The Bottom Line

hfma oklahoma chapter
healthcare financial management association

Winter 2014

A MESSAGE FROM THE PRESIDENT

Greetings,

2014 is here!!! Welcome to a new year with new opportunities to benefit from due to your OHFMA membership! The HFMA year is passing by too quickly, but before it is over I want to share with you some of our successes to date. The most significant accomplishment so far has been our Overall High Satisfaction score of 67% published in our Member Satisfaction Survey Results. That is the highest percent we have reached in the last 7+ years. We have also begun two new meeting experiences, HFMA/MGMA last October and the Show Me/Oklahoma joint chapter meeting.

Please be sure take a look at the Davis Chapter Management Scorecard included in this newsletter. It spells out which areas we are thriving in and which areas we may need your assistance! Remember that our chapter is only as good as our membership involvement. We have already reached our certification goal, have an allowable number of days' cash on hand and also have proper board composition. We are still striving to make our membership, reporting, and education hour goals.

The results from our membership satisfaction survey showed that the greatest opportunities for improvement are in our newsletter, social media and web page. We have been working at updating our newsletter. The changes are gradual, but I am excited with each new publication. Make sure to join our LinkedIn page so that you can see updates on meetings and other pertinent chapter topics. Lastly we have been trying to get our meeting dates out on the chapter web page sooner. If you have any other suggestions or requests, please get involved and help make it happen!

Thank you again for this opportunity to serve, I look forward to seeing you in April!

Shannon Fuller

EXPENSIVE HOSPITALS: STRONG REPUTATIONS BUT LITTLE EVIDENCE OF BETTER CARE, STUDY FINDS

By Jordan Rau

January 29, 2014

Kaiser Health News

A study of autoworker claims found that hospitals with the highest prices tended to have the strongest reputations and tight holds on their local markets yet showed little evidence of providing better quality care.

The actual prices insurers pay hospitals are closely guarded secrets in health care. That has made it hard for health researchers to study one of the most important issues: whether patients get better treatments from more expensive hospitals. Hospital list prices, which Medicare published last year, provide no indication about how much hospitals actually are compensated by private insurers.

In this study, published online Wednesday in the journal Health Affairs, researchers got a rare peek into hospitals' real prices by analyzing nearly 25,000 insurance claims filed by current and retired auto workers in 10 metropolitan markets: Buffalo; New York; Cleveland; Detroit; Flint, Mich.; Indianapolis; Kansas City; St. Louis; Toledo, Ohio; Warren, Mich., and Youngstown, Ohio.

The workers went to 110 hospitals, which the researchers divided into three categories: 30 low-priced hospitals (with prices 10 percent or more below average); 30 high-priced hospitals (10 percent or more above average); and 50 medium-priced hospitals. The researchers adjusted their analysis to account for the different ailments that brought patients to the hospitals.

The study found high-priced hospitals were twice as large as the low-priced hospitals. Their market shares were three times as large as the low-priced hospitals, often through affiliations with large health systems. Market dominance is one of the major explanations for why some hospitals are able to extract higher prices from insurers during negotiations, since the insurers are reluctant to irk consumers by leaving these hospitals out of their networks.

High-priced hospitals were much more likely than other hospitals to win a national ranking for high quality from U.S. News & World Report, which relies strongly on doctor surveys in its analyses. In fact, the researchers found that none of the low-priced hospitals showed up on any U.S. News lists, while one out of four high-priced hospitals showed up on the list.

However, more qualitative, albeit rudimentary data, did not show high-priced hospitals excelling. They performed worse than low-priced hospitals in keeping patients from being readmitted within a month and for avoiding blood clots and death in surgical patients. They also did no better in keeping heart attack and pneumonia patients alive than did low-price hospitals, although they were more successful in averting death for heart failure patients. Their overall ratings among patients were not significantly different than low-price hospitals.

The researchers — Chapin White, James D. Reschovsky and Amelia M. Bond — did not take a stand on whether the high prices were warranted, and they characterized the evidence as "mixed." They noted it is possible that the high-priced hospitals might offer much better specialized care, but the current quality measures do not assess those, instead focusing on the experiences of the routine patients.

Teaching hospitals made up nearly half of all the high-priced hospitals but only 17 percent of low-priced hospitals. The high-priced hospitals tended to be in places where competitors were near rather than regions where they were the only facility around, even though in those isolated places insurers have no other options and therefore less negotiating leverage.

The researchers found partial justification for higher prices charged by these hospitals. They tended to treat sicker and poorer patients, often received referrals from other hospitals and were more likely to offer specialized, expensive services. And their operating margins were worse: the average loss was 2.8 percent, while low-priced hospitals had an average operating profit margin of 1.5 percent.

But when the researchers factored in all sources of revenue, including donations and investments, they found the total margins for high-priced hospitals were a healthy 4.5 percent, statistically no different than those of low-priced hospitals.

WINTER MEETING 2014 – DOWNSTREAM CASINO & RESORT, QUAPAW, OKLAHOMA

Health System

OHFMA MEMBERSHIP GOAL

389

CURRENTLY

WE ARE AT 351!

NEW MEMBERS

Name	Title	Organization
Kyle Stewart	Assurance Services Sr. Manager	Cole & Reed, P.C.
Kristen Ballesteros	Patient Accounts Manager	Oklahoma Heart Hospital
Deann Corey	Performance Manager	Morgan Financial Group
Ellen McCarthy-Robinson	Sr. Financial Analyst	Mercy Hospital OKC Finance
Christina L. Harris	Director of Business Office	Nueterra
Tiya La Croix	Enterprise Sales Executive	GHX
Deborah L. Rutledge	Sr. Accountant	Mercy Hospital Ada
Amber Gramlich	Health Care Consultant	CCK Strategies
Stefanie L. Campbell	Financial Analyst	Norman Regional Hospital
Chas Gilmore II	Banking Officer	Bank of Oklahoma
Jon Holloman		Relay Health
Vickie Harbison	Director of Accounts Receivable	Preferred Management Corp.
Josh F. Capps	Manager, Enterprise Client Services	TriZetto Provider Solutions
Sheldon S. Spence	Director Revenue Cycle	Memorial Hospital of Texas County
Shannon Edwards	Director Patient Access	Community Hospital

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2013-14 Davis Chapter Management Year
CBSC Progress Report
For Period 5/1/2013 - 1/10/2014

CBSC Weight			30				20		20	15		5	5			5	
			Education Hours		Education Hours		Membership		Membership Overall Satisfaction (1)	Certification (2)		Days Cash on Hand (3)	DCMS On-Time Reporting (4)				Overall Score
			Lesser of 0.5% growth or 16.1 hours/member				Equivalent of HFMA overall goal		Lesser of 60%very or extremely satisfied or 5% improvement	% Certified Members = HFMA average (8.3%) or 5% improvement (must be at least 1 member)						40% Provider	
Chap. No.	Chapter Name	Region	(total education hours) Actual	Goal	(hours/member) Actual	Goal	Actual	Goal	Actual	Actual % certified	Goal		Chapter Require ments	Chapter Events Q1 Q2 Q3 Q4	Newsletters	Board Compo -sition	
060	Nebraska Chapter	08	5,004.6	4,958.8	16.2	16.1	308	307		16.2%	8.3%	279.5	8	14/14 * 23/23 * 0/6 * 0/11	2	55%	
052	North Dakota Chapter	08	1,123.4	2,704.8	6.7	16.1	146	167		6.5%	7.5%	673.4	8	10/10 * 8/12 * 3/9 * 0/3	2	69%	
058	Show-Me of Missouri Chapter	08	3,535.0	4,202.1	13.5	16.1	250	260		8.0%	8.3%	302.5	8	10/10 * 15/15 * 5/7 * 0/4	2	73%	
063	South Dakota Chapter	08	1,771.5	2,447.2	11.7	16.1	145	151		7.9%	8.3%	387.7	8	2/2 * 4/4 * 1/4 * 0/3	2	82%	
051	Sunflower (Kansas) Chapter	08	6,715.8	4,781.7	22.6	16.1	279	296		11.1%	8.3%	252.4	8	7/7 * 5/5 * 3/7 * 0/4	2	67%	
016	Arkansas Chapter	09	3,763.1	4,459.7	13.6	16.1	263	276		13.0%	8.3%	367.6	8	1/1 * 7/7 * 0/3 * 0/1	2	50%	
053	Lone Star Chapter	09	7,067.1	15,443.2	6.1	13.3	1,107	1,154		7.2%	7.2%	420.4	8	1/1 * 5/5 * 0/3 * 0/6	2	71%	
049	Louisiana Chapter	09	4,182.6	7,164.5	9.4	16.1	391	443		8.3%	8.3%	411.9	8	2/2 * 2/2 * 0/2 * 0/0	2	67%	
005	Mississippi Chapter	09	2,962.6	5,216.4	9.1	16.1	314	323		10.8%	8.3%	496.3	8	2/2 * 6/6 * 0/2 * 0/1	1	70%	
038	Oklahoma Chapter	09	2,835.6	6,295.1	7.3	16.1	351	389		9.5%	8.3%	428.9	8	1/1 * 4/4 * 2/4 * 0/3	4	50%	
075	South Texas Chapter	09	3,593.7	6,101.9	9.5	16.1	346	377		10.6%	8.3%	384.2	8	5/5 * 10/10 * 2/6 * 0/5	2	54%	
069	Texas Gulf Coast Chapter	09	5,802.9	12,268.2	7.6	16.1	685	759		6.4%	7.3%	404.5	8	8/8 * 9/9 * 2/5 * 0/4	2	57%	
057	Arizona Chapter	10	5,112.3	8,347.9	9.2	15.0	507	552		7.9%	8.3%	319.1	8	10/10 * 17/17 * 4/11 * 0/14	2	58%	
061	Colorado Chapter	10	6,010.9	11,173.4	8.7	16.1	658	691		8.1%	8.3%	437.8	8	6/6 * 4/4 * 3/5 * 0/2	3	60%	

(1) Current year's Membership Overall Satisfaction Survey results reported in Jan. | (2) The percentage certified fluctuates throughout the year. |
(3) Days Cash on Hand is a static number calculated on the prior year's year-end QuickBooks balance and is reported in the Fall | (4) Education and Newsletter reporting period due dates: Aug. 10, Nov. 10, Feb. 10, May 10.

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