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Now that we've all been through our annual accounting cram session (a.k.a. Tax Day), it's a good time to do some quick accounting of the Medicare claims for your ASC. The magic number to remember is 240.

ASCs, as designated by their National Provider Identifier (NPI), with 240 or fewer Medicare paid claims in a calendar year are not required to participate in the ASC Quality Reporting (ASCQR) Program for the next calendar year. For example, if your ASC has 73* Medicare claims in 2016, it is not required to place Quality Data Codes (QDCs) on claims or enter measure data via web-based tools in 2017. However, if your ASC has 402** paid Medicare claims in 2016, your ASC is responsible for having submitted QDCs on at least 50 percent of those claims, as well as submitting measure data via QualityNet and the National Healthcare Safety Network (NHSN).

The moral of the story is that now is the time to check your Medicare claims to see if your facility is on track to meet the 240 threshold by the end of 2016. If so, begin placing QDCs on your Medicare claims immediately to ensure that you meet program requirements and receive the full payment update.

An excellent way to track your claims volume is by checking the Claims Detail Report for your ASC. Our February webinar just reviewed that process; the slides, transcripts, and recordings are available for reference on qualityreportingcenter.com.

Please call us at 866.800.8756 or email us at qrsupport@hsag.com if you have any questions.

* The record-breaking number of wins made by the Golden State Warriors in the 2015/2016 regular season.

** The record-breaking number of successful three-point shots made by Stephen Curry in the 2015/2016 regular season.