




OBJECTIVES

- Develop a shared understanding of the issues
- Provide clear instructions for completing the CBR-1 form
- Define a process for resolving questions and issues going forward



SESSION OVERVIEW

- Looking back
 - Development of Oregon's reporting program
 - Key takeaways from the first year report
- Moving forward
 - Roles and expectations
 - Revised CBR-1 and instructions
 - FAQ process and next steps



How did we get here?

2007
HB 3290 adopted by the Oregon Legislative Assembly.

2008
OHPR develops rules and form thru collaborative process. Reporting effective Jan. 1, 2008. Hospitals report fiscal years beginning on or after Jan. 1, 2008 within 240 days of close.

2009
Reporting begins, challenges and discrepancies in "what" and "how" to report community benefits.

2010
OAHHS convenes task force to identify/address reporting discrepancies. OAHHS develops recommendations and assists OHPR with data validation for the inaugural report.

2011
OHPR to issue first report "Oregon's Acute Care Hospitals: Capacity, Utilization and Financial Trends" biannual acute care hospital report.

Health
Oregon Association of Hospitals and Health Systems

OAHHS Task Force

- Marvin Haas, chair – Asante
- Bill Hoffman – Samaritan Health Services
- Nicole Mahoney – Morrow County Health District
- Colette Marko-Nelson – Providence Health and Services
- Peter Morgan III – Adventist Health Northwest
- Wade Weis – Grande Ronde Hospital

Health
Oregon Association of Hospitals and Health Systems



Task Force Conclusions

- Maintain distinct reporting from the IRS 990
- Develop consistent guidance – FAQ
 - Reporting entity
 - Managed Medicare/OHP Plans
 - Net gain/losses within category
- Simplify and revise the form – CBR-1
- Detailed instructions and worksheets

Health
Oregon Association of Hospitals and Health Systems

Inaugural Community Benefit Report



- Findings from first year of data collection will be reported in OHPR's upcoming reports:
 - *Trends in Oregon Health Care Market* report (summary data by DRG, A and B hospitals); and
 - *Oregon's Acute Care Hospital* report (by individual hospitals)
- Scheduled to be released in early April

DRAFT CBR SUMMARY for 2009



Oregon Hospital Type	Number of Hospitals	Charity Care and Subsidized Health Services (in \$millions)	Medicare and Medicaid (in \$millions)	Community Benefit Contributions (in \$millions)	Research and Operations (in \$millions)	Total Community Benefit (in \$millions)
DRG	26	\$359.9	\$2,986.9	\$96.7	\$332.2	\$3,775.7
Type A	12	\$20.5	\$127.2	\$4.4	\$0.7	\$152.8
Type B	20	\$72.4	\$261.8	\$12.7	\$3.3	\$370.2
TOTAL	58	\$452.8	\$3,395.9	\$113.8	\$336.2	\$4,298.7

Source: Data collected by the Office for Oregon Health Policy and Research, 2009.



HOSPITAL REVISIONS

- Hospitals had an opportunity to review and revised their 2009 CBR data; 29 hospitals revised their numbers.
- Most changes were made in the **Total Expense** (a) column. However, many hospitals also resubmitted numbers for Direct Offsetting Revenue and Net Community Benefit Expenses also.
- Most frequent questions received by OHPR were of the "What should I place here?" variety.



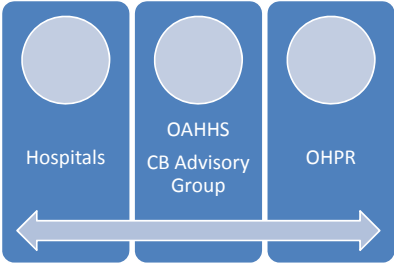



MOVING FORWARD

- Roles and responsibilities
- Amended reporting period
- Revised form and instructions
- Instructions for the CBR-1 Form
- FAQ





Roles and Responsibilities



PROCESS WITH AMENDED CBR FORM


- Organization of the reporting period
 - New form applies to 2010 FY, which varies by hospitals.
- Submission due dates
 - Rules indicate submission is due 240 days following close of FY.
 - In this cycle, due to the new form and instructions, for hospitals with submission deadlines in Feb, Mar, or Apr 2011, have automatic extension to May 31st.



PROCESS WITH AMENDED CBR FORM (continued)

➤ Process for hospitals that have previously reported data on the old form

- Will work with hospitals on individual basis to correct FY 2010 data.



REVISED CBR-1

Section 1: Costs

Hospital Name _____
Reporting Period _____

Please indicate what type of cost accounting system is being used for this reporting. (Check one)


Cost accounting system	Cost to Charge Ratio	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Benefit Categories

Charity Care and Government programs	Patient Visits	Total expense (a)	Direct offsetting revenue (b)	Net community benefit
Charity care at cost	14889	\$ 7,746,655.00	\$ 1,808,742.00	\$
Unreimbursed costs of public programs		\$ 26,397,913.00	\$ 16,682,077.00	\$
Medicaid/Managed Medicare Plans				
Medicare/Managed Medicare Plans	102684			
Other public programs				
Charity Care and Government Programs Total		\$ 34,144,571.00	\$ 18,490,759.00	\$

What percentage of Charity Care granted represented a discount of 100%? _____

Other benefits	Visits	Total expense (a)	Direct offsetting revenue (b)	Net community benefit




CB ADVISORY GROUP

➤ FAQ

Q: Can I report research activities?

A: Oregon allows for reporting of research if the results are shared publicly, while the IRS Schedule H says the cost of research should only be included if it was funded by the government or other tax-exempt source. We suggest that if research is shared publicly, it should be reported, regardless of where the funding came from.



Where do we go from here?

- Collaborative implementation process
- Ongoing education and training



**Discussion
Q & A**





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