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.

Facility Name	Address	City	How does the facility report data to OHA?
Adventist Health Portland	10123 SE Market St	Portland	Facility reports data under hospital's CBR-1 and FR-3 form.

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 2: Supplemental Data Worksheet

Complete one CBR-3 for each spending floor grouping

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	
Adventist Health Portland	323,089,443	317,479,706	296,742,072	331,088,920	339,086,938	335,334,551	353,221,771	364,285,600	334,169,779	351,691,148	381,135,505	29,204,036	27,437,407	32,662,715	

[ADVENTISTHEALTH:INTERNAL]