

**Reference #:** 2016-55-ASC  
**From:** Quality Reporting Notification  
**Sent:** Tue 11/2/16 3:02 PM  
**To:** ASCQR Initiative Discussions  
**Subject:** When to Check Your Remittance Advice



How do you ensure that your facility is getting credited with putting Quality Data Codes (QDCs) on claims? In this first part of a two-part series, we'll outline how to keep your facility on track to meet the ASC Quality Reporting (ASCQR) Program requirement for claims-based measures submission using QDCs on at least 50 percent of your Medicare claims.

The first thing to do is to **check your Remittance Advice/Explanation of Benefits (RA/EOBs)** regularly to ensure that the QDCs submitted on your CMS-1500 forms are being received into the National Claims History Warehouse.

Below are a few crucial times when you should assess your RA/EOBs:

- When there is internal billing staff turnover (i.e., new hires, retirements).
- When your facility changes its billing company.
- When a new Electronic Health Record (EHR) is implemented.
- When substantive updates are made to your current EHR or Practice Management System.

Now you know the “when.” In our next Qualit-e-Quip we'll provide the “how.” You can also check our Quality Data Codes Fact Sheet at [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) for guidelines and sample CMS 1500 forms.

Of course, we're always here to answer your questions to give you peace of mind. Give us a call at 866.800.8756, or send us an email at <https://cms-ocsq.custhelp.com>.