

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

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.
·	24988 SE Stark Street Legacy Mt Hood Medical		· · · · · · · · · · · · · · · · · · ·
	Center,		
OHSU Knight Cancer Institute Gresham Hematology Oncology	Building #2, Suite 140	Gresham	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Knight Cancer Institute Tualatin Hematology Oncology	Building 2, Suite 140	Tualatin	Facility reports data under hospital's CBR-1 and FR-3 form.
			· · · · · · · · · · · · · · · · · · ·
OHSU Orthopaedics & Rehabilitation and OHSU Spine Center at			
Cornell West	1500 NW Bethany Blvd	Beaverton	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Scappoose Clinic	33721 E Columbia Ave	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Specialty Clinics at Beaverton	15700 SW Greystone Ct	Beaverton	Facility reports data under hospital's CBR-1 and FR-3 form.
Center For Health and Healing, Building 1 & 2	3303 S Bond Ave	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.
Casey Eye Institute	515 SW Campus Dr	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
Elks Children's Eye Center	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.
OHSU Knight Cancer Institute NW Portland Hematology Oncology	1130 NW 22nd Ave, Suite 100 & 150	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Knight Cancer Institute East Portland Hematology Oncology	10000 SE Main Street, Suite 350	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Peds Specialty at Cornell West	1500 NW Bethany Blvd, Suite 195	Beaverton	Facility reports data under hospital's CBR-1 and FR-3 form.
OHSU Family Medicine at Richmond Walk-In Clinic	4212 SE Division Street, Suite 150	Portland	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

	Net Putient Revenue Operating Revenue Total Oj FY18 FY19 FY20 FY21 FY22 FY20 FY21 FY22 FY20 1_664_524_184 1_762_456_675 1_779_909_118 1_985_966_942 2_194_695_987 1_966_516_234 2_206_010_703 2_426_510_002 2_202_4805_388					FV21 FV22 FV20 FV21 FV22 FV20 FV20 <th< th=""></th<>									
Facility	FY18	FY19	Net Patient Revenue FY20	FY21	FY22		Operating Revenue			Total Operating Expense			Inreimbursed Care		Notes
			FY2U	FYZI	FYZZ	FYZU	FYZ1	FYZZ	FYZU	FYZ1	FYZZ	FY20	FYZ1	FYZZ	
Oregon Health and Science University	1,694,524,184	1,762,456,675	1,779,908,118	1,985,956,942	2,194,695,987	1,966,516,234	2,206,010,703	2,426,510,002	2,024,805,358	2,038,696,884	2,357,890,779	167,746,830	172,100,635	174,195,450	OHA already has data for all fiscal years
	-		+												
	+		+												
	-														
			 						-						
	<u> </u>	<u> </u>	<u>. </u>												
			1	-		-		-				-			
			1			-		- I			-	-			
			1					<u> </u>							
			1						+			+			
	1		 												
	-		 												
	+		 												
	1														
			1												
		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		_							
			1					<u> </u>							
The state of the s															1