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?
Mid-Columbia Medical Center, dba Adventist Health Columbia Gorge	1700 E 19th Street	The Dalles	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 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)

Facility	Net Patient Revenue					Operating Revenue			Total Operating Expense			Unreimbursed Care			Notes
	FY18	FY19	FY20	FY21	FY22	FY20	FY21	FY22	FY20	FY21	FY22	FY20	FY21	FY22	