Oregon Hospital Payment Report: 2016

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Oregon Health Authority
Health Policy & Analytics Division
Office of Health Analytics

Oregon Health Authority

About This Report

The Oregon Hospital Payment Report, codified into Oregon Revised Statutes (ORS) 442.466, is an annual report of the median amounts paid by commercial insurance companies for common procedures performed by Oregon hospitals. This report provides transparency and public accountability for hospital prices. The state's efforts were recently recognized in the national Report Card on State Price Transparency Laws, an annual assessment conducted by Catalyst for Payment Reform. Due largely to this report, Oregon was ranked fourth in the nation for health care price transparency.

The data source is Oregon's All Payer All Claims database (APAC), which is a database of health care insurance claims submitted to the state by entities identified as mandatory reporters according to ORS 442.464 and Oregon Administrative Rules (OAR) 409-025-0100 to 409-025-0170. This report includes procedures that occurred in calendar years 2015-2016, and only includes payments to hospital inpatient and outpatient facilities. Payments to free standing Ambulatory Surgical Centers (ASCs) are not included. The OHA plans to build on this report in future years to incorporate other health care provider types.

The report uses median paid amounts. A median represents the point where half the observations are below and half the observations are above. Averages are not used because a handful of very high or low priced cases, called outliers, can unduly influence an average. Median amounts are less susceptible to outlier data and more accurately represent the typical paid amount.

Paid amounts represent what a commercial insurance company paid to the hospital performing the procedure, as well as patient paid amounts such as co-pays, deductibles or co-insurance amounts. In the case of outpatient procedures, the paid amount is inclusive of all elements related to the procedure with the exception of professional fees, which are billed separately. In the case of inpatient procedures, the paid amount is intended to represent the amount paid for the entire hospitalization event. If the attending physician or specialists were not employed by the hospital, the paid amount does not include their professional fees.

Variation in median paid amount among hospitals can be attributed to a variety of factors. Geography often plays a role due to the variation in the cost of doing business. There can also be significant variation in patients' health status or severity of illness that factor into the intensity of care at one hospital compared to another. The contracting and discount arrangements between insurers and hospitals – whether based on volume, types of procedures performed, or specific savings targets – all play a role in the final paid amount. Quality of care, patient satisfaction, and patient outcome are not collected in APAC, making it difficult to link these factors to the paid amount.

Oregon's health system is in the midst of significant changes as it implements both state and federal reforms. Policies to expand insurance coverage, improve health, provide better care and reduce costs affect the lives of all Oregonians.

The Oregon Health Authority is committed to transforming the health care system in Oregon by:

- Improving the lifelong health of Oregonians
- Increasing the quality, reliability and availability of care for all Oregonians
- Lowering or containing the cost of care so it's affordable to everyone

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Executive Summary

Oregon Hospital Payment Report 2016

In 2015, the Oregon legislature passed Senate Bill 900, mandating the annual reporting of median payments from commercial insurers to hospitals for common inpatient and outpatient procedures, using Oregon's All Payer All Claims (APAC) database.

This is the 3rd release of the Oregon Hospital Payment Report and represents the first year in which all inpatient procedures were coded in ICD-10-PCS codes. Inpatient procedures are largely the same from the 2015 report. Minor changes may be present due to changes in how procedures are recorded in ICD-10 compared with ICD-9.

Due to the U.S. Supreme Court's March 2016 ruling in *Gobeille v. Liberty Mutual Insurance Company*, the Oregon Health Authority may no longer require self-insured Employment Retirement Income Security Act (ERISA) covered health plans to submit claims. It is estimated that Oregon's All Payer All Claims (APAC) database has over 300,000 fewer covered lives reported from the commercial market since the Gobeille decision. As a result, the number of procedures reported has decreased, which in turn affects whether data can be reported.

Highlights of the 2016 Hospital Payment Report are:

- Most procedures show sizable variation in paid amounts both within and between hospitals.
- Among common outpatient procedures, heart electrophysiology studies were reported to have the highest median paid amount at $38,800.
- Among common inpatient procedures, heart valve replacement surgeries were reported to have the highest median paid amount at $96,000.
- Among common diagnostic and imaging services, nuclear medicine evaluations of the cardiovascular system were reported to have the highest median paid amount at $2,300.
- The procedure with the largest increase in median paid amount from 2015 was heart valve replacement surgeries, increasing by $11,200.
- The procedure with the largest percent increase in median paid amount from 2015 was spinal decompression surgeries, increasing 32%.
- The procedure grouping that increased the most from 2015 are inpatient procedures. Inpatient procedures increased by a weighted average of $1,653, or 6.4%.

Procedure List

Procedures for 2016 are broken into several smaller reports. All procedures are listed below in the sub-report in which they are contained. Click on the procedure sub-report name for a direct link to the report.

Outpatient Surgical Procedures

- Abdominal Drainage
- Arthrocentesis
- Arthrography
- Big Toe Surgeries
- Breast Biopsy
- Breast Reconstruction
- Carpal Tunnel
- Cataract
- Colonoscopy
- Central Venous Catheter
- Cystoscopy Lithotripsy
- Gallbladder Surgery
- Heart Catheterization
- Heart Electrophysiology
- Hernia Repair
- Hysterectomy
- Hysteroscopy
- Knee Arthroscopy
- Lesion Removal
- Mastectomy
- Nasal Endoscopy
- Nerve Block
- Shoulder Arthroscopy
- Spinal Injection
- Spinal Laminectomy
- Subcutaneous Drainage
- Thyroidectomy
- Tonsillectomy
- Tympanostomy
- Upper Endoscopy

Inpatient Procedures

- Abdominal Drainage
- Appendectomy
- Blood Transfusion
- Bowel Removal
- Brain Excision
- Central Venous Catheter
- Chemotherapy
- Coronary Bypass
- Colonoscopy
- Hemodialysis
- Disc Removal
- Gallbladder Surgery
- Heart Catheterization
- Heart Valve Surgery
- Hernia Repair
- Hip Replacement
- Hysterectomy
- Kidney Removal
- Knee Replacement
- Open Fracture Repair
- PTCA
- Subcutaneous Drainage
- Spinal Decompression
- Spinal Fusion
- Spinal Tap
- Thoracentesis
- Upper Endoscopy
- Wound Debridement

Diagnostic Imaging and Testing

- Bone Study
- CT Scan: Abdomen
- CT Scan: Chest
- CT Scan: Extremities
- CT Scan: Head and Neck
- CT Scan: Spine
- Echocardiography
- Electrocardiography
- Heart Stress Test
- Mobile Heart Monitoring
- MRI Scan: Abdomen
- MRI Scan: Extremities
- MRI Scan: Head and Neck
- MRI Scan: Spine
- Nuclear Medicine: Heart
- Nuclear Medicine: Endocrine
- Nuclear Medicine: Digestive
- Nuclear Medicine: Muscular
- Ultrasound
- X-ray: Abdomen
- X-ray: Chest
- X-ray: Extremities
- X-ray: Head and Neck
- X-ray: Spine

Radiology and Chemotherapy

- Chemotherapy: Injection
- Chemotherapy: Infusion
- Radiation: Devices
- Radiation: Guidance
- Radiation: Consultation
- Radiation: Delivery
- Radiation: Dosimetry
- Radiation: IMRT
- Radiation: Simulation

Pregnancy Related Procedures

- Obstetrical Ultrasound
- Normal Delivery without Complication
- Normal Delivery with Complication
- Cesarean Delivery without Complication
- Cesarean Delivery with Complication
- Newborn Care without Complication
- Newborn Care with Complication

About Amounts Paid

Amounts presented in this report are median amounts paid from commercial insurance companies that report to APAC to one of Oregon's 60 acute care general hospitals. Payments to a hospital from a payer that does not report to APAC—like small carriers or uninsured individuals—are not reflected in this report. The median paid amounts include patient contributions, such as co-pays, deductibles and co-insurance. Amounts paid reflect the total payment a hospital received, and not the price a patient actually paid for the service.

Similar to 2015, amounts paid for procedures performed in Oregon's hospitals showed high levels of variation in 2016. This was seen between hospitals for the same service and within the same hospital for the same service. Reasons for this are complex, but generally relate to a few key reasons: hospital location, patient volume, patient case mix, and negotiated rates with a given patient's insurance company.

The location of a hospital influences amounts paid for procedures. Hospitals located in areas with higher costs of living, higher utility costs, and higher rent costs have greater operating expenses relative to hospitals located in areas with lower costs of living. Payroll expenses generally make up about 50% of a hospital's total operating expenses at any given time. When operating expenses for a hospital increase, paid amounts for services provided must also increase to cover costs. A hospital's location can also affect costs due to competition. Hospitals located in remote service areas generally have higher associated paid amounts than hospitals in close proximity to other hospitals.

Hospitals that have high patient volumes for particular services can generally accept lower paid amounts than hospitals with lower patient volumes. High volume hospitals are able to accept a lower price per procedure due to economies of scale. High volume hospitals can make up for accepting lower payments on infrequent procedures by charging slightly more for procedures performed more frequently. Hospitals with low overall patient counts have less flexibility to determine what they must charge for each service, and less flexibility to offset losses on some procedures by charging more for other procedures.

Amounts paid are also affected by patient case mix. Patient case mix refers to the types of services a hospital is most likely to perform, based on the types of patients that populate their service area. It also refers to the severity of illness among the patients the hospital serves. Some hospitals serve populations that have a higher burden of disease than other hospitals. Some hospitals service a higher proportion of older people, and need to provide higher cost procedures such as joint replacements and bypass surgeries. Hospitals that provide more complex procedures have higher paid amounts for similar procedures.

Negotiated rates also affect the amounts paid. Each hospital in Oregon has individual payment arrangements negotiated with every insurance provider that operates in Oregon. The rate an insurance company pays for a procedure varies from hospital to hospital. Every hospital has different negotiated rates with every insurance provider and every insurance provider has different negotiated rates with every hospital. All the above factors— hospital location, patient volume, patient case mix—influence these rate negotiations.

Findings for 2016

There were 393,792 individual procedures performed by Oregon's hospitals and paid for by a commercial insurance company that reported to APAC in 2016. This is a decrease from the 441,084 procedures reported in 2015. Patient volumes and historic data were affected by the *Gobeille* decision which held that ERISA-covered health plans are not required to submit claims data to APAC.

Diagnostic Imaging and Testing

The tables below summarize information about procedures in the diagnostic imaging and testing category.

Procedures where the median paid amount:	Number of: Procedures	Claims
Increased	16	115,596
Stayed the same	1	37,957
Decreased	14	117,071
Overall	31	270,624

Procedures where the median paid amount:	Average Change from 2015: Paid Amount	Percent
Increased	$16	4.1%
Stayed the same	$0	0.0%
Decreased	($45)	-5.5%
Overall	($12)	-0.6%

This report contains data on 270,624 diagnostic imaging and testing procedures. This is a decrease from the 301,814 procedures reported in 2015. Diagnostic imaging and testing procedures are the most common type of procedure performed in hospitals. This is the only procedure group for which the weighted average paid amount decreased from 2015.

Patient volumes are an important consideration in evaluating changes in paid amounts. For example, mammography was one of the most frequently performed imaging procedures in 2016 with 66,714 performed. The median amount paid for a mammography increased by $8 from 2015. This $8 increase translates to over $500,000 more in

Inpatient Procedures

The table below summarizes information about procedures in the inpatient procedures category.

Procedures where the median paid amount:	Number of: Procedures	Claims
Increased	25	8,544
Stayed the same	0	0
Decreased	10	4,266
Overall	35	12,810

Procedures where the median paid amount:	Average Change from 2015: Paid Amount	Percent
Increased	$3,194	12.0%
Stayed the same	$0	0.0%
Decreased	($1,432)	-4.8%
Overall	$1,653	6.4%

This report contains data on 12,810 inpatient procedures. This is a decrease from the 15,555 inpatient procedures performed in 2015. Inpatient procedures have the lowest volume of visits for any reported procedure and represent the most complex and expensive procedures performed.

For inpatient procedures, two of the highest volume procedures, hip and knee replacements, paid less for the second year in a row. Hip replacements paid $2,000 less than in 2015 and knee replacements paid $1,500 less. Of all the inpatient procedures that paid less in 2016, hip and knee replacements were over half of the procedure volume.

Findings for 2016 Cont.

Outpatient Surgical Procedures

The tables below summarize information about procedures in the outpatient surgery category.

Procedures where the median paid amount:	Number of: Procedures	Claims
Increased	22	34,040
Stayed the same	1	969
Decreased	9	7,233
Overall	32	42,242

Procedures where the median paid amount:	Average Change from 2015: Paid Amount	Percent
Increased	$268	4.8%
Stayed the same	$0	0.0%
Decreased	($400)	-7.5%
Overall	$148	2.6%

This report contains data on 42,242 outpatient procedures. This is a decrease from the 46,519 outpatient procedures performed in 2015. Outpatient procedures are the second most common type of procedure reported.

The two highest volume outpatient procedures both had increases in median amount paid. Colonoscopies and upper endoscopies were the most common outpatient procedures performed in 2016. The median amounts paid increased $16 for colonoscopies and $89 for upper endoscopies.

Radiology and Chemotherapy

The tables below summarize information about procedures in radiation and chemotherapy category.

Procedures where the median paid amount:	Number of: Procedures	Claims
Increased	4	15,087
Stayed the same	2	9,596
Decreased	3	11,896
Overall	9	36,579

Procedures where the median paid amount:	Average Change from 2015: Paid Amount	Percent
Increased	$24	3.7%
Stayed the same	$0	0.0%
Decreased	($19)	-3.0%
Overall	$4	0.1%

This report contains data on 36,579 radiation and chemotherapy procedures. This is a decrease from the 39,576 procedures performed in 2015.

Radiation therapy delivery, the procedure that administers a single session of radiation treatment, is the most common procedure reported in this section with 10,639 radiation treatments performed in 2016. The median paid amount for radiation therapy delivery increased by $15 in 2016, an increase of 2.6%. An additional 6,413 Intensity Modulated Radiation Therapy (IMRT) treatments were provided in 2016. IMRTs are a relatively new procedure for commercial payers to cover. Those procedures had a $20 decrease from 2015 paid amounts.

Findings for 2016 Cont.

Pregnancy Related Procedures

The tables below summarize information about procedures in pregnancy related procedures category.

Procedures where the median paid amount:	Number of: Procedures	Claims
Increased	4	24,580
Stayed the same	1	1,716
Decreased	2	6,310
Overall	7	32,606

Procedures where the median paid amount:	Average Change from 2015: Paid Amount	Percent
Increased	$163	2.6%
Stayed the same	$0	0.0%
Decreased	($60)	-1.4%
Overall	$111	1.7%

This report contains data on 32,606 pregnancy related procedures. This is a decrease from the 38,898 procedures performed in 2015. Delivering a baby is the most common reason for hospitalization in Oregon.

The median amount paid for delivering a baby increased. Normal delivery without complications increased $372 from 2015, a median increase of 4.8%. Cesarean Section deliveries both with or without complications remained flat or decreased from 2015. Newborn care with complications increased the most of all pregnancy related procedures, increasing $390 or 6.6% from 2015.

Included in this Report

A number of factors determined whether data were included in or excluded from this report. The summary table below details these decisions. A hospital facility not meeting the inclusion criteria for a procedure is not listed for that particular procedure. This does not preclude the same facility from being reported under other procedures if it meets the inclusion criteria.

	Included	Excluded
Amounts	Median paid amounts to hospital facilities including patient paid amounts	Hospital billed amounts Allowed amounts Professional fee amounts
Facilities	Oregon acute care hospitals	Non-Oregon facilities Ambulatory Surgical Centers (ASCs) Specialized clinics not located within the hospital or that bill as a separate entity
Outpatient procedure codes	Codes for the 100 most common outpatient procedures	Codes for procedures performed less than 350 times statewide Codes for outpatient procedures not in top 100
Inpatient procedure codes	Codes for the 50 most common inpatient procedures	Codes for procedures performed less than 100 times at the statewide level Codes for inpatient procedures not in the top 50
Insurance types	Most commercial insurers	Public Insurers (Medicare, Medicaid) Veterans Administration Workers Compensation ERISA self-insured plans Commercial insurance with fewer than 5,000 covered lives
Service volumes	Procedure was performed 10 or more times at a particular hospital	Procedure was performed less than 10 times at a particular hospital
Outliers		Individual paid amounts larger than three standard deviations from statewide median for a procedure

Methods

The data source for this report is the Oregon All Payer All Claims (APAC) database. The Oregon Health Authority contracts with Milliman Solutions (Milliman) to manage and maintain the database. Milliman collects, processes, and applies its Health Cost Guidelines (HCG) grouper logic which identifies and groups different health care services in the APAC data. This report uses the HCG grouper to identify what claims were for hospital inpatient and outpatient services.

Claims data were extracted from the APAC database for services incurred in calendar year 2015, services incurred in calendar year 2016, and for HCG groupers that identify as a hospital inpatient or outpatient service. From this dataset all non-commercial payers (Medicare, Medicaid, VA) were removed. OHA also removed data from all non-Oregon facilities and all non-hospital facilities, including free standing Ambulatory Surgical Centers (ASCs). All claims that had a "denied" status were excluded.

Claims within APAC are identified by a unique claim ID. This unique claim ID is used to identify all itemized portions of the claim together as one. Using the unique claim ID, the total paid amount is summed to provide the total paid amount for the entire claim. Claims that had a zero total paid amount were excluded.

After procedures were summed to total amounts, OHA identified the primary procedure. The process for this is different for inpatient and outpatient settings. In the outpatient setting, a single procedure can be billed as multiple individual components. For example, an arthrogram of the shoulder will generally have four billed items: a bill for the dye injection to the shoulder, a bill for the x-ray guidance used to place the dye, a bill for the CT or MRI imaging after the dye was placed, and sometimes, a bill for additional anesthetics. Milliman has developed a variable to identify unique services in the outpatient setting and OHA finds it performs well at identifying primary procedures. This unique services flag was used to identify the principle procedure performed in the outpatient setting.

Inpatient claims are required to identify the primary procedure performed in the hospitalization. Inpatient procedure coding makes use of the ICD-10-PCS coding system, which is a significant change from the less detailed and less granular ICD-9 coding system. Inpatient procedures were extracted using both ICD-10 and ICD-9 codes, as not all commercial carriers transitioned to ICD-10 at the same time.

Radiation therapy and chemotherapy differ in reporting from other outpatient procedures. Radiation therapy and chemotherapy are not reported as a summed total claim. Individually billed component amounts are reported. This is due to the high level of complexity and customization in such therapies. Amounts paid for chemotherapy and radiation therapy are "per delivery" of the service.

After identification of the primary procedure, procedures were grouped into larger, related categories. This was done to present the data in a more accessible fashion. Groupings were made on the following three major criteria: similar procedures (X-rays, CT scans, MRIs, etc.), median paid amounts were similar, and the individual procedure code was among the most frequently performed procedures in Oregon.

The data are reported as statewide rates and by hospital when possible. A hospital must have performed the procedure ten times to be included. Hospitals that reported paid amounts that varied significantly from the statewide median (three standard deviations or more) were removed to prevent outlier data from affecting median amounts.

Oregon Hospital Information

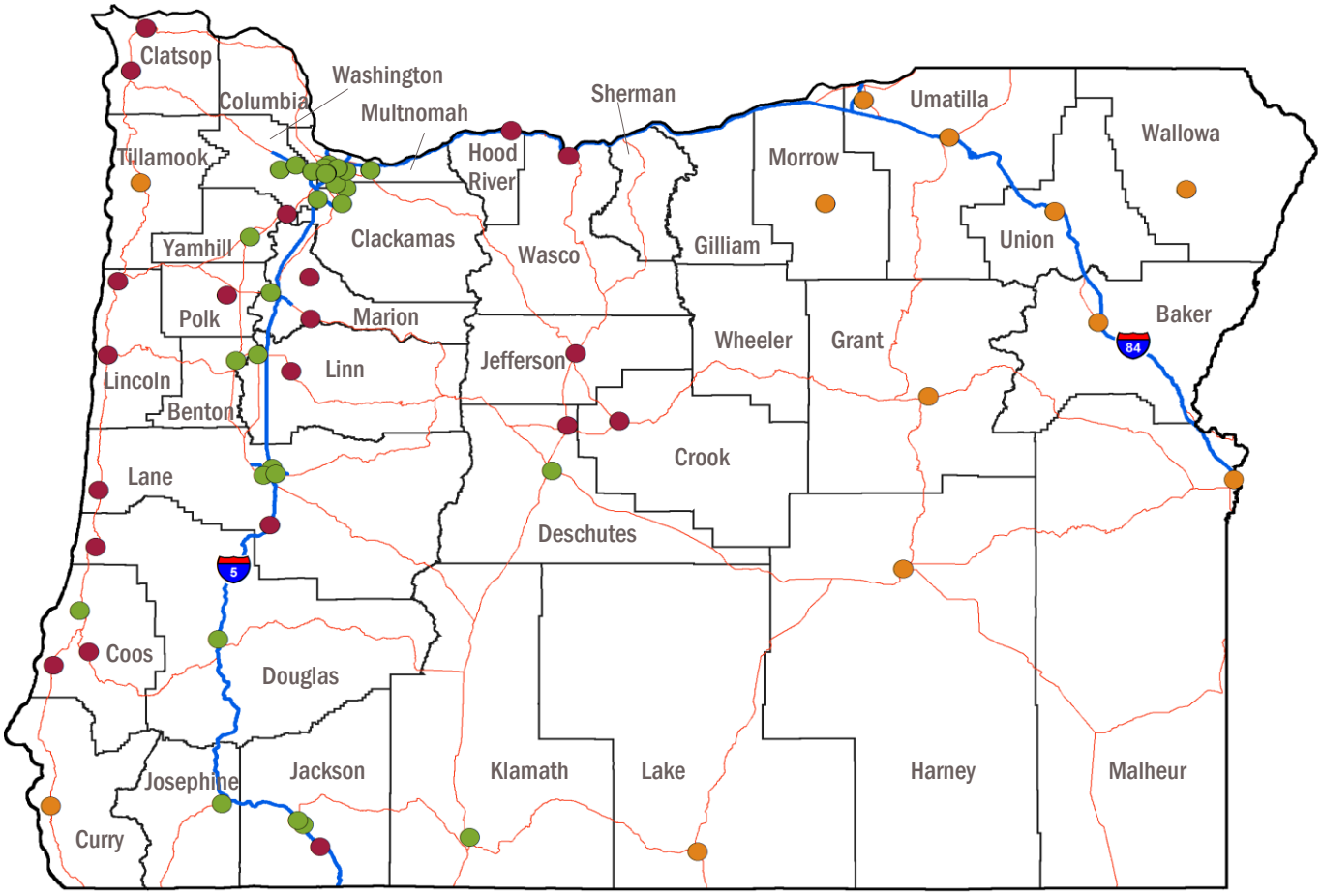
Each of Oregon's acute care hospitals is classified as one of three hospital types based on size and distace from another hospital : DRG, Type A or Type B. Definitions, details and a map of respective locations are displayed below.

All hospitals: There are 60 acute care inpatient hospitals in Oregon, excluding federal hospitals and long term care and rehabilitation facilities. Hospitals are grouped into three categories: DRG, Type A and Type B.

There are 28 **DRG hospitals** in Oregon. These are typically large, urban hospitals that receive payments based on the prospective Diagnostic Related Group (DRG)

There are 12 **Type A** hospitals in Oregon. These hospitals are small (fewer than 50 beds) and are located more than 30 miles from another hospital.

There are 20 **Type B** hospitals in Oregon. These hospitals are small (fewer than 50 beds) and are located within 30 miles of another hospital.



Sources: Hospital graphics by Flaticon (www.flaticon.com). State graphic by Alec Dhuse (www.thenounproject.com)

Oregon Hospital Information

The three primary categorization tools described on the preivous page are one of the primary tools used to group hospitals in the state. All of the 60 acute care inpatient hospitals fall into one (and only one) of these three categories. However, there are several other designations that can impact a hospital's finances. When hospital categorization tools are expanded, some hospitals may meet criteria to be defined in multiple ways. The following table provides details and definitions for the all such hospital

Designation	Description
DRG	DRG hospitals receive standard Medicare Diagnostic Related Group (DRG) based reimbursement. They are typically large urban hospitals.
Type A	Type A hospitals are small hospitals (with 50 or fewer beds) that are located more than 30 miles from another hospital.
Type B	Type B hospitals are small hospitals (with 50 or fewer beds) that are located within 30 miles of another hospital.
Type C	Type C hospitals are rural hospitals with more than 50 beds that are not a referral center.
CAH Critical Access Hospital	Critical access hospitals are designated by the Centers for Medicare & Medicaid Services (CMS). This designation impacts the reimbursement hospitals receive from Medicare. There are a number of specific criteria a hospital must meet to be considered a critical access hospital, but in general it must be located in a rural area and serve patients with limited access to other hospitals. In exchange for providing additional services that it might not otherwise provide due to cost, Medicare will reimburse the hospital at a higher rate than other hospitals receive for the same services. These services mostly relate to expanded emergency services such as a 24 hour emergency room and ambulance transportation.
SCH Sole Community Hospital	Sole community hospitals are rural hospitals located at least 35 miles from another hospital, in which no more than 25% of Medicare beneficiaries are admitted to other like hospitals.
RRC Rural Referral Center	Rural referral centers are hospitals that are located in a rural area (with a few exceptions) in which at least 50% of Medicare patients are referrals, and 60% of Medicare patients live at least 25 miles away.
Health District	Health district hospitals are hospitals under the control of a formal health district. In most cases the controlling entity of such a hospital is the local county government. Being a part of a health district allows these hospitals access to additional funds from tax sources to contribute to
Frontier Hospital	Frontier hospitals are hospitals located in a frontier county, defined as a county with a population density of six or fewer people per square mile.

Oregon Hospital Information

Facility Name	DRG	Type A	Type B	Type C	CAH	SCH	RRC	Health District	Frontier Hospital
Adventist Medical Center	✓								
Asante Ashland Community Hospital			✓			✓			
Asante Rogue Valley Medical Center	✓								
Asante Three Rivers Medical Center	✓			✓					
Bay Area Hospital	✓					✓	✓		
Blue Mountain Hospital		✓			✓			✓	✓
Columbia Memorial Hospital			✓		✓				
Coquille Valley Hospital			✓		✓			✓	
Curry General Hospital		✓			✓			✓	
Good Samaritan Regional Medical Center	✓						✓		
Good Shepherd Medical Center		✓			✓				
Grande Ronde Hospital		✓			✓				
Harney District Hospital		✓			✓			✓	✓
Kaiser Sunnyside Medical Center	✓								
Kaiser Westside Medical Center	✓								
Lake District Hospital		✓			✓			✓	✓
Legacy Emanuel Medical Center	✓								
Legacy Good Samaritan Hospital	✓								
Legacy Meridian Park Medical Center	✓								
Legacy Mount Hood Medical Center	✓								
Legacy Silverton Medical Center			✓						
Lower Umpqua Hospital			✓		✓			✓	
McKenzie-Willamette Medical Center	✓								
Mercy Medical Center	✓			✓		✓	✓		
Mid-Columbia Medical Center			✓			✓	✓		
OHSU Hospital	✓								
PeaceHealth Cottage Grove Medical Center			✓		✓				
PeaceHealth Peace Harbor Medical Center			✓		✓				
PeaceHealth Sacred Heart Medical Center - Riverbend	✓								
PeaceHealth Sacred Heart Medical Center - UD	✓								
Pioneer Memorial Hospital - Heppner		✓			✓			✓	✓
Providence Hood River Memorial Hospital			✓		✓				
Providence Medford Medical Center	✓								
Providence Milwaukie Hospital	✓								
Providence Newberg Medical Center			✓			✓			
Providence Portland Medical Center	✓								
Providence Seaside Hospital			✓		✓				
Providence St Vincent Medical Center	✓								
Providence Willamette Falls	✓								

Oregon Hospital Information

Facility Name	DRG	Type A	Type B	Type C	CAH	SCH	RRC	Health District	Frontier Hospital
Saint Alphonsus Medical Center - Baker City		✓			✓				✓
Saint Alphonsus Medical Center - Ontario		✓				✓	✓		✓
Salem Hospital	✓								
Samaritan Albany General Hospital	✓								
Samaritan Lebanon Community Hospital			✓		✓				
Samaritan North Lincoln Hospital			✓		✓			✓	
Samaritan Pacific Communities Hospital			✓		✓			✓	
Santiam Memorial Hospital			✓						
Shriners Hospital for Children	✓								
Sky Lakes Medical Center	✓					✓	✓		
Southern Coos Hospital & Health Center			✓		✓			✓	
St Anthony Hospital		✓			✓				
St Charles - Bend	✓						✓		
St Charles - Madras			✓		✓			✓	
St Charles - Redmond			✓			✓	✓		
St Charles - Prineville			✓		✓				
Tillamook Regional Medical Center		✓			✓				
Tuality Community Hospital	✓								
Wallowa Memorial Hospital		✓			✓			✓	✓
West Valley Hospital			✓		✓				
Willamette Valley Medical Center	✓								