



CBR-3 Part 1: Minimum Benefit Spending Floor Hospital/Clinic Grouping Worksheet

Complete one CBR-3 for each spending floor grouping

Instructions:

For each hospital and clinic in your chosen grouping, list the facility's name, address and city.

Indicate your grouping methodology

Choose one

- ☐ By each individual hospital and all of the hospital's nonprofit affiliated clinics
- ☐ By a hospital and a group of the hospital's
By all hospitals that are under common
- ☐ By any grouping of hospitals and their
☒ hospital affiliated clinics that is approved by the Authority.

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CBR-3 Part 2: Supplemental Data Worksheet

Complete one CBR-3 for each spending floor grouping.

Instructions:

OHA will need data for all hospitals or hospital affiliated clinics that will be included in the Community Benefit Minimum Spending Floor (CBMSF). If OHA already has the required data for a hospital or hospital affiliated clinic, they do not need to be included on CBMSF part 2. Please only list hospitals or hospital affiliated clinics for which OHA is missing data or missing partial data.

The CBMSF is as follows:

$$\text{Year 1 CBMSF} = \text{3-year avg of unreimbursed care} + (\text{Direct Spending Net Patient Revenue Percentage} \times 3 \text{ year avg operating margin multiplier})$$
$$\text{Year 2} = \text{Year 1 CBMSF} + (\text{Year 1 CBMSF} * 4\text{-year avg \% change in net patient revenue})$$

Thus OHA requires four years of net patient revenue and three years of operating revenue, operating expense, and unreimbursed care costs.

This form will be updated every cycle to reflect the correct required years.

For more information on the CBMSF methodology, see [\(Link to methodology\)](#)

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