

OREGON HEALTH PLAN

FCHP Non-Contracted DRG Hospital Reimbursement Rates

Effective Date: January 1, 2006

Revised as of 12/23/05

Hospital Name	Inpatient Per-Diem In-area rates	Inpatient Per-Diem out-of-area rates	Outpatient Cost-to- Charge Ratio
Adventist Medical Center	\$1,306	\$1,306	12%
Albany General Hospital	\$1,261	\$1,261	23%
Bay Area Hospital	\$1,413	\$1,413	22%
Good Samaritan Regional Medical Center	\$1,261	\$1,261	23%
Kaiser Foundation Hospitals	\$1,306	\$1,306	25%
Legacy Emanuel Hosp & Health Center	\$1,306	\$2,339	23%
Legacy Good Samaritan Hospital	\$1,306	\$1,306	22%
Legacy Meridian Park Hospital	\$1,306	\$1,306	19%
Legacy Mt Hood Medical Center	\$1,306	\$1,306	22%
Mckenzie-Willamette Regional Medical Ctr	\$1,270	\$1,270	32%
Mercy Medical Center	\$1,270	\$1,278	18%
Merle West Medical Center	\$1,228	\$1,228	16%
OHSU Hospital	\$1,306	\$2,187	24%
Physicians Hospital LLC	\$1,306	\$1,306	21%
Providence Medford Medical Center	\$1,228	\$1,228	31%
Providence Milwaukie Hospital	\$1,306	\$1,306	26%
Providence Portland Medical	\$1,306	\$1,306	24%
Providence St Vincent Medical Center	\$1,306	\$1,306	22%
Rogue Valley Medical Center	\$1,228	\$1,228	42%
Sacred Heart Medical Center	\$1,270	\$1,641	22%
Salem Hospital	\$1,306	\$1,306	29%
St Charles Medical Center	\$1,270	\$1,270	34%
Three Rivers Community Hospital	\$1,228	\$1,228	29%
Tuality Community Hospital	\$1,306	\$1,306	25%
Willamette Falls Community Hospital	\$1,306	\$1,306	29%
Willamette Valley Medical Center	\$1,306	\$1,306	30%
Out of State - contiguous	N/A	\$1,811	25%
Out of State - non-contiguous	N/A	\$1,811	25%

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