

Features of DATABANK

- Data can be downloaded into Excel for easy analysis
- Custom reports can be scheduled to run automatically and then be distributed via e-mail to selected recipients
- Users have instant access to the most up-to-date statistics simply by logging on
- Trend reports allow for better understanding of potential future direction of hospital environment
- Graphing tool allows users to generate custom graphs based on indicators selected by the user
- Hospitals can create their own comparison groups across state lines using the National Peer Group Builder tool

Which indicators are reported?

DATABANK collects a wide variety of indicators from its participants. From this primary set of statistics, DATABANK is able to calculate dozens of additional indicators.

Some examples of available indicators include:

- Patient days and discharges
- Operating revenue
- Patient service margin
- Total days in accounts receivable
- Acute inpatient charges by payer
- Charity care average
- Medicare/Medicaid/commercial contractals

How is it used?

DATABANK collects utilization and financial data from hospitals and then allows users to create custom reports, which can be used for hospital benchmarking, strategic planning and hospital advocacy. Since hospitals upload data each month, DATABANK always provides users with the most timely, up-to-date information available.

How do Peer Groups work?

Comparing your hospital data to other similar hospitals locally or nationally is a key feature of the program. Choose peer group(s) for comparison by simply selecting a list of criteria such as location, bed size or financials.

By providing data on current trends, such as the financial impact of statutory and regulatory decisions locally and nationally, peer groups can be used for hospital advocacy initiatives. **Advocates at The Center for Health Affairs rely on DATABANK when advocating on behalf of the entire Northeast Ohio hospital community.**

How many days does your hospital wait for Medicaid claims?

In November 2010, The Center's member hospitals saw Medicaid claims in accounts receivable an average of 8 days. A national comparison group of 668 hospitals, on the other hand, waited on average of 49 days on Medicaid accounts receivable.



In November 2010, uncompensated care and government shortfall for The Center's member hospitals was 49.97 percent of total charges. Uncompensated care and government shortfalls for a national comparison group of 676 hospitals was only 42.18 percent of total charges.

DATABANK Reports

Probably the best way for you to get a feel for the data is for you to try out the different reports and see what each one has to offer. The income statement data is a good place to start. Here are the reports that can be generated from the income statement data.

Dashboard Report

This report looks at basic financial information and compares your hospital against a peer group of your choice. A number of peer groups based on criteria such as bed size, operating expenses, and hospital type are already available. These larger categories include all the DataBANK participating hospitals from around the country.

Edit Review Report

This is a report mainly designed to help data coordinators look at the validity of the data. It shows a comparison of key data elements (discharges, charges, average length of stay) by payer and compares them to the previous month, including a column for variance between the two months.

Monthly Report

This report allows you to select your own indicators derived from the income statement and compare them to up to four peer groups and look at the results by payer and level of service. Quite a few indicators are available including patient days, patient discharges, financial data, uncollected charges, operating revenue, operating expenses and days in accounts receivable.

Trend Report

This report contains the same type of data as the "Monthly Report" (above) but, as the name implies, presents it as trend data over a time period of your choosing.

Comparative Report

The Comparative Report also contains the same income statement indicators that the "Monthly Report" contains but it allows you to select two time periods and multiple comparison groups. For instance, you can look at "patient discharges" for August of 2010 and compare that to "patient discharges" in August of 2009, again against peer groups and by payer and levels of service.

Accumulation Report

This two-page report is a convenient snapshot of 38 indicators that includes data on utilization, charge, contractual allowances, operating expenses and other financial data.

Statement of Operations Summary Report

This one-page overview of operations enables you to get an overview of operations for a specified time period such as a month and compare your hospital to a peer group. For those not versed in finance lingo, this report is also helpful because it states the various indicators in plain English as in "The Center for Health Affairs hospitals billed patients for \$XXXX; however, hospitals did not collect the entire amount billed due to charity care \$XXX, etc."

What Do the Different Reports Mean?

Participation

This is simply a report that shows which participating hospitals have submitted their data. Since any user can see this report, it is one way we encourage hospitals to be timely about submitting their data.

Income Statement

This data includes financial information that comes from the income statement.

Balance Sheet

This data is financial information that is pulled off of the balance sheet. Northeast Ohio hospitals do not submit balance sheet data.

Graphical

As the name implies, these reports display the above data elements graphically, allowing you to see them as trend data.



To learn more about
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