



The Power of Unity



POINT OF VIEW | EXPANDING MEDICARE Move would make business sense

BY PATRICIA

A business owner, if you find and you could leverage your resources and create additional value at a cost of \$100,000, you know, would you do it? If it meant you could be more people? What if that investment was linked your costs in other areas? What if the benefit from that investment was actually more than \$100,000?

People often say government should be run like a business. But when it comes to Medicare, common sense activities, such as expanding federal health care coverage to include philosophy, teaching, research, health care innovation and other efforts.

If Medicare were to accept federal funds to cover the costs, possibly through the public-private partnership that Medicare program as we have proposed, the economic benefits would be the largest to our state each year. According to an analysis by an Oklahoma State University economist, Medicare would be the largest source of federal funds for health care coverage from 2017 to 2024, more than \$1.4 billion would have been injected into our state economy and more than \$1.4 billion would have been created. And because more people would get federal health care, additional health care services would be created. We all agree that health care is the most important industry in Oklahoma. We all agree that health care is the most important industry in Oklahoma. We all agree that health care is the most important industry in Oklahoma.



Patricia is a professor at the Oklahoma State University.

HRET HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN)
ALLIANCE HEALTH PONCA CITY | SEPSIS CARE

ORGANIZATION AND TEAM

SETTING THE STAGE

PROJECT DESIGN

RESULTS

IMPACT AND SUSTAINABILITY

CONCLUSION





**OHA is looking forward to
celebrating 100 years in 2019.**

Thank you to our 100th Anniversary Sponsors!

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If you are interested in becoming a sponsor, go to www.okoha.com/100.

We'll be celebrating all year! Save the date for these special events:

Jan. 24 – Kick-Off Board Luncheon, past and present board members.

May 21 – “Back in Time” event at the Oklahoma History Center.

July 18 – Family Celebration at the OHA Leaders Forum.

Nov. 13 – 100th Anniversary Gala, National Cowboy & Western Heritage Museum.

Watch for more details!

Letter to Members

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his year's convention theme, "The Power of Passion and Perseverance" is a great descriptor of the past year for the members and staff of the Oklahoma Hospital Association. In retrospect, what a year it has been! Two special sessions that ultimately were running concurrently with a regular session, along with an ongoing state budget deficit, provided for an incredibly complex legislative mine field for lobby efforts. Ultimately, a series of tax increases generated \$507.6 million in new tax revenues to avert significant cuts to health care and education. Of particular note, a \$1 cigarette tax increase was part of the revenue measure.

While some may say that the hospitals have not fared as well as hoped, it is very important to understand that the cigarette tax concept was kept alive through many years of persistence by OHA. Our industry understands, on a daily basis, the harmful effect smoking has on our population. We remain passionate that raising the price of tobacco will prevent young people from taking up the addictive habit.

The OHA has also been persistent in beating back numerous onerous bills harmful to hospitals, such as moving Medicaid into privatized, commercial managed care plans; and moving certain health agencies to direct governor appointment and making the respective boards advisory only – thus reinforcing only one point of view, not a diversity of opinions.

Speaking of perseverance, the launch of OHA Data Solutions is a result of numerous multi-year discussions and will provide timely hospital market data. It has tremendous potential for our members and OHA is committed to fund this for the first year free to all members. Information is power, and instead of waiting to see hospital demographic information that is two years old, hospitals will be equipped to make timely market decisions.

In addition, the OHA's team of professionals has true passion in providing timely information and assistance in cost-efficient education, quality, and rural health for OHA members. Further, the OHA team demonstrated perseverance in a multi-month national search that was conducted for a new president due to the retirement of Craig Jones.

This annual report demonstrates the many services OHA provides to members. It also marks the 99th year since the creation of the OHA. We are truly looking forward to our 100th year and our vision for the future. Our board is committed to greater member engagement. OHA members must move past a passive membership to one of aggressive involvement. OHA membership value is truly multiplied past mere financial participation when members are engaged.

E pluribus unum (out of many, one) is a term that fits the strategy and strength of the OHA. When we speak as an industry, there is strength. When we do not, we struggle. This collective strength will be necessary to face the many challenges such as adequate payment for our services while providing patients with the best quality care possible. We are "all in" to make this happen. We look forward to working with you on a heightened level to make our collective voices and needs heard for the communities and patients we serve.



David Whitaker, FACHE
Chairman



Patti Davis
President

Perseverance Pays Off

FRIDAY, OCTOBER 12, 2018 9A

POINT OF VIEW | EXPANDING MEDICAID

Move would make business sense

BY PATTI DAVIS

As a business owner, if you found out you could leverage your resources and receive matching dollars at a rate of \$5 for every dollar, would you do it? What if you could hire more people? investment also reduced other areas? What if the total investment was actually a billion dollars?

The notion that expanding health care coverage would take money away from other areas, such as education, simply isn't true. Schools and communities suffer when citizens don't have access to vital health care services. When our citizens don't have access to mental health coverage, our jails and prisons, unfortunately, become the default. And an injection of federal dollars into health care frees up state money for other agencies.



Patti Davis

The reality is that hospitals must also be run like businesses in order to survive and continue to provide life-saving services. When a hospital closes in a small rural community, it is devastating. The community not only loses critical health care access, but also jobs, physicians, clinics and other important health care services. There is a direct correlation between states that have expanded Medicaid and fewer rural hospital closures. For example, look at Arkansas. In states that have expanded Medicaid, the number of working individuals with no health insurance dropped by twice as much as states that didn't expand. As our tax dollars go to these states to shore up their health care, Oklahoma now has the second-highest number of uninsured in the United States. Oklahomaans applaud when federal funds come back for transportation and military projects and the subsequent jobs are created. Why is this any different for health care? Accepting federal funds to cover the uninsured makes good business sense. It's the right thing to do for hard-working Oklahomaans who need a hand up, not a hand out.

THE OKLAHOMAN

\$474M tax bill sent to governor

There were no winners in the House of Representatives when the bill passed. The measure would have cost the state \$474 million in revenue. The bill was sent to Governor Kelly Iftode for his signature. The bill was passed by a 54-46 vote. The bill was passed by a 54-46 vote. The bill was passed by a 54-46 vote.

EDITORIAL

A tax that is truly progressive

Cigarette tax hike would save lives and put money in the pockets of the poor

When it comes to cigarette taxes, \$1.50 a pack is more than twice as good as 75 cents.

Several times in recent years, the Oklahoma Legislature has come close to imposing a \$1.50-a-pack tax hike on cigarettes. The latest version, included in the unsuccessful House Bill 1030x, would have raised more than \$243 million a year for the nearly \$800 million Stop Up Oklahoma plan.

That would be enough money to stabilize the state's health care environment while other funding would have paid for a much-needed \$5,000 teacher pay raise.

But, and this is the critical point, the new revenue a cigarette brings the state would be its most important reason for.

The No. 1 reason for a cigarette tax hike is that it would save lives of smokers who quit it because of the higher price. Lives of youngsters who quit smoking because of the high price. The World Capital Bill Barbara Mikulski recently state health policy leaders, overlooking concerns as a \$1.50 pack.

In fact, the cigarette tax hike is a truly progressive reform that also raises needed state revenue. It would save the lives of thousands of former smokers and benefit the poorest Oklahomans the most.

Author's Note: "That is why Big Tobacco..."



or the past several years, OHA has led a coalition of health care organizations, patient advocacy groups and business organizations to support passage of a \$1.50 increase in the cigarette tax with revenue dedicated to health care funding.

- The cigarette tax increase was the only revenue-raising measure to be included in every comprehensive tax increase proposal over the past three years. Elevating the issue of health and health care to the forefront of the debate around revenue and budgeting in Oklahoma was made possible by strong grassroots engagement on the part of OHA members, along with a coordinated public campaign.
- This year, a \$1 increase in the cigarette tax was enacted in HB1010xx, the Omnibus Tax Bill. This is a big victory for OHA and its members and one to take pride in. Not only will the increase curb smoking, in particular among youth, but it will bring much needed revenue eventually dedicated to health care.
- Other victories at the state Capitol this year included funding increases for the Oklahoma Health Care Authority, the Department of Mental Health and Substance Abuse Services, and the Department of Human Services; stopping legislation to outsource Medicaid; defeating legislation that would enable free-standing emergency departments; and curbing many of the bills giving the governor authority to appoint state agency directors and making the agency boards advisory, with no real authority.

For a complete overview of the 2018 legislative session, go to www.okoha.com/2018LegReport.



Corey Lively, CEO, Great Plains Regional Medical Center, Elk City, discusses issues with Rep. Todd Russ at OHA Advocacy Day.

at the State Capitol

Jay Johnson (center), CEO, Duncan Regional Hospital, greets Sen. Chris Kidd (left) and Rep. Marcus McEntire.



OHA members visit with Rep. Leslie Osborn during the legislative reception. Left to right are: Lanette Long, director of business development, SSM Health St. Anthony Hospital; David Whitaker, chief administrative officer, Mercy-West Community; Rep. Osborn; Tammy Powell, president, SSM Health St. Anthony Hospital; and Joe Hodges, president & CEO, SSM Health Oklahoma.

Bryce Ward, Montana economist, presents at the State Chamber Health Summit along with OHA staff on the economic benefits of Medicaid expansion.



Working to Improve Marijuana State Question Outcome

- OHA participated in a campaign to oppose State Question 788, medical marijuana. Although OHA did not oppose the use of medical marijuana, the "SQ788 is NOT Medical" campaign was necessary because the initiative was confusing and left many implementation questions unanswered. SQ788 passed by a vote of the people on June 26 and went into effect on Aug. 25, 2018.
- Because hospitals continue to have concerns with how the state question was written and its impact on hospital workers and patient safety, we participated, along with a coalition of health care organizations, in a press conference calling on the state board of health to put certain rules in place. These were met by strong public opposition and OHA will continue to advocate for legislation in 2019 that will clarify the rights of employers and ensure the safety of our patients.

Craig Jones, retired OHA president, joined health care coalition partners in a press conference following the passage of SQ788.

SQ 788 DID YOU KNOW?

June 26 statewide election - Medical Marijuana

This was a question in 2018 about Medical Marijuana. This is not a debate about whether or not marijuana has medical benefits. In fact, members of our coalition are not questioning its use in all marijuana laws. We are all asking SQ 788 is NOT medical. - SQ 788 is NOT Medical Campaign Chairman Dr. Kevin Tinsman

Only if the medical marijuana is used for a medical condition.

Oklahoma physicians, hospitals and all health care providers will have to decide between following the new state law or protecting our patients' health and safety...

- Hospitals and their facilities, which depend on a drug-free workplace to ensure that health care staff is not impaired, will not be able to enforce the law of marijuana use in the same way violations of drug-free policies are currently enforced.
- Employees will not be able to drug test when assessing the employment of a prospective employee who has a marijuana license. This prohibition on screening is not limited to marijuana.
- If an employee has a marijuana license, they will be excluded from unannounced drug testing implemented for the safety and health of patients.
- If an employee has a marijuana license, on-the-job use is restricted. However, use of marijuana prior to coming to work is not restricted, which could endanger patients.
- Unlike a typical doctor's prescription, a so-called medical marijuana license under SQ 788 is a license, not a prescription, that lasts two years and can be signed by any "physician" designated as in current law.
 - In addition to MDs and DOs, licenses can be signed by naturopaths, dentists, osteopaths, podiatrists, and chiropractors for anyone who is not a patient of record.
 - Only the most unethical "physicians" would sign a license for someone who is not a patient of record - this is the provision that makes marijuana "recreational," NOT "medical."
- Federal law will not protect employees in their ability to enforce drug testing policies. SQ 788 creates a protected class of individuals who hold the marijuana license and if employers violate the provisions of SQ 788, an employee can sue the hospital for violation of their rights.
- The provisions of SQ 788 are statutory and will not become part of the Oklahoma Constitution. Yes, the Legislature could make changes to the law if SQ 788 passes. However, they are not required to do so and will have much pressure to let the question stand as voted on by the people.

OHA
Oklahoma Hospital Association

Resources provided by The State Chamber
Authored and paid for by SQ 788 is NOT Medical
A National 501(c)(3) Non-Profit 4050 N. Lincoln Blvd. Suite 100 Oklahoma City, OK 73105

The Power of Data

DATA SOLUTIONS

This year, OHA introduced a new initiative to improve the quality and timeliness of inpatient and outpatient encounter data available to hospitals in Oklahoma. "OHA Data Solutions" uses the proven tools of the Hospital Industry Data Institute (HIDI), an affiliate of the Missouri Hospital Association. HIDI has more than 30 years of experience collecting data and providing reports and analytics for state hospital associations and their members.

- Oklahoma hospitals participating in OHA Data Solutions use a secure online portal to submit the same hospital discharge data files that they regularly submit to the Oklahoma State Department of Health.
- Participants will gain timely reports and analysis with comprehensive information to inform strategic planning and quality improvement efforts.
 - ✓ Understand what is driving changes in market share and outmigration.
 - ✓ See how payer mix by service line compares with competitors.
 - ✓ Analyze and drill into your hospital's patient-level data for hospital acquired conditions and other AHRQ measures.

Executive Strategic Dashboard - Inpatient

Hospital: MO
Payer Category: All Payers
Patient Type: Acute

Change Hospital **Change Payer**

Click "Submit" to apply changes

☐ ICD-10 ☐ Non-ICD-10

Change Inpatient

2014 Total Patient Count

Rank	County	County	Patient Count 2014	Market Share 2014	Patient Count 2013	Market Share 2013
1	019	BOONE	8,777	53.3%	4,547	54%
2	027	CALLAWAY	2,115	29.7%	993	37%
3	051	COLLEGE	1,482	16.9%	775	17%
4	175	RANDOLPH	1,362	31.6%	646	35%
5	053	COOPER	890	41.3%	473	44%
6	109	PETTIS	806	14.0%	380	13%
7	007	AUDRAIN	703	21.9%	347	20%
8	029	CANDLER	611	12.4%	284	11%
9	089	HOWARD	608	51.4%	261	47%
10	195	SALINE	540	17.1%	292	18%

Outpatient Visit Two-Period Trend Report

Period 1: Between Jan 1, 2017 - Mar 31, 2017
Period 2: Between Jan 1, 2018 - Mar 31, 2018
Dynamic Column Selection: Patient Count, Hospital, Service Category

Patient County	Hospital	Service Category	Period 1 Count	Period 2 Count	Percent Change	Period 1 Case Status	Period 2 Case Status	Percent Change
Delaware, MO	North Kansas City Hospital - North Kansas City, MO	Treatment Room (761)	10	10	0	0.00%	0.00%	4.88%
		Ultrasound (402)	7	6	-14.29%	0.00%	0.00%	-10.10%
Delaware, MO	North Kansas City Hospital - North Kansas City, MO	Unclassified	16	20	25.00%	0.00%	0.01%	31.10%
		North Kansas City Hospital - North Kansas City, MO - Total	280	282	0.71%	0.00%	0.00%	39.84%
Northwest Medical Center - Albany, MO	Northwest Medical Center - Albany, MO	Clinical Services	12	16	33.33%	0.00%	0.00%	109.76%
		CT Scan (356)	3	6	100.00%	0.00%	0.00%	109.76%
		Echocardiography (483)	2	3	50.00%	0.00%	0.00%	57.12%
		EXG/ECG (734)	5	2	-60.00%	0.00%	0.00%	-58.05%
		Emergency Department (454)	9	3	-66.67%	0.00%	0.00%	-65.04%
		Laboratory (304, 314)	12	14	16.67%	0.00%	0.00%	22.36%
		Magnetic Resonance Technology (514)	0	1	0.00%	0.00%	0.00%	0.00%
		Misc Codes	14	8	-42.86%	0.00%	0.00%	-40.07%
		Nuclear Medicine (244)	1	0	-100.00%	0.00%	0.00%	-100.00%
		Observation (764, excl. 761)	1	3	200.00%	0.00%	0.00%	214.04%
		Physical Therapy (524)	1	1	0	0.00%	0.00%	4.88%
		Radiology - Diagnostic (324, excl. 322 and 323)	6	8	33.33%	0.00%	0.00%	39.84%
		Radiology - Diagnostic (414)	1	1	0	0.00%	0.00%	0.00%
		Radiology - Diagnostic (414)	1	1	0	0.00%	0.00%	0.00%

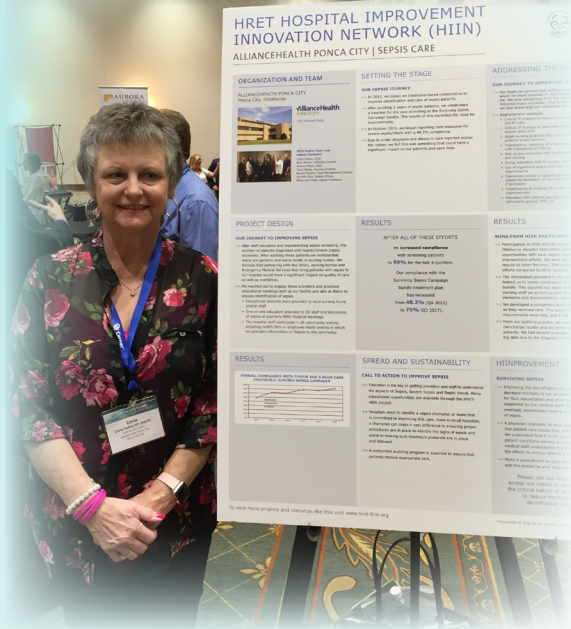
The success of OHA Data Solutions will depend on near 100 percent participation by OHA members. Participation through 2019 is free and OHA will offer a highly competitive fee to hospitals after that.



A Passion for Patient Safety

OHA continues to assist member hospitals to improve quality and patient safety through the Hospital Improvement and Innovation Network (HIIN). The goal of OHA HIIN is to decrease hospital acquired harm by 20 percent and readmissions by 12 percent by 2019.

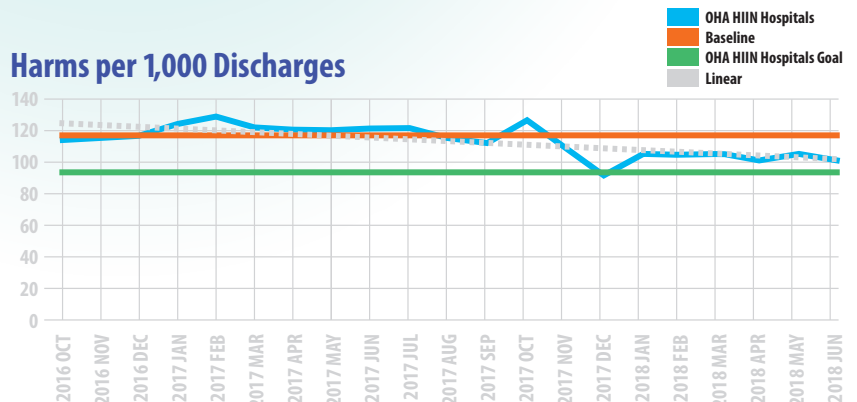
- This year, OHA HIIN staff reported the achievement of all eight “Milestones” (deliverables based upon data submission completeness and improvement) by OHA HIIN hospitals.
- OHA HIIN hospitals have made significant improvement in avoiding harm from hypoglycemia and opioid reversal events, surgical site infections (hips, knees, abdominal hysterectomies) and post-op sepsis.
- Areas of continued improvement include hospital-onset sepsis, pressure ulcer prevention, ventilator-associated conditions and worker safety/work place violence.
- This year, the OHA HIIN awarded scholarships totaling \$145,000 for professional development to assist hospitals to increase capacity; offered 57 topic-specific/leadership webinars presented by HIIN subject matter experts; and held eight monthly webinars, a Basic Infection Prevention Course and an Annual Convening Meeting.



Emily Poe (top), Okeene Municipal Hospital, and Carla Hobbs, AllianceHealth Ponca City, presented HIIN posters at the AHA Rural Health Conference.

OHA HIIN Hospitals Total Harm Prevention

45 OHA HIIN Participating Hospitals
\$8,606,994 Costs Avoided
912 Harms Avoided
69 Lives Saved



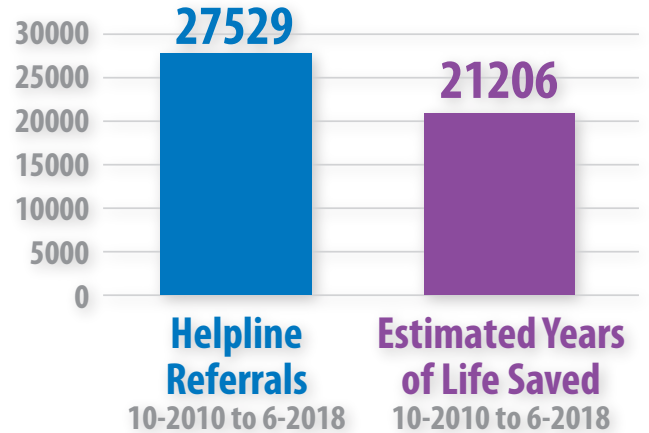
Moving the Needle on Health Statistics



Significant Growth in Helpline Referrals Made Each Year



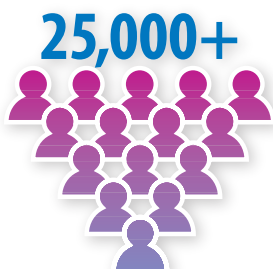
Saving Lives Through Clinical Tobacco Treatment



Through a TSET grant, OHA's Hospitals Helping Patients Quit (HHPQ) initiative has helped more than 50 hospitals develop a sustainable, system-wide tobacco free-culture and patient treatment protocol.

HHPQ 2018 Highlights

- In FY-2018, the Hospitals Helping Patients Quit (HHPQ) program utilized a combination of proven and innovative strategies to build upon its previous work. The systems change work of the HHPQ program was highlighted at three national health conferences and in 10 media stories, including an NPR news story in 2018. The HHPQ program continued to build upon its cohort of partners by adding three new hospitals and 41 new outpatient clinics in 2018.



Hospitals are continuing to stay engaged with a current count of 29 hospitals licensed with WorkHealthy, reaching more than 25,000 employees.



Three hospitals have received the highest "Excellence" recognition in WorkHealthy for having implemented the most effective level of culture that supports employee wellbeing: Arbuckle Memorial Hospital, Sulphur; Valir Health, Oklahoma City; and Mercy Hospital Ardmore.



Expanding Focus: WorkHealthy PRO is an enhancement to the existing initiative to incorporate purpose, resiliency, and ownership, in addition to workplace factors such as productivity, employee satisfaction, and employee loyalty. WorkHealthy PRO serves to bridge the gap between individual wellbeing and hospital wellbeing.



OHA provided numerous educational opportunities through a variety of platforms to help your hospital with the challenges ahead. Topics included OPPS, infection control, crucial conversations, Joint Commission Standards, and much more.

- Employees from **147** Oklahoma hospitals and systems participated in OHA education offerings.
- **280** hospitals registered for **71** OHA webinars, with an estimated **1,100** participants.
- **488** individuals participated in **14** in-person seminars and workshops.
- **89** hospitals, systems and health care organizations, with **544** registrants, participated in the 2017 OHA Convention.
- 50 individuals from **27** hospitals participated in the OHA Leadership Forum.
- The OHA Leadership Development Series had a full class of **22** from **14** facilities.

Powerful Educational Opportunities

Above and at right are OHA 2017 Convention General Session speakers.



Helping Rural Health to Persevere

The OHA is continually committed to helping rural hospitals thrive and survive during challenging times by representing their interests in the state and at the federal level.

- Due to a trend of companies coming into Oklahoma and setting up questionable reference lab billing schemes, this year the Council on Rural Health produced a formal warning paper for OHA members. These companies are intent on taking advantage of favorable payment rates for small, rural hospital labs that tend to do a small volume of tests. While not legal advice, the paper did encourage members to do their due diligence and seek legal counsel before engaging in any such contracts.
- A significant step forward on the 24-hour outpatient hospital model project was taken when a team from Oklahoma attended the State Policy Academy on Global Budgets for Rural Hospitals in Baltimore. The team included representatives from OHA, Oklahoma State Health Department, Oklahoma Health Care Authority (OHCA) and a rural hospital CEO. The state government representatives learned about global budgeting and how it can be used as the payment model for the 24-hour outpatient hospital. As a result, the OHCA has agreed in principal to take the lead on submitting a payment pilot proposal to CMS/CMML (any such proposal must come from state government, not an association). Meetings are ongoing with key stakeholders on preparing this new model for the provision of care and payment methodology to serve small rural communities that can no longer support a traditional acute care, inpatient hospital.



HOTLINE

Oct. 17, 2018

OHA continues efforts to bring federal funds to our state for health care

OHA's ongoing efforts to educate Oklahomans about the importance of accepting federal funds to cover the uninsured (Medicaid expansion) have included several important activities recently. Read an OHA op-ed that appeared last Friday in the *Oklahoma Star*: "Accepting Federal Funds Makes Good Business Sense for Oklahoma," <https://bit.ly/2OyW7nK>. This op-ed was written in response to a recent Oklahoma editorial on Medicaid expansion, <https://bit.ly/2PEXAPN>. OHA felt it was important to respond to the inaccurate information in the Oklahoma editorial.

In addition, OHA participated in the Oklahoma State Chamber Health Summit last week, where we hosted Dr. Bryce Ward, an economist, presenting "The economic impact of Medicaid expansion in Montana" as a part of our session on the business case for accepting federal funds. See the related article below for a summary and to view Dr. Ward's excellent presentation.

Watch for more resources from OHA that you can use in your community around this important issue. (Patti Davis)

OHA hosts presentation by Montana economist at State Chamber Summit

On Oct. 10, OHA members attended the Health Care Summit hosted by the State Chamber of Oklahoma to hear from leaders in health care about reform ideas and challenges in our state and nation. OHA sponsored a presentation, "The

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HOTLINE

Sept. 5, 2018

OHCA to increase provider reimbursement rates for first time since 2009

In collaboration with state and legislative leadership, the Oklahoma Health Care Authority (OHCA) will give the first across-the-board reimbursement rate increases since 2009 to long-term care and other SoonerCare (Oklahoma Medicaid) providers. No new state dollars, carryover or other one-time funds will be used for the increases, which are planned to go into effect on Oct. 1.

The agency is moving forward with the required public notification process and will present the proposed increases for action at upcoming public meetings, including the Sept. 10 State Plan Amendment Rate Committee and the Sept. 13 OHCA board meeting.

Consistent with the legislative direction of Senate Bill 1605 that was signed into law in May 2018, OHCA will propose using program and administrative savings and record drug rebate collections to increase the provider rates by four percent for long-term care facilities and three percent for other certain contracted provider types or groups.

As also directed in the legislation, these rate increases will be in compliance with federal and state law and regulations, as well as state cost reimbursement methodologies.

"Increasing provider reimbursement rates has long been a priority to the Legislature and me," said Gov. Mary Fallin. "I commend the Oklahoma Health Care Authority for overcoming historical budgetary constraints and achieving this goal by efficiently managing precious agency resources. Restoring rates is a positive measure to foster continued partnership with providers, which benefits not only members, but our state as a whole."

"The OHCA shares a common intent with state and legislative leadership to increase provider rates. We recognize the importance of rates to sustaining our provider network and ensuring access for our members," said OHCA CEO Becky Pastorek-Hard. "State fiscal year 2018 reflects a multitude of efforts and hard work by leadership and the Health Care Authority. We appreciate being in the position to increase rates and are thankful our providers stayed with us through difficult budget years."

A three percent rate increase will put SoonerCare physician rates at about 89.17 percent of the Medicare physician fee schedule. In addition to physician rates, the three percent increase will affect most provider types including hospitals and pharmacies.

The meetings will be held at the OHCA in the Charles (Ed) McFall Boardroom, 4345 N. Lincoln Blvd., Oklahoma City. Anyone interested is encouraged to attend.

Additional information about these meetings, including agendas, will be posted at www.okhca.org/calendar as the information becomes available.

Partnering for Savings

The OHA Preferred Partner Network continues to be a beneficial revenue source for OHA, as well as a way for member hospitals to save money and time.

- The OHA PPN brought in **more than \$200,000 in non-dues revenue** to the Association in 2018.
- 60 hospitals used one or more OHA PPN companies this year.
- The partnership now includes 27 vendors with products and services including: staffing, physician recruitment, LED lighting, insurance, cyber coverage, bundled payments, accounts receivable collection, online education, ED care management, payment processing, background checks, aggression management, solutions for better outcomes, equipment maintenance and class action settlements.



OHA Insurance Agency

The OHA Insurance Agency is now in its 24th year of serving the OHA membership with insurance products.

- The hospital insurance market has become more stabilized this past year with premiums remaining flat.
- Several insurance carriers have decided the Oklahoma hospital property market is not favorable for their portfolio.
- Workers' Comp for Oklahoma hospitals experienced another rate reduction in July 2018 for hospitals insured by Oklahoma Health Care Association (Barney Welch). Dividend checks equal to one-month premium were distributed to insured hospitals.
- OHA Insurance Agency offers a new Cyber Liability carrier with a one-page application.

Written Premiums

\$4,407,766	\$4,131,856	\$4,482,832	\$4,593,640
2014	2015	2016	2017

Commissions

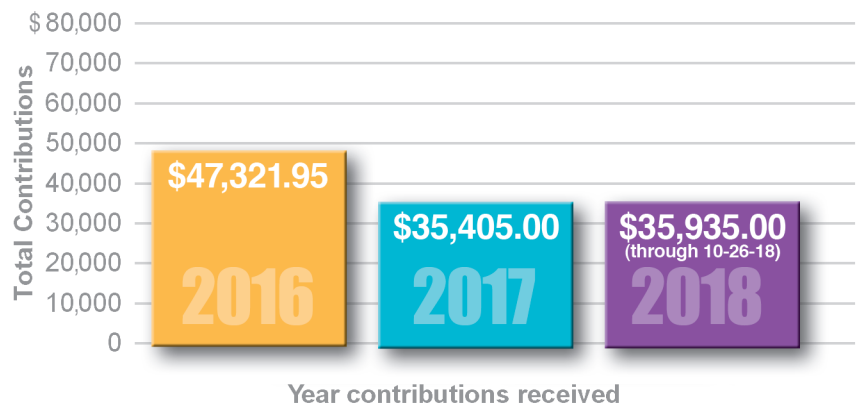
\$353,854	\$332,793	\$364,224	\$365,631
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OHA-PAC Contributions

Supporting legislators who support our industry, the OHA-PAC is only as strong as our members' contributions.

OHA-PAC Contributions



*For more information on
OHA products and services, contact:*



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