

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 Complete one CBR-3 for each spending floor grouping

Siden Regists Siden (Regists) Siden (Regist) Siden (Regists) Siden (Regists) Siden (Regists) Siden (Re	Facility Name	Address	City	How does the facility report data to OHA?
Siden Neath Siden Neath West Volley S25.51 Washington 51. Dallar, Dil 37338 Facility reports data under hospetals (GRE 1 and 44 5 form. Facility reports data under hospetals (GRE 1 and 44 5 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) Facility reports data under hospetals (GRE 1 and 45 form.) F	·			Select a response from the dropdown menu.
Safem Health West Valley 525 SE Washington St. Dallas, OR 97338 Facility reports data under hospital's COR-1 and FR-3 form. Facility reports data under hospital's COR-1 and FR-3 form.	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.



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 Patient Revenue		Operating Revenue Total Operating Expense FY21 FY22 FY20 FY21		Unreimbursed Care		Notes
Facility FY18	FY19	Net Patient Revenue FY20 FY21 FY22	FY20	Operating Revenue FY21 FY22 FY20	FY21	Unreimbursed Care FY22 FY20 FY21	FY22	
							1	
	- 	+ + + + + + + + + + + + + + + + + + + +					+	
		 						
		 						
							<u> </u>	
							<u> </u>	
							<u> </u>	
							<u> </u>	
							<u> </u>	
-								*