



**For Immediate Release**

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## **Oregon Hospitals Meet Medicare Quality Reporting Goals for Fourth Straight Year**

*Achievement Indicates Outstanding Performance in Data Reporting and Transparency*

**Portland, Ore. — November 4, 2009** — Acumentra Health, Oregon’s Medicare Quality Improvement Organization (QIO), announced today that, for the fourth year in a row, all Oregon hospitals that receive payment from Medicare under the acute-care, inpatient prospective payment system (PPS) qualified for full payment for their services billed to Medicare. Only 18 other states had all of their hospitals qualify for full payment.

Oregon’s 33 PPS hospitals — which include urban hospitals as well as 9 rural facilities — are required under Deficit Reduction Act of 2005 regulations to meet specific data reporting and validation criteria in order to receive full Medicare payment (called the Annual Payment Update, or APU). All 33 met the criteria for fiscal year 2010.

“Oregon hospitals have sustained their strong performance over time,” stated Jon K. Mitchell, FACHE, president and CEO of Acumentra Health. “Their achievement demonstrates outstanding commitment to transparency and excellence in patient care.”

For FY 2010, Medicare’s criteria for full payment were to

- Collect and report data on 26 quality measures, covering care for heart attacks, heart failure, and pneumonia, as well as surgical care improvement; 30-day mortality and readmission rates following heart attack, heart failure, and pneumonia hospitalizations; and patients’ experience of care (measured by a satisfaction survey)
- Pass a quarterly audit of sample medical records (a check that the medical records support the reported quality measure data) with an overall score of at least 80 percent for cases from the four quarters ending September 30, 2008
- Agree to display the results of their quality measure data on Hospital Compare ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)) for public viewing

As Oregon’s QIO, Acumentra Health helps hospitals meet 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 auditing agency was unable to locate.

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Acumentra Health is a nonprofit organization dedicated to improving the quality and effectiveness of health care. Established in 1984, Acumentra 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. Acumentra Health also provides External Quality Review of managed healthcare services provided to Medicaid enrollees in Oregon and Washington, and collaborates with other stakeholder organizations in healthcare quality assurance and quality improvement projects. For more information, visit [www.acumentra.org](http://www.acumentra.org).