

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
V	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?
			Select a response from the dropdown menu.
Salem Health	890 Oak St SE	Salem, OR 97301	Facility reports data under hospital's CBR-1 and FR-3 form.
Salem Health West Valley	525 SE Washington St.	Dallas, OR 97338	Facility reports data under hospital's CBR-1 and FR-3 form.
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Instructions:

OHA will need data for all hospitals or hospital affiliated clinics that will be included in the Community Benefit Minimum Spending Floor (BMSF). 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 unrelmbursed 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 Delicat December		Operating Revenue Total Operating Expense FY19 FY20 FY18 FY19		Expense Unrelmbursed Care FY20 FY18 FY19 FY20		Notes
Facility	EV16	FY17	EV10 E10 EV20	EV10	EV10 EV20 EV10	FV10	FY20 FY18 FY19	EV20	Notes
	F110	F117	F110 F13 F120	F110	F115 F120 F116	F115	F120 F119	F120	
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