



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.

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.

Facility Name	Address	City	How does the facility report data to OHA?
Hillsboro Medical Center	335 SE 8th Ave	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Cancer Center	229 SE 9th Ave	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
South Hillsboro Primary Care	7529 SE Tualatin Valley Hwy.	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
South Hillsboro Immediate Care	7545 SE Tualatin Valley Hwy.	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Forest Grove Primary Care/Immediate Care	1825 Maple St.	Forest Grove	Facility reports data under hospital's CBR-1 and FR-3 form.
Forest Grove Physical Therapy & Sports Rehabilitation	2333 Pacific Ave	Forest Grove	Facility reports data under hospital's CBR-1 and FR-3 form.
Tuality HealthPlace	1200 NE 48th Avenue	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Primary Care North Plains	10395 NW Glenco Rd. Suite 200	North Plains	Facility reports data under hospital's CBR-1 and FR-3 form.
Tuality 7th Avenue Medical Plaza	333 SE 7th Ave	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Tuality 8th Avenue Medical Plaza	364 SE 8th Ave	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Home Health Services	372 SE 6th Ave Suite 100	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Health Education Center	334 SE 8th Ave	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Orenco Station Primary Care	6355 NE Cornell Road	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Salud	324 SE 9th Ave	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Forest Grove Hospital-Diagnostic Imaging	1809 Maple St.	Forest Grove	Facility reports data under hospital's CBR-1 and FR-3 form.
Tuality Medical Supply-Hillsboro	1060 SW Baseline St	Hillsboro	Facility reports data under hospital's CBR-1 and FR-3 form.
Tuality Medical Supply-Center for Health and Healing	3303 S. Bond Ave Bldg 2	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.



## CBR-3 Part 2: Supplemental Data Worksheet

Complete one CBR-3 for each spending floor grouping

**Complete one CBR-3 for each spending floor group**

**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 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.

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

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