



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

Complete one CBR-3 Form for each spending floor grouping

Instructions:

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

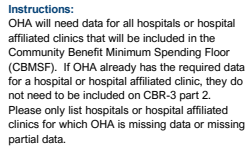
For each facility, you must answer in column J whether or not the Oregon Health Authority has been provided with the data necessary to include that facility in your group. If the Health Authority **does not** have the required data, you must submit the data on CBR-3 Part 2.

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

Indicate your grouping methodology:
(Select 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.

[illegible]



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