

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

Facility Name	Address	City	How does the facility report data to OHA?
Saint Alphonsus Medical Center - Baker City Saint Alphonsus Medical Center - Ontario	3325 Pocahontas Rd	Baker City, Oregon	Facility reports data under hospital's CBR-1 and FR-3 form. Facility reports data under hospital's CBR-1 and FR-3 form.
Saint Alphonsus Medical Center - Ontario	351 SW 9th St	Ontario, Oregon	Facility reports data under hospital's CBR-1 and FR-3 form.



Instructions:

OHA will need data for all hospitals or hospital affiliated clinics that will be included in the Community Benefits fillnium Spending floor (EMMS). 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 unreimbursed 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

									Notes	
Facility	mus c	FY17	Net Patient Revenue F19 FY20	FY18	Operating Revenue FY19 FY20 FY18	Total Operating Expense FY19	Unreimbursed Care FY20 FY18 FY19	5100	Notes	
	FY16	FY17	FY18 F19 FY20	FY18	Operating Revenue FY19 FY20 FY18	FY19	FY20 FY18 FY19	FY20		
		1		1		1			1	