

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' 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

3 Form for each spending floor grouping

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

Complete one CBR-



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 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 * 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 is updated annually to reflect the correct reporting period.

For more information on the CB MSF Methodology, please see the FY24-25 MSF Methodology Announcement

CBR-3 Part 2: Supplemental Data Worksheet Complete one CBR-3 Form for each spending floor grouping

	Net Patient Revenue					Operating Revenue Total Operating Expense							Unreimbursed Care		Notes
Facility	FY20				FY22 FY23 FY24			FY22 FY23 FY24			FY22 FY23 FY24				
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