

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

Good Samaritan Huspital, Corvallis (ebb acod Samaritan Regional Medical Center) Son ON Was Samaritan Corvallis (ebb acod Samaritan Regional Medical Center) Samaritan Albany General Hospital 1046 66th Ave SW Mid-Valley Healthcare, Inc. (ebb samaritan Lebanon Community Hospital) Samaritan North Lincoln Hospital 3043 NE 28th St Lincoln City Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Samaritan North Lincoln Hospital 3043 NE 28th St Lincoln City Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form. Facility reports data under hospital's CBR-1 and RR-3 form.
Mid-Valley Healthcare, Inc. (dba Samaritan Lebanon Community Hospital) 525 N Santiam Hwy Lebanon Facility reports data under hospital's CBR-1 and FR-3 form. Samaritan North Lincoln Hospital 3043 NE 28th St Lincoln City Facility reports data under hospital's CBR-1 and FR-3 form.
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Samaritan North Lincoln Hospital 3043 NE 28th St Lincoln City 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

Facility Net Patient Revenue FY18 FY19 FY20 FY21 FY22		Operating Revenue Total Operating Exp FY20 FY21 FY22 FY20 FY21		Total Operating Expense	Linreimbursed Care		Notes	
Facility FY18	FY19	FY20 FY21 FY22	FY20	Operating Revenue FY21 FY22 FY20	FY21	Unreimbursed Care FY22 FY20 FY21	FY22	
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