

Instructions:

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

For each facility, you must answer in column J whether or not the Oregon Health Authority has been provided with the data necessary to include that facility in your group. If the Health Authority does not have the required data, you must submit the data on CBR-3 Part 2.

For a complete list of required data, see the README tab.

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 nonprofit affiliated clinics
- By all hospitals that are under common ownership and control and all of the hospitals' nonprofit affiliated clinics
- By any grouping of hospitals and their hospital affiliated clinics that is approved by the Authority.

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

Complete one CBR-3 for each spending floor grouping

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Facility Name	Address	City	How does the facility report data to OHA?
OHSU Hospital	3181 SW Sam Jackson Park Rd	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
Doernbecher's Children's Hospital	700 SW Campus Dr	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Dermatology Lake Oswego	16699 Boones Ferry Rd, Suite 210	Lake Oswego	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Doernbecher Pediatric Practice Westside	15220 NW Laidlaw Dr, Suite 100	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Family Medicine at Richmond	3930 SE Division St	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Knight Cancer Institute Gresham Hematology Oncology	24988 SE Stark Street Legacy Mt Hood Medical Center, Building #2, Suite 140	Gresham	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Knight Cancer Institute Northwest Portland Hematology Oncology	1130 NW 22nd Ave, Good Samaritan Hospital Building, Suite 150	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Knight Cancer Institute Tualatin Hematology Oncology	19260 SW 65th Avnue, Legacy Park Medical Center, Building 2, Suite 140	Tualatin Beaverton	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Orthopaedics & Rehabilitation and OHSU Spine Center at Cornell West OHSU Health Primary Care at Orenco Station	1500 NW Bethany Blvd		Facility reports data under hospital's CBR-1 and FR-3 form. Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Scappoose Clinic	6355 NE Cornell Rd, Suite 100 33721 E Columbia Ave	Hillsboro Portland	Facility reports data under nospital's CBR-1 and FR-3 form. Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Specialty Clinics at Beaverton	15700 SW Greystone Ct		Facility reports data under hospital's CBR-1 and FR-3 form.
Center For Health and Healing, Building 1 & 2	3303 S Bond Ave	Beaverton Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
Gabriel Park Clinic	4411 SW Vermont	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
		Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
Casey Eye Institute Elks Children's Eye Center	515 SW Campus Dr 545 SW Campus Dr	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
Child Development and Research Center	707 SW Gaines St	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
Cilila Developinent and Research Center	707 SW Gaines St	Fortialla	racility reports data under nospital's CBR-1 and FR-5 form.
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Instructions:

OHA will need data for all hospitals or hospital affiliated clinics that will be included in the Community Benefit Minimum Spending Floor (BMSF). If OHA already has the required data for a hospital or hospital affiliated clinic, they do not need to be included on CBR-3 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:

Year 1 CBMSF = 3-year avg of unrelmbursed care + (Direct Spending Net Patient Revenue Percentage x 3-year avg operating margin multiplier)

Year 2 = Year 1 CBMSF + (Year 1 CBMSF * 4-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.

For more information on the CBMSF methodology, see (Link to methodology)

CBR-3 Part 2: Supplemental Data Worksheet Complete one CBR-3 for each spending floor grouping

No.		Net Patient Revenue Operating Revenue FY18 F19 FY20 FY18 FY19 FY20 FY18		Total Operating Expense Unreimbursed Care FY19 FY20 FY18 FY19 FY20			Notes		
Facility	EV16	FY17	EV10 E10 EV20	EV10	EV10 EV20 EV10	FV10	FY20 FY18 FY19	EV20	Notes
	F110	F117	F110 F13 F120	F110	F115 F120 F116	F115	F120 F115 F115	F120	
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