



For Immediate Release

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Medicare Recognizes Oregon Hospitals' Excellence in Reporting and Validation

Portland, Ore. — October 31, 2007 — Acumentra Health, Oregon's Medicare Quality Improvement Organization (QIO), announced today that Oregon is one of only 10 states in the country to have every hospital that receives payment from Medicare under the acute-care, inpatient prospective payment system (PPS) qualify for full payment for fiscal year (FY) 2008. Oregon's 32 PPS hospitals — which include urban hospitals as well as nine rural facilities — are subject to regulations defined by the Deficit Reduction Act of 2005, which require them to meet certain criteria in order to receive full Medicare payment (called the Annual Payment Update, or APU).

“Oregon's PPS hospitals are to be commended on this accomplishment,” stated Jon K. Mitchell, FACHE, president and CEO of Acumentra Health. “Their performance demonstrates their outstanding commitment to transparency and providing quality care.”

For FY 2008, Medicare's criteria for full payment were to

- Collect and report data on 27 quality measures within the topics of heart attack, heart failure, pneumonia, surgical care improvement, heart attack 30-day mortality, heart failure 30-day mortality, and patients' experience of care (via a standardized patient satisfaction survey)
- Pass medical record validation, based on an audit, with an overall score of at least 80 percent for the cases from first three quarters of 2006
- Agree to display the results of their quality measure data on Hospital Compare (www.hospitalcompare.hhs.gov) for public viewing

As Oregon's QIO, Acumentra Health assists hospitals in meeting the data submission and reporting criteria and serves as an information resource for the hospital reporting process. Acumentra Health also helps resolve issues related to reporting and validation, and handles appeals, such as cases in which the hospital believes the record includes the required information that the validating agency was unable to locate.

Acumentra Health also serves as a hospital advocate for fairness in the reporting and validation process. The organization exercised this role during the FY 2008 APU process.

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“Three of Oregon’s PPS hospitals initially failed validation for one of the quarters,” said Kathy Phipps, RN, BSN, CPUR, an Acentra Health quality improvement specialist. “We discovered that the validating agency was determining admission dates for that review period in a way that the hospitals could not have understood from the review guidelines.”

In discussions with other QIOs, Phipps learned that the same issue was happening in states across the country. Acentra Health and approximately 10 other QIOs led an effort to challenge the failed validations – a rare action for QIOs.

“Our case was so compelling that our CMS Project Officer went to bat for the hospitals to clarify the guidelines and restore the validation scores.” said Phipps. “This collaborative effort ensured that the hospitals got credit for their good work.”

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Acentra Health is a nonprofit organization dedicated to improving the quality and effectiveness of health care. Established in 1984, Acentra Health’s work spans the continuum of care, reaching all ages and economic levels, and all delivery settings. Acentra Health contracts with Medicare to support effective, evidence-based health care for Medicare beneficiaries in Oregon and oversees the state’s Medicare Beneficiary Protection Program. In addition, Acentra Health contracts with state agencies, public health organizations and coalitions, health plans, hospitals, physicians and others to conduct healthcare quality assurance and quality improvement projects. As a leader in healthcare quality, Acentra Health provides expertise in areas such as performance measurement and improvement, surveys, utilization management, healthcare data analysis, chronic disease management and electronic health records. For more information, visit www.acentra.org.