understanding of their procedures for reviewing the wage data that CMS used to calculate the FY 2009 wage indexes;
- reviewed Wisconsin Physicians' procedures for reviewing the 5 selected hospitals' wage data that CMS used to calculate the FY 2009 wage indexes and Wisconsin Physicians' related workpapers and documentation; and
- compared Highmark's and Wisconsin Physicians' review procedures.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

RESULTS OF REVIEW

Highmark followed the desk review program when reviewing Altoona Hospital's wage data that CMS used to calculate the FYs 2004 through 2009 wage indexes. For the 20 other selected hospitals, Highmark and Wisconsin Physicians followed the desk review program when reviewing the hospitals' wage data that CMS used to calculate the FY 2009 wage indexes.

Because we found no evidence of disparate treatment based on the Medicare contractor that reviewed the wage data or a hospital's geographic location, we have no recommendations.

HIGHMARK'S REVIEWS OF ALTOONA HOSPITAL'S WAGE DATA

Highmark followed the desk review program when reviewing Altoona Hospital's wage data that were included in its FYs 2001 through 2006 cost reports and used to calculate the FYs 2004 through 2009 wage indexes. Highmark completed its reviews within the timeframes prescribed in the desk review program. The adjustments that Highmark made during its reviews were consistent with guidance in the desk review program and were identified using the threshold criteria included in the desk review program. The threshold criteria include percentage differences between the wage data reported for the current year and the previous year, ranges of dollar amounts for costs or services, and other mathematical checks and balances. Contractors use these criteria to determine whether wage data merit further review. When the differences exceeded the threshold criteria, Highmark performed additional review work, as required, to verify the accuracy of the reported amounts.

Highmark identified some errors in Altoona Hospital's reported salaries and hours, including errors in excluded, additional, and overhead salaries and in other wage-related costs, such as pension costs. For example, Highmark determined that Altoona Hospital had overstated contract labor costs for 4 of the 6 years that we reviewed. Highmark also determined that Altoona Hospital's financial records did not always support its wage data. Consequently, Highmark disallowed the difference between the wage data reported and the wage data supported by records. For the 6 years that we reviewed, Altoona Hospital questioned only one Highmark adjustment, which pertained to pension costs in the FY 2004 wage data. In that case, Highmark reconsidered its decision and allowed the pension costs that Altoona Hospital had included in its cost report.

HIGHMARK'S AND WISCONSIN PHYSICIANS' REVIEWS OF 20 OTHER HOSPITALS' WAGE DATA

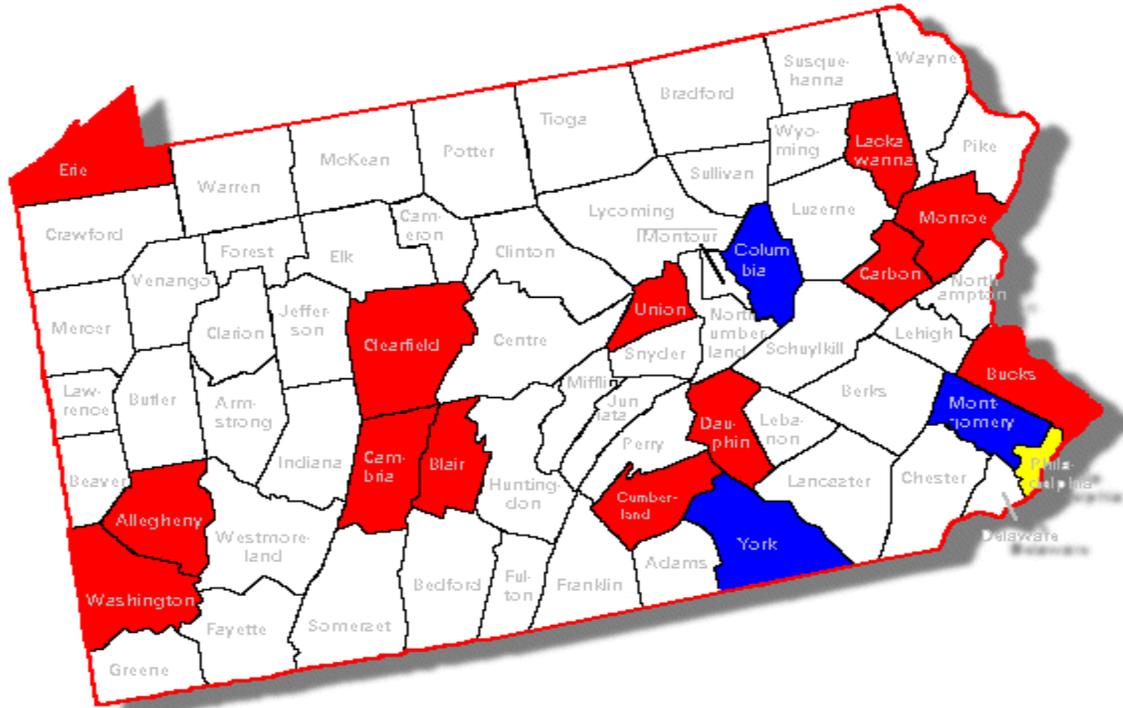
Highmark's Camp Hill, Fort Washington, and Pittsburgh offices and Wisconsin Physicians' Omaha office followed the desk review program when reviewing the 20 selected hospitals' wage data that CMS used to calculate the FY 2009 wage indexes. The two Medicare contractors completed their reviews within established timeframes and provided documentation to support their adjustments to the hospitals' wage data.

We found no significant differences among the four offices' methodologies or review procedures. We found no evidence of disparate treatment by Highmark of Altoona Hospital's

wage data compared with the treatment of other Pennsylvania hospitals' wage data. We also found no evidence of disparate treatment based on the Medicare contractor that reviewed the wage data or a hospital's geographic location.

APPENDIX

LOCATIONS OF THE HOSPITALS REVIEWED



Highmark Hospitals (Red and Yellow)

<i>Allegheny County</i>	1. University of Pittsburgh Medical Center–Presbyterian Shadyside, Pittsburgh
	2. Mercy Hospital of Pittsburgh, Pittsburgh
<i>Blair County</i>	3. Altoona Regional Health System, Altoona
<i>Bucks County</i>	4. Grand View Hospital, Sellersville
<i>Cambria County</i>	5. Memorial Medical Center, Johnstown
<i>Carbon County</i>	6. Palmerton Hospital, Palmerton
<i>Clearfield County</i>	7. Clearfield Hospital, Clearfield
<i>Cumberland County</i>	8. Holy Spirit Hospital, Camp Hill
<i>Dauphin County</i>	9. Hershey Medical Center, Hershey
<i>Erie County</i>	10. Saint Vincent Health Center, Erie
<i>Lackawanna County</i>	11. Community Medical Center, Scranton
<i>Monroe County</i>	12. Pocono Medical Center, East Stroudsburg
<i>Philadelphia County</i>	13. Temple University Hospital, Philadelphia (yellow)
	14. Frankford Hospital, Philadelphia (yellow)
<i>Union County</i>	15. Evangelical Community Hospital, Lewisburg
<i>Washington County</i>	16. Monongahela Valley Hospital, Monongahela

Wisconsin Physicians Hospitals (Blue and Yellow)

<i>Columbia County</i>	17. Berwick Hospital Center, Berwick
<i>Montgomery County</i>	18. Bryn Mawr Hospital, Bryn Mawr
	19. Abington Memorial Hospital, Abington
<i>Philadelphia County</i>	20. Chestnut Hill Hospital, Philadelphia (yellow)
<i>York County</i>	21. Memorial Hospital, York