

OREGON HEALTH PLAN

FCHP Non-Contracted DRG Hospital Reimbursement Rates

Effective Date: January 1, 2007

Hospital Name	Inpatient Per-Diem In-area rates	Inpatient Per-Diem out-of-area rates	Outpatient Cost-to-Charge Ratio
Adventist Medical Center	\$1,329	\$1,329	10%
Albany General Hospital	\$1,339	\$1,339	20%
Bay Area Hospital	\$1,308	\$1,308	18%
Good Samaritan Regional Medical Center	\$1,339	\$1,339	21%
Kaiser Foundation Hospitals	\$1,329	\$1,329	23%
Legacy Emanuel Hosp & Health Center	\$1,329	\$2,326	21%
Legacy Good Samaritan Hospital	\$1,329	\$1,329	20%
Legacy Meridian Park Hospital	\$1,329	\$1,329	17%
Legacy Mt Hood Medical Center	\$1,329	\$1,329	20%
Mckenzie-Willamette Regional Medical Ctr	\$1,308	\$1,308	31%
Mercy Medical Center	\$1,308	\$1,308	15%
Merle West Medical Center	\$1,290	\$1,290	14%
OHSU Hospital	\$1,329	\$2,174	20%
Physicians Hospital LLC	\$1,329	\$1,329	20%
Providence Medford Medical Center	\$1,290	\$1,290	29%
Providence Milwaukie Hospital	\$1,329	\$1,329	24%
Providence Portland Medical	\$1,329	\$1,329	22%
Providence St Vincent Medical Center	\$1,329	\$1,329	20%
Rogue Valley Medical Center	\$1,290	\$1,290	40%
Sacred Heart Medical Center	\$1,308	\$1,631	20%
Salem Hospital	\$1,329	\$1,329	27%
St Charles Medical Center	\$1,307	\$1,308	32%
Three Rivers Community Hospital	\$1,290	\$1,290	28%
Tuality Community Hospital	\$1,329	\$1,329	23%
Willamette Falls Community Hospital	\$1,329	\$1,329	28%
Willamette Valley Medical Center	\$1,329	\$1,329	29%
Out of State - contiguous	N/A	\$1,810	23%
Out of State - non-contiguous	N/A	\$1,810	23%

* Outliers and all pass through payments (DSH, IME,DME, Capitol, etc) are incorporated in the statewide average Per Diem value listed above.