Oregon Performance Plan
Semi-annual Data Report
July 2017

The Oregon Performance Plan (OPP) requires that Oregon Health Authority (OHA) provide data to USDOJ on a quarterly basis and a narrative report about the data every six months. This is the second semi-annual report about data.

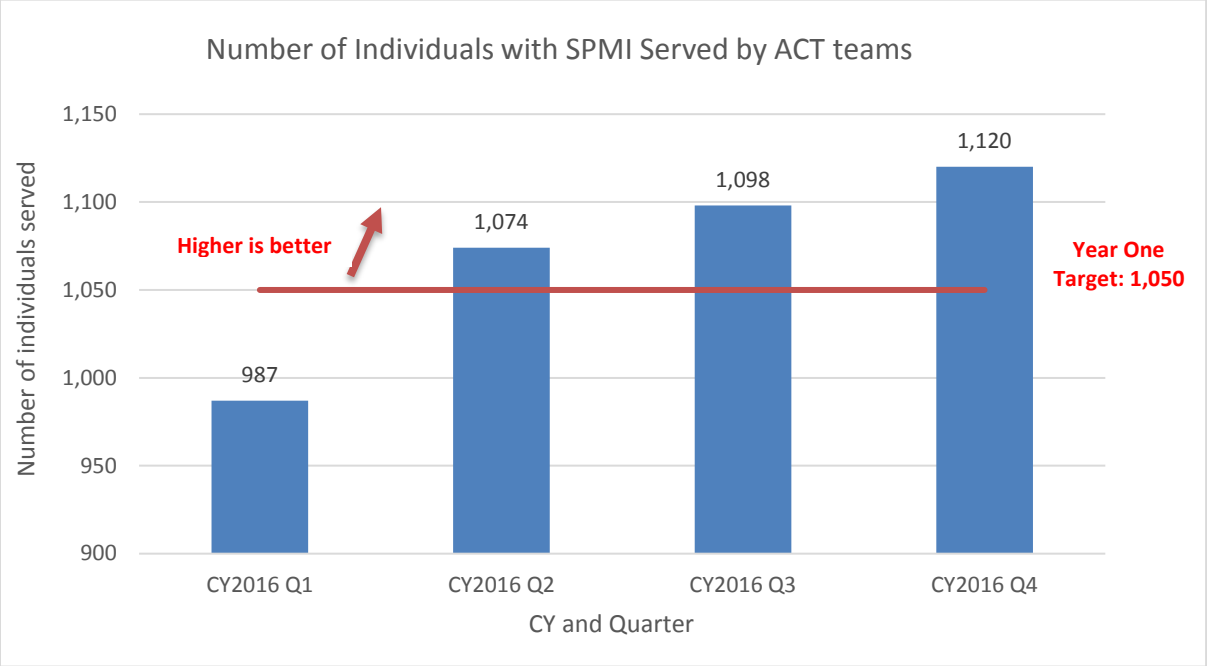
For each of the data metrics, this report will describe the 2015 Baseline Data, the methodology for collecting the data, and the progress of each metric. At the end of each section, this report will describe the activities associated with the metric(s) in that section. This report does not review or discuss requirements related to OHA's implementation of various processes. However, those processes may be referenced if related to the data metrics. Some of the metrics in the OPP require baselines to be established since there are percentage improvement targets. The other metrics have baselines to inform the review of progress. While OHA has detailed implementation plans associated with the OPP, only some of the implementation activities are highlighted in this report.

This report includes graphs for those metrics that have established targets. All metrics are summarized in a table in Appendix A.

This report identifies changes in data previously reported due to errors in the way that the data was extracted from the data systems. The Data Specification Sheets, referenced in this report, have been updated and are posted to the Oregon Performance Plan web page at:
http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx

Assertive Community Treatment (ACT)

#1 (a-b) Number Served with ACT



Baseline (Calendar Year 2015)
As of the end of calendar year 2015, 815 individuals were being served by ACT.

Comments on Methodology
The data regarding ACT services is received via Quarterly Reports from providers. OHA will identify the number of individuals served at the end of each fiscal year to determine if the performance outcome has been achieved.

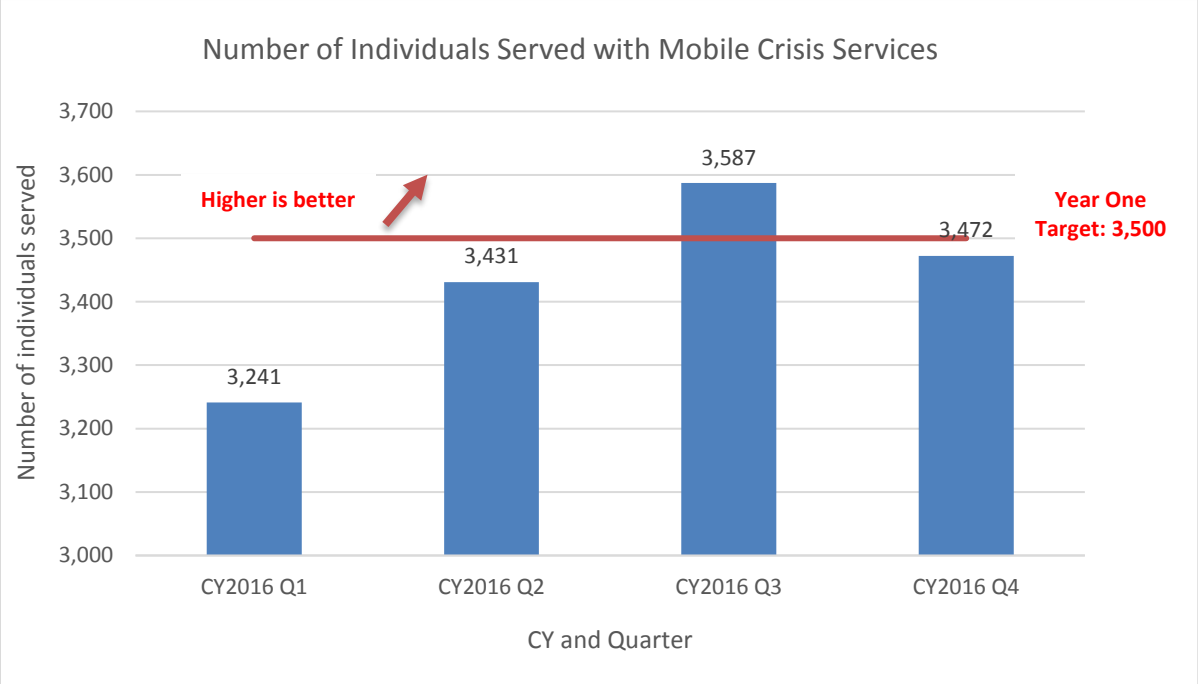
Comment on Progress
Pursuant to the OPP, OHA will increase the number of individuals with SPMI served by ACT teams. OHA will provide ACT services to everyone who is referred to and eligible for ACT, and will meet a metric so that 1,050 individuals will be served by the end of year one (June 30, 2017). As of 12/31/16, 1,120 individuals were being served by ACT. Currently this exceeds the target of 1,050 persons served by the end of year one, ending 6/30/17.

Activities Associated with Metric

OHA will continue its efforts to ensure individuals eligible for ACT services receive ACT services. The Oregon State Hospital and the Health Systems Division continue to collaborate with the Choice contractors to improve the referral process internally and externally. OHA also continues to work directly with the Center of Excellence for Assertive Community Treatment to monitor fidelity and provide technical assistance.

Crisis Services

#7 (a-b) Number Served with Mobile Crisis



Baseline (Calendar Year 2015)

As of the end of calendar year 2015, a total of 3,150 individuals received mobile crisis services. This is a correction to the data previously reported.

Comments on Methodology

OHA captures mobile crisis services utilizing the Measures and Outcomes Tracking System (MOTS). The number of individuals receiving these services is unduplicated. For instance, if the same individual received mobile crisis services multiple times through the year, they are still only counted as one.

OHA identified an error in the tabulation of this data. The methodology in the Data Specification Sheet has not changed. However, the methodology was not consistently utilized when pulling the data. To ensure consistency in pulling data, OHA has developed a standardized process to extract the data that will provide consistent data results every time, regardless of personnel assigned. The baseline and previously reported data have been corrected. The correction has resulted in counts that are lower than previously reported.

Comment on Progress

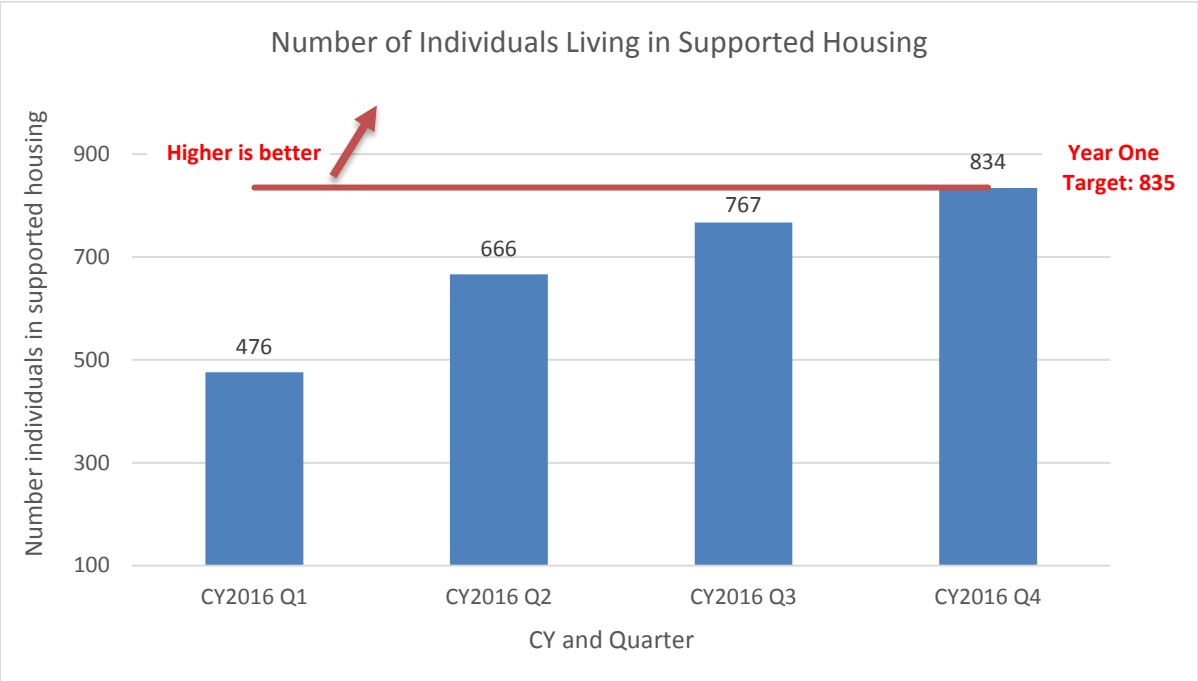
Pursuant to the OPP, OHA will increase the number of individuals served with mobile crisis services, so that during year one (July l, 2016 to June 30, 2017), 3,500 people will be served by mobile crisis. During the fourth quarter of the calendar year ending 12/31/16, there were 3,472 individuals who received mobile crisis services, slightly below the 3,500 person target to be reached by June 30, 2017. In reviewing the data with providers, some providers have indicated that the data for their county appears to be an under report. OHA is working with the providers to identify issues that may be contributing to an under count. The work of this review will be provided in the next narrative report.

Activities Associated with Metric

OHA conducted a survey of mobile crisis services. The information from this survey will guide OHA to fill gaps in the availability of this service. The 2017 Legislature allocated $10 million to $15 million to address needs in the OPP. A portion of these funds will assist in the expansion of mobile crisis services.

Supported Housing

#14 (a-c) Number Living in Supported Housing



Baseline (Calendar Year 2015)
As of the end of calendar year 2015, there were 442 individuals living in Supported Housing.

Comments on Methodology
Supported Housing is calculated using a combination of Supported Housing units developed and individuals receiving rental assistance in existing affordable housing units that meet the definition of Supported Housing. The Rental Assistance provider reporting requirements were enhanced this year to distinguish individuals in Supported Housing and those in Supportive Housing. Only those in Supported Housing funded by the Rental Assistance program are included in the Supported Housing reported data.

Comments on Progress
Pursuant to the OPP, OHA's housing efforts will include an increase in the number of individuals with SPMI in Supported Housing, in year one (July 1, 2016 to June 30, 2017), at least 835 individuals will live in supported housing. As of 12/31/16, there were 834 people residing in Supported Housing, one short of the first- year,

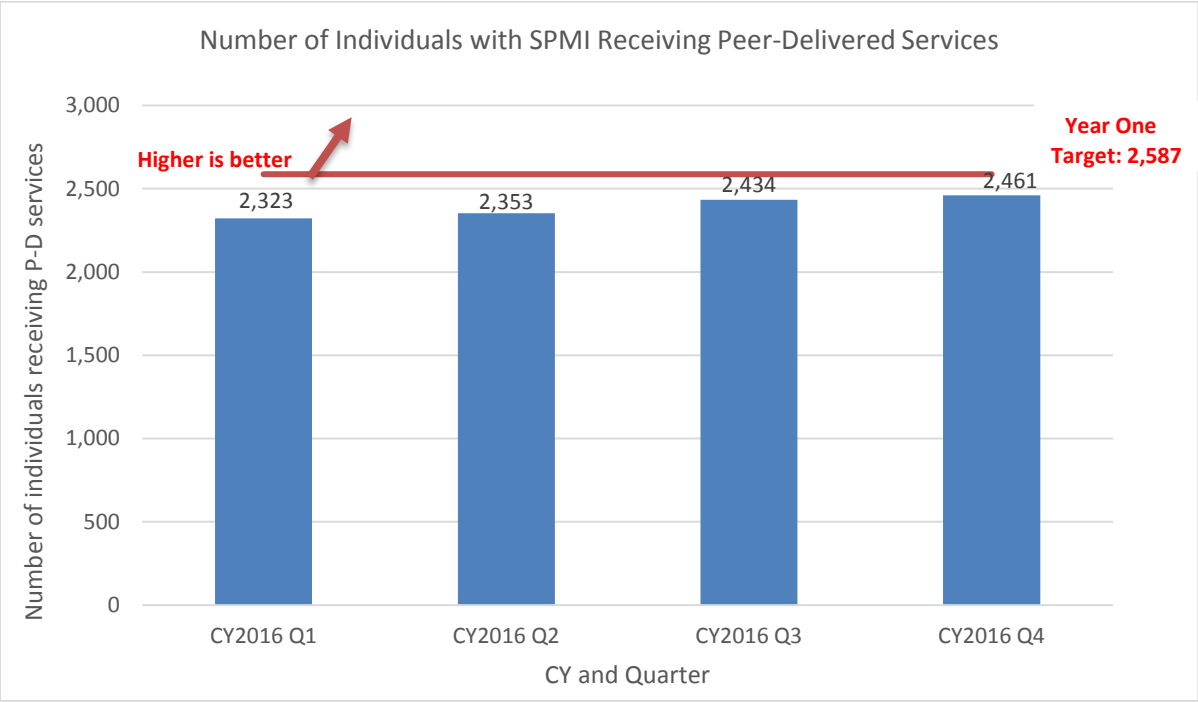
June 30, 2017 target of 835 people residing in Supported Housing. Moreover, as of 12/31/16, there were 1,361 people with SPMI living in a related form of housing with supports, Supportive Housing.

Activities Associated with Metric(s)

OHA continues to work with Oregon Housing and Community Services (OHCS) to increase Supported Housing opportunities. OHCS in collaboration with OHA has awarded $10,761,579 of the $20 million provided by the 2015 Legislature for development of Supported and Supportive Housing. OHCS is developing a new Notification of Funding Awards that will be released in the Fall of 2017. This will seek to award the remaining development funding. The 2017 Legislature allocated $10 million to $15 million to address needs in the OPP. A portion of these funds will assist in the expansion of rental assistance. In celebration of the 19th anniversary of Olmstead, OHA provided a 4-hour conference, “Building Home, Making Community”, with the keynote speaker, executive director of Disability Rights Oregon, continuing the conversation to promote integrated housing. The participants included housing providers, consumers, advocacy groups, OHA and OHCS.

Peer Delivered Services (PDS)

#16 (a-b) Number Served with Peer Delivered Services



Baseline (Calendar Year 2015)

A total of 2,156 individuals received Peer Delivered Services (PDS) in the calendar year 2015. This is a correction to the data previously reported.

Comments on Methodology

OHA continues to capture PDS utilizing the Medicaid Management Information System (MMIS) as agreed upon with USDOJ, and stated in the OPP.

OHA identified an error in the tabulation of this data. The methodology in the Data Specification Sheet has not changed. However, the methodology was not consistently utilized when pulling the data. To ensure consistency in pulling data, OHA has developed a standardized process to extract the data that will provide consistent data results every time, regardless of personnel assigned. The baseline and previously reported data have been corrected. The correction has resulted in counts that are lower than previously reported.

Comments on Progress

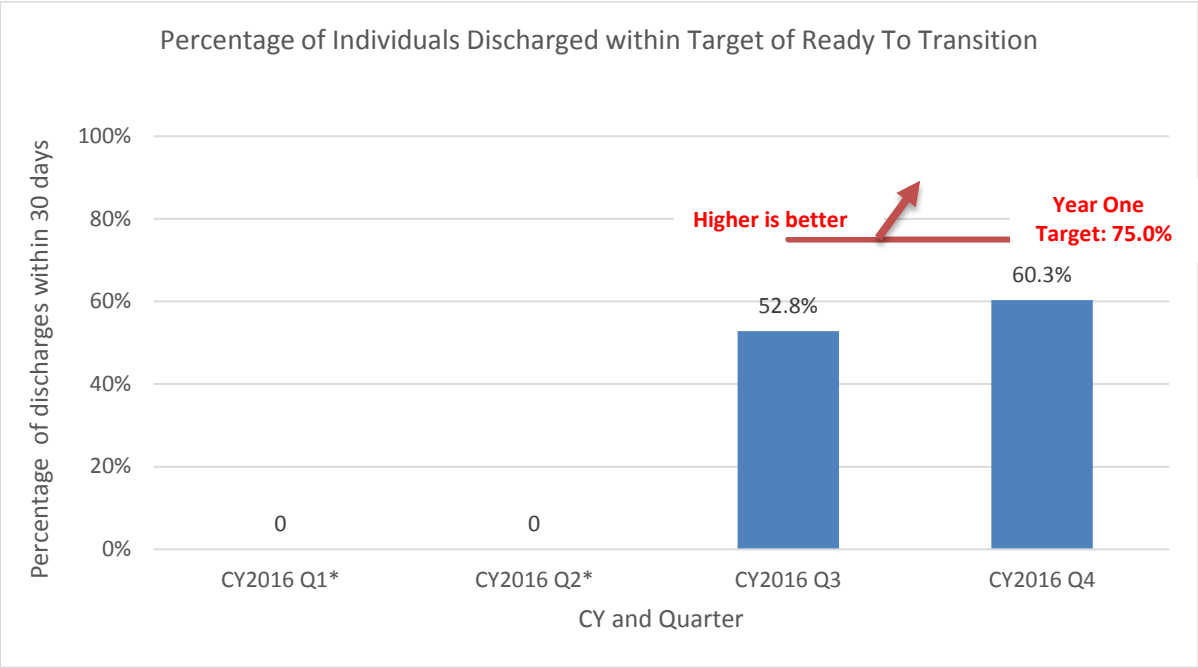
Pursuant to the OPP. OHA will increase the availability of PDS, in that by the end of year one (June 30, 2017), OHA will increase the number of individuals who are receiving PDS by 20%. As of 12/31/16, there were 2,461 individuals who received PDS. To meet the year one, June 30, 2017 target of a 20 percent increase, OHA will have to increase that number by 126 individuals so that 2,587 individuals are served by PDS.

Activities Associated with Metric(s)

OHA continues to provide education to stakeholders regarding the benefits of PDS. In May OHA brought three stakeholder advisory groups working on PDS together and consolidated the efforts to more effectively advance PDS. The newly formed group had a one day planning meeting to develop a strategic plan.

Oregon State Hospital (OSH)

#20 (a-e) Percentage Discharged within Target of Ready to Transition



Baseline (Calendar Year 2015)

The cumulative percentage of civilly committed patients discharged within 30 days of being placed on the Ready to Transition (RTT) list was 51.7% for the 12 month

period ending December 31, 2015. This includes one individual that was discharged shortly after the 30 days due to a weekend/holiday.

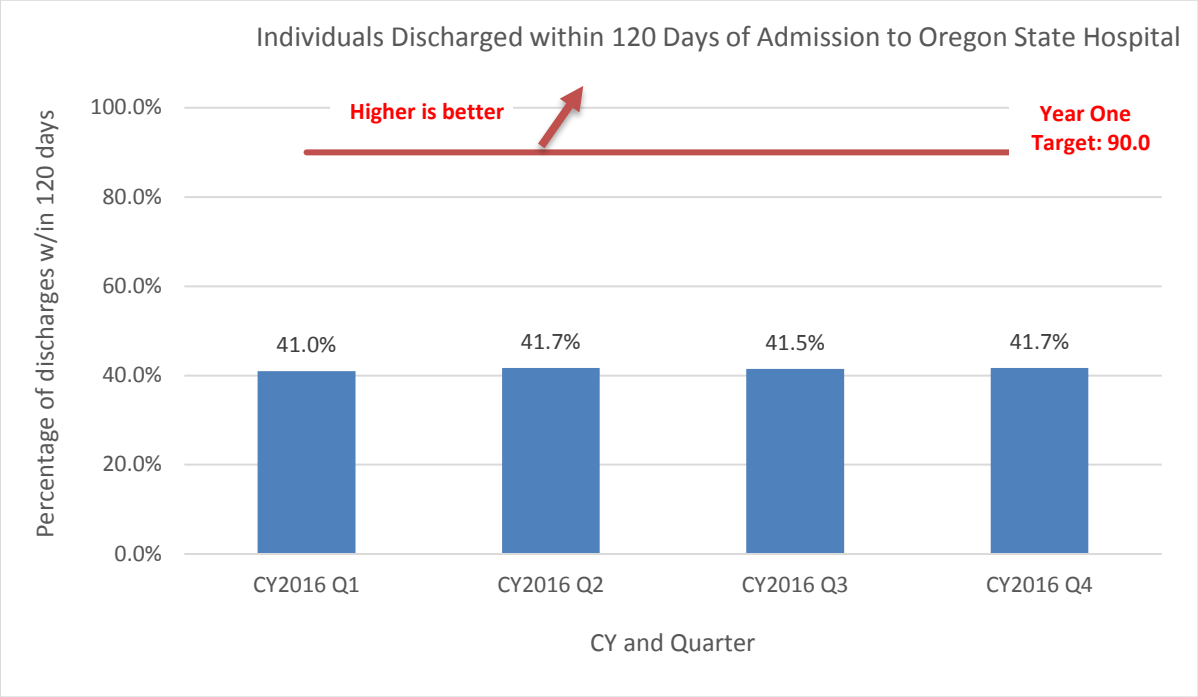
Comments on Methodology

In order to provide the most accurate RTT data possible, a new tracking system was developed and implemented as part of the OSH Electronic Health Record (Avatar) on July 1, 2016. This report reflects two quarters of data, the latter reflecting data over both quarters. After one year of collecting data with this new tracking system the quarterly reports will be based on a rolling 12 months.

Comments on Progress

Pursuant to the OPP, by the end of year one (June 30, 2017), 75% of individuals who are Ready to Place/Ready to Transition will be discharged within 30 calendar days of placement on that list. As of 12/31/16, the cumulative percentage of those discharged within 30 days of being placed on the RTT list was 60.3%, based on quarters 3 and 4 of calendar year 2016. To meet the target, OHA must increase discharges within 30 days of RTT by 14.7 percentage points. OHA is working internally with OSH and also externally with Choice program contractors. Choice program contracts are currently being revised to incorporate the OPP metrics. The intent is to establish the targets for this metric as targets for the contractors to receive the 5% withhold incentive payment.

#24 Percentage Discharged within 120 Days



Baseline (Calendar Year 2015)

For calendar year 2015, the percentage of discharges within 120 days of being admitted to OSH was 37.9%.

Comments on Methodology

The percentage is calculated taking the number of patients on a civil commitment who were discharged within 120 days of admission, divided by the total number of patients on a civil commitment who were discharged.

Comments on Progress

The OPP provides that, at the end of year one (June 30, 2017), OSH will discharge 90% of individuals within 120 days of admission. As of 12/31/16, the cumulative percentage of discharges within 120 days of admission was 41.7%. OHA must increase discharges within the specified timeframe by 48.3 percentage points. At this time OHA is short in meeting this aspirational target, and the commitment remains to increase the number of civilly committed individuals discharged within 120 days.

Activities Associated with Metric(s)
OHA continues to work on clarity and collaboration between OSH and community partners and contractors. OHA is revising the Choice contract language to align with the Oregon Performance Plan and add clarity to the scope of work specific to OSH discharges.

Acute Psychiatric Care

#29 Percentage Receiving Warm Handoff

Baseline (Calendar Year 2015)
This is a new process and metric, therefore there is no baseline information available.

Comments on Methodology
OHA is not yet able to report on this data. OHA is planning to establish an electronic method of collecting this data in a manner that promotes data consistency and validity. The methodology is still being researched. In the meantime, OHA is engaging one of its contractors to expand the scope of work to include collecting data on warm hand-offs. OHA continues to explore methods of capturing this data for the future.

Comments on Progress
The pending contract is for the collection of data from July 1, 2017, through June 30, 2018, which will be included in OHA's April 2018 Report. OHA will determine prior to the expiration of the contract whether an internal method has been established or if additional contract is needed for this data.

#30 Percentage Receiving Follow-up within 7 Days of Discharge

Baseline (Calendar Year 2015)
For calendar year 2015, the percentage of follow up visits within seven days of discharge was 79.36% (79.4%).

Comments on Methodology
The methodology to collect this data aligns with the methodology for reporting on other CCO metrics.

Comments on Progress

The OPP provides that OHA will continue to require that individuals receive a follow-up visit with a community mental health provider within 7 days of discharge, and that OHA will report this data. As of 12/31/16, the percent of individuals receiving follow up within seven days was 72%. According to the 2015 Benchmarks and Thresholds Report by the National Center for Quality Assurance (NCQA), the Medicaid national 90th percentile was 70%. Oregon's numbers are slightly better than the 90th percentile rate.

#31 (a) Readmission Rates

Baseline (Calendar Year 2015)

The cumulative 30 day readmission rate to acute care psychiatric facilities for calendar year 2015 is 9.23%. The cumulative 180 day readmission rate to acute care psychiatric facilities for calendar year 2015 is 21.35%.

Comments on Methodology

Pursuant to the OPP, OHA will calculate the percentage of discharges with readmissions to Acute Psychiatric Care hospitals within 30 and 180 days of discharge, from hospitalizations for a psychiatric reason. The Data Specification Sheet has been updated to provide the methodology for collecting the readmission rate data by hospital. The readmission rate by hospital was reported based on the hospital where the first admission occurred. The second admission may have actually occurred at another hospital. This creates challenges in how the data by hospital is interpreted. See Appendix A for the breakout by hospital.

Comments on Progress

As of 12/31/16, the cumulative percentage rates of readmission at 30 and 180 days were 11.1% and 22.6% respectively.

#35 Average Length of Stay

Baseline (Calendar Year 2015)

The cumulative average length of stay for Acute Psychiatric Care facilities, for calendar year 2015-, is 8.89 days. For Calendar Year 2015: there were 4,431 discharges; 385 of them exceeded 20 days.

Comments on Methodology
The OPP provides that OHA will provide the cumulative average length of stay of individuals with SPMI for all hospitals, as well as the average length of stay by hospital. OHA will also provide a count of the number of individuals with a length of stay longer than 20 days.

Comments on Progress
As of 12/31/16, the cumulative average length of stay of individuals with SPMI discharged from Acute Psychiatric Care facilities was 9.6 days. When broken down by hospital, the range of length of stays at the 12 Acute Psychiatric Care facilities ranges from 5.3 to 12 days. See Appendix A for the breakout by hospital. Of the 3,894 discharges, the length of stay for 423 (11%) of them exceeded 20 days. This count has hovered around this amount without a trend for increase or decrease. Of the 423, 168 were on the OSH Waitlist, which is 40% of the total.

Activities Associated with Metric(s)
In June 2017, OHA filed permanent rules for the Acute Psychiatric Care facilities and the community providers that include standards for warm handoffs in accordance with the OPP. The acute care metrics are dependent on the community system having the services, supports and housing necessary to support an individual's recovery. The efforts to increase ACT capacity, PDS and Supported Housing are expected to have a positive impact on this metric.

Emergency Departments (ED)

#40 (a) Number Readmitted Two or More Times within 6 Months

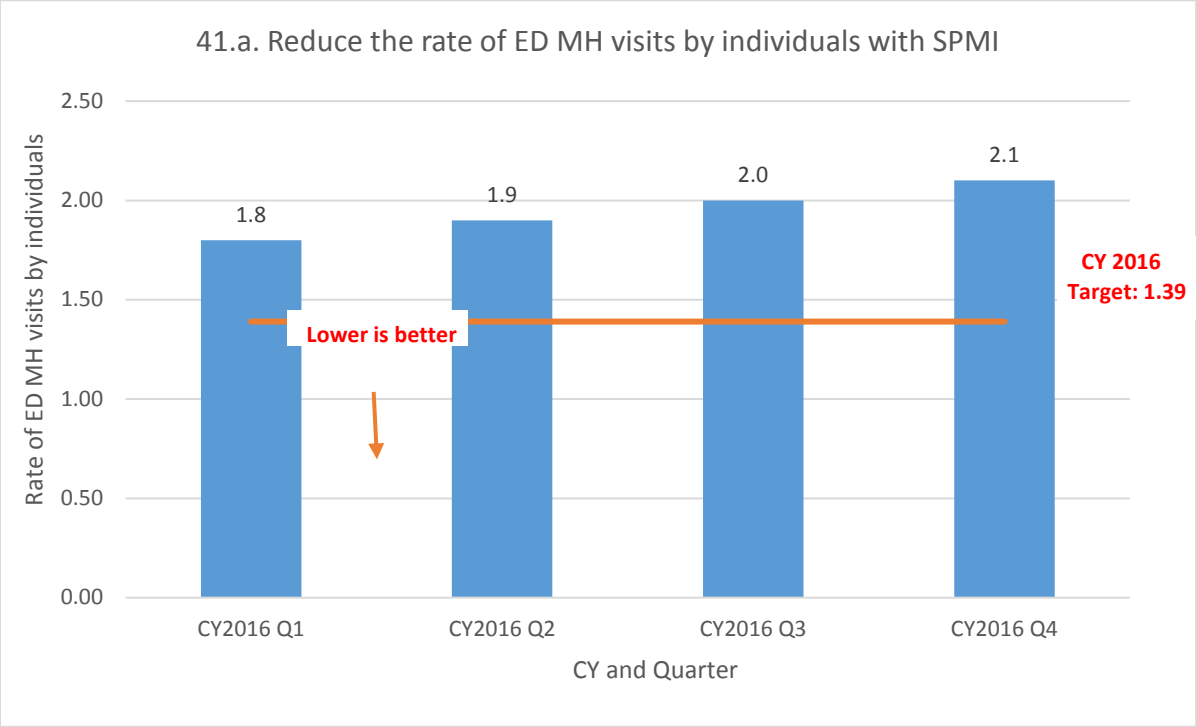
Baseline (Calendar Year 2015)
During calendar year 2015, there were 1,067 individuals re-admitted to the ED two or more times in a six-month period.

Comments on Methodology
The OPP provides that OHA will count individuals with three or more visits to the ED (which is equal to two readmissions) within a six-month period of time. The breakout by hospital is not yet available. OHA will provide this as an addendum by September 1, 2017.

Comments on Progress

As of 12/31/16, 919 individuals with SPMI were readmitted to the ED two or more times in a six-month period. There is no target associated with this metric. The number over the last 12 months shows an overall increase, but is still less than the baseline of 1,067.

#41(a-b) Rate of ED Mental Health Visits



Baseline (Calendar Year 2015)

During calendar year 2015, the rate was 1.54 persons per 1000 OHP members who visited the ED for psychiatric reasons.

Comments on Methodology

The OPP provides that OHA will reduce the rate of visits to general emergency departments by individuals with SPMI for mental health reasons, and that by the end of year one (June 30, 2017), there will be a 10% reduction from the baseline. The rate of ED visits for mental health reasons is the number of individuals with SPMI who had an ED visit for psychiatric reasons per 1,000 persons enrolled in Medicaid. The MMIS system does not have diagnostic information for everyone enrolled in Medicaid. However, OHA will review the methodology for possible narrowing of the patients in the denominator to individuals with SPMI.

Comments on Progress
As of 12/31/16, 2.1 persons per 1000 OHP members with SPMI visited the ED for mental health reasons. To meet the first year outcome of a 10% reduction from the baseline, OHA will need to further reduce the rate to 1.4 per 1000 by June 30, 2017. OHA believes that this rate can be lowered with improved coordination of care in the community to avoid ED utilization. There may be other factors that also impact this metric. OHA spoke with the Portland Police Department (PPD) regarding this metric. PPD has many efforts to improve police response to incidents involving individuals with a mental illness. The PPD acknowledges that one result of this is officers taking individuals to an ED instead of incarceration. However, Portland Police Bureau did not have data that would confirm this perception. This might be one reason for the increase in this metric.

Activities Associated with Metric(s)
OHA is looking at the data and talking with community stakeholders to determine what might be contributing to an increase in ED visits.

Supported Employment

#45 (a-b) Individuals Served with Supported Employment

Baseline (Calendar Year 2015)
The two Supported Employment data points being collected regarding Supported Employment are new data points; therefore, baseline data is not available.

Comments on Methodology
The data regarding Supported Employment services is received via Quarterly Reports. OHA will identify the number of individuals receiving Supported Employment who are employed in Competitive Integrated Employment (CIE), and the number of individuals who no longer receive Supported Employment services and are employed in competitive integrated employment without receiving supportive services from a Supported Employment specialist at discharge.

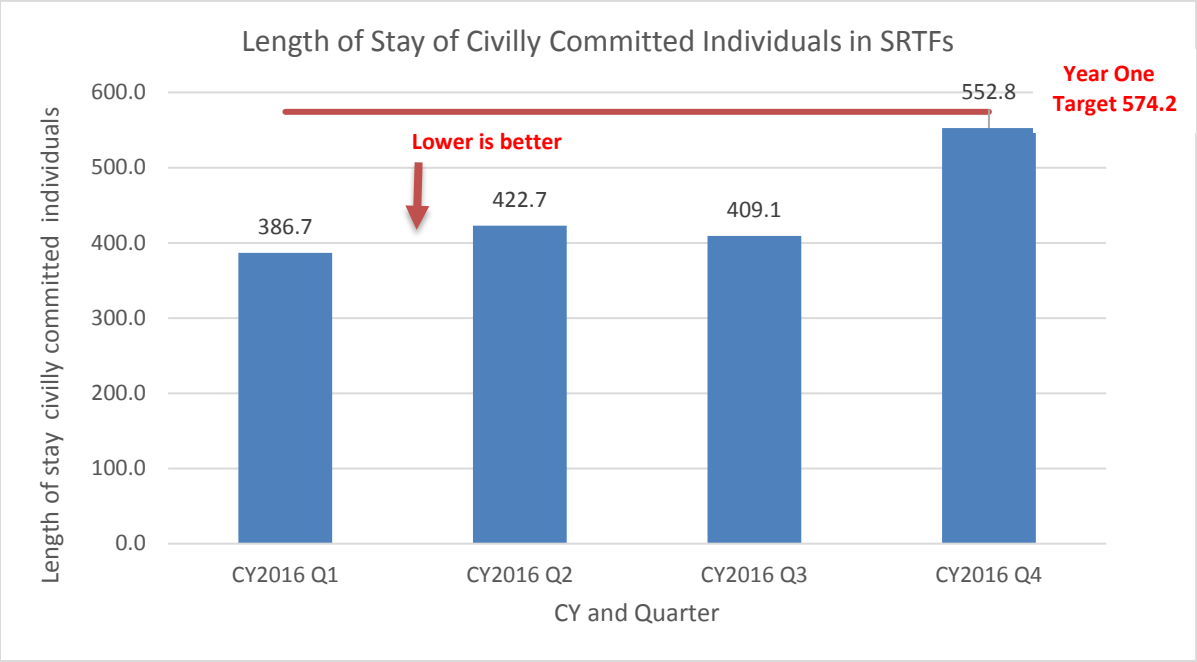
Comments on Progress
Pursuant to the OPP, OHA will report the number of persons receiving Supported Employment who are employed in CIE and the number of individuals who no longer receive Supported Employment and are employed in CIE. The previously reported baseline and quarterly data reported the number of individuals receiving

Supported Employment. The data has been corrected to reflect the OPP metrics. As of 12/31/16, 697 individuals were receiving Supported Employment services and employed in CIE. There were 115 individuals who no longer receive Supported Employment and are employed in CIE without currently receiving supportive services from a Supported Employment specialist.

Activities Associated with Metric(s)
OHA will continue to work with the Oregon Supported Employment Center of Excellence to monitor fidelity and provide technical assistance.

Secure Residential Treatment (SRTF)

#49 (b) (i-ii) Average Length of Stay in SRTFs



Baseline (Calendar Year 2015)
As of the end of calendar year 2015, the average length of stay for an individual who was civilly committed and in a Secure Residential Treatment Facility (SRTF) was 638 days. This is a correction to data previously reported.

Comments on Methodology

The baseline data is calculated by dividing the total days by the number of individuals with SPMI civilly committed who have been discharged from SRTFs.

OHA identified an error in the tabulation of this data. The methodology in the Data Specification Sheet has not changed. However, the methodology was not consistently utilized when pulling the data. To ensure consistency in pulling data, OHA has developed a standardized process to extract the data that will provide consistent data results every time, regardless of personnel assigned. The baseline and previously reported data have been corrected. The correction has resulted in counts that are lower than previously reported.

Comments on Progress

Pursuant to the OPP, OHA will seek to reduce the length of stay of civilly committed individuals in secure residential treatment facilities, in that by the end of year one (June 30, 2017), there will be a 10% reduction from the baseline. The baseline was 638 days. As of 12/31/16, the average length of stay for an individual who was civilly committed and discharged from an SRTF was 552.8 days, a decrease of 85.2 days. The average length of stay increased in the last quarter of calendar year 2016. The reduction from the baseline is still less than the first year target of the OPP. There is wide variation in the length of stay at discharge making the average less meaningful. In fact if OHA is successful at moving people to more integrated settings, the average length of stay may go up, if there are increasing discharges of individuals with long lengths of stay. OHA is investigating other data points that will demonstrate improvement and not minimize the information about those that remain in an SRTF. For example, OHA might look at the average length of stay of all individuals with a SPMI and civilly committed at a point of time or reporting the number of individuals with a current length of stay within the defined day range. This will be reported in the next narrative report.

Activities Associated with Metric(s)

OHA is strengthening the utilization review work provided by KEPRO to facilitate timely discharge of individuals from SRTFs. OHA is working to align the scope of work within our contracts with other entities to promote timely discharge.

Criminal Justice Diversion (CJD)

#52 (a) Numbers Served With Jail Diversion

Baseline (Calendar Year 2015)
In the last quarter of calendar year 2015, there were 1,409 individuals that received jail diversion services. The number of those that received services pre-arrest was 499 and the number post-arrest was 910.

Comments on Methodology
The data regarding jail diversion services is received via Quarterly Reports from jail diversion contractors. OHA will identify the number of individuals receiving Jail Diversion services as well as the number that were pre-arrest and post-arrest.

Comments on Progress
Pursuant to the OPP, OHA will continue to report the number of individuals with SPMI receiving jail diversion services and the number of reported diversions. As of 12/31/16, 1,610 individuals received diversion services. Of the 1,610 diversions, 385 were pre-arrest and 1,225 were post arrest. OHA is considering changing the data collection of pre-arrest and post-arrest to pre-booking and post-booking. This better reflects the work of jail diversion services and aligns with the work of the GAINS Center. OHA will make a decision in August in consultation with the Independent Consultant and develop a communication plan regarding the change in this data collection.

#52 (d) Number of Individuals Receiving Mental Health Services and Arrested

Baseline (Calendar Year 2015)
Baseline data is not yet available for tracking arrests of individuals with SPMI who are enrolled in services.

Comments on Methodology
A Memorandum of Understanding (MOU) has been created between OHA and the Criminal Justice Commission (CJC) to allow for the sharing of Law Enforcement Data System (LEDS) data with OHA.

Comments on Progress

The OPP provides that OHA will track arrests of individuals with SPMI who are enrolled in services and will provide data by quarter thereafter. OHA and the CJC have begun the collaborations identified in the MOU effective July 1, 2017. This data will be available for reporting in the April 2018 Data Report.

Activities Associated with Metric(s)

OHA and CJC will continue to collaborate and work through the data. This methodology will be a vast improvement over the previous planned methodology that relied on self-report data. In May 2017, OHA's Behavioral Health Policy Administrator joined a pretrial workgroup organized by the CJC. This workgroup is working on plans to improve the pretrial services including diversion. The workgroup requested a mental health representative.

APPENDIX A

Many of the metrics identified refer to a rolling one-year period. This means the analyst looks at 12 months of data for each quarterly report, three of the four quarters of data have been included in the previous report and one new quarter has been added. Doing this ensures adequate sample size for analysis, especially when there are small samples. The table below shows a rolling one-year schedule with a six-month lag period to ensure complete data submission.

Report Quarter	Previous Rolling One-Year Period
Q1 (January)	July 1 to June 30
Q2 (April)	October 1 to September 30
Q3 (July)	January 1 to December 31
Q4 (October)	April 1 to March 31

Rates of Readmission by Acute Care Facility (31a)

2016 Q4 (January 1, 2016 – December 31, 2016)

Acute Care Psychiatric Hospital	Location	30-day	180-day
Asante Rogue Regional Medical Center (Rogue Valley)	Medford	13.0	22.3
Bay Area Hospital	Coos Bay	11.4	25.6
Good Samaritan Regional Medical Center	Corvallis	9.9	21.7
*Legacy Emmanuel Medical Center	Portland	9.9	18.0
*Legacy Good Samaritan Medical Center	Portland	7.5	19.6
*Oregon Health Sciences University	Portland	8.5	18.5
Peace Health - Sacred Heart Medical Center	Eugene	11.4	24.2
*Portland Adventist Medical Center	Portland	13.5	25.4
Providence Portland Medical Center	Portland	13.4	25.3
Providence St. Vincent Medical Center	Portland	11.6	22.8
Salem Hospital	Salem	9.0	23.6
St Charles Health System Sage View	Bend	7.9	16.4

*Acute Care Psychiatric Facilities noted above will be closing their psychiatric units and transferring that capacity to Unity Center for Behavioral Health, effective January 1, 2017.

Average Length of Stay in Acute Care Facilities, by Facility (35)

2016 Q4 (January 1, 2016 – December 31, 2016)

Acute Care Psychiatric Hospital	Location	Average Length of Stay	Number of Individuals whose Length of Stay exceeds 20 days
Asante Rogue Regional Medical Center (Rogue Valley)	Medford	7.8	34
Bay Area Hospital	Coos Bay	5.8	8
Good Samaritan Regional Medical Center	Corvallis	11.1	40
*Legacy Emmanuel Medical Center	Portland	21.6	32
*Legacy Good Samaritan Medical Center	Portland	8.0	22
*Oregon Health Sciences University	Portland	8.7	24
Peace Health - Sacred Heart Medical Center	Eugene	12.1	62
*Portland Adventist Medical Center	Portland	10.2	66
Providence Portland Medical Center	Portland	10.5	51
Providence St. Vincent Medical Center	Portland	8.2	33
Salem Hospital	Salem	11.7	36
St Charles Health System Sage View	Bend	5.3	15

*Acute Care Psychiatric Facilities noted above will be closing their psychiatric units and transferring that capacity to Unity Center for Behavioral Health, effective January 1, 2017.

Count of Individuals with 2+ Readmission to ED in 6 Months (40a)

2016 Q4 (January 1, 2016 – December 31, 2016)

Hospital/Facility	Location	2+ readmits
Providence Health & Services Oregon	Portland	102
Legacy Emanuel Hosp Hlth Ctr	Portland	60
Providence St Vincent Medical Center	Renton, WA	60
Portland Adventist Medical Ctr	Portland	55
Providence Portland Medical Center	Portland	48
Legacy Good Samaritan Obesity Institute	Portland	33
Peace Health	Eugene	33
Salem Hospital	Salem	31
Legacy Mt Hood Med Ctr	Gresham	29
Rogue Regional Medical Center	Medford	24
Sacred Heart Medical Ctr	Eugene	22
Oregon Health Sciences Univ	Portland	18
Mercy Medical Center Inc	Roseburg	17
Legacy Good Sam Hosp Med Ctr	Portland	15
Kaiser Foundation Health Plan	Clackamas	14
St Charles Medical Center	Bend	12
Bay Area District Hospital	Coos Bay	11
Providence Health & Services Oregon	Milwaukie	11
Willamette Vlly Med Cntr	Mcminnville	11
Kaiser Foundation Hospital Westside	Hillsboro	10
Tuality Community Hospital	Hillsboro	10
Good Samaritan Regional Medical Center	Corvallis	9
Sky Lakes Medical Center	Klamath Falls	9
Three Rivers Medical Center Llc	Grants Pass	9
Oregon Health And Science University	Portland	8
Samaritan Albany Gen Hospital	Albany	8
Providence Health Services Dba Willamette Falls	Oregon City	7

Hospital/Facility	Location	2+ readmits
Legacy Meridian Pk Hosp Pediactric Rehab	Tualatin	7
Mckenzie Willamette Med Ctr	Springfield	5
Providence Health & Services Oregon	Medford	5
St Anthony Hospital	Pendleton	5
Providence St Vincent Medical Center O/P Cd	Portland	5
Sacred Heart Hospital	Eugene	5
Columbia Memorial Hospital	Astoria	4
West Valley Hospital	Dallas	4
Saint Alphonsus Medical Center Ontario	Ontario	4
Peacehealth Dba	Cottage Grove	4
Mid Columbia Medical Center	The Dalles	4
Providence Portland Medical Center Day Treatment	Portland	4
Legacy Meridian Park Hospital	Tualatin	4
Curry General Hospital Billing Grp	Gold Beach	4
Providence Health & Services Oregon	Newberg	3
Sacred Heart At Riverbend	Springfield	3
St Charles Health System, Inc	Prineville	3
Curry General Hospital	Gold Beach	3
Mid Valley Hlthcr Samaritan	Lebanon	3
Good Shepherd Community Hosp	Hermiston	3
Peachealth Southwest Med Ctr	Vancouver, WA	2
Legacy Salmon Creek Hospital	Vancouver, WA	2
Providence St Vincent	Portland	2
Santa Clara Valley	San Jose, CA	1
Tillamook County	Tillamook	2
Providence Health & Services Oregon	Seaside	2
St Charles Home Health Svcs	Bend	2
Samaritan North	Lincoln City	2
Peacehealth	Florence	1
Trinity St Elizabeth Health Services Inc	Baker City	1
Providence St Peter Hospital	Olympia, WA	1

Hospital/Facility	Location	2+ readmits
Sam Pacific Hth Serv Inc Dba Samaritan Walk In Cln	Newport	1
Samaritan Albany Comm Ho Grp	Albany	1
St Charles Health System Dba Centrl Or Comm Hosp	Redmond	1
Doctors Med Cntr Of Modesto	Modesto, CA	1
Ashland Comm Hlthcare Svcs Dba Asante Ashland Comm	Medford	1
Desert Springs Hospital	Las Vegas, NV	1
Peace Harbor Hospital	Florence	1
Fairchild Medical Center	Yreka, CA	1
Grande Ronde Hospital	La Grande	1
Samaritan Pacific Health Srvcs Dba Pacif Comm Hosp	Newport	1
The Queens Medical Cntr	Honolulu, HI	1
Valley Hospital Med Ctr	Las Vegas, NV	1
Legacy Pediatric Pulmonary Clinic	Portland	1
Ocean Beach Hospital	Ilwaco, WA	1
Pmg Heart Clinic Seaside	Seaside	1
Santiam Memorial Hospital	Stayton	1
Silverton Health Dba Legacy Silverton	Silverton	1
St Charles Madras	Madras	1
St Charles Medical Center Bend	Bend	1
Peacehealth Southwest Medical Center	Vancouver, WA	1
*Other		123

*Other includes emergency department services provided and billed at an emergency place of service but billed under another billing ID.

Cities are located in Oregon unless otherwise stated.