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From: Quality Reporting Notification
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To: ASCQR Initiative Discussions
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Have you been tracking the number of Medicare claims in 2016 for your ASC? By now you should be able to tell if your claims reached the magic number of 240.

As designated by their National Provider Identifier (NPI), ASCs with greater than 240 Medicare paid claims in a calendar year are required to participate in the ASC Quality Reporting (ASCQR) Program for the next calendar year, so what does that mean for your ASC in 2017?

Check the examples below:

- If your ASC had 41 Medicare claims in 2016...
 - ✓ You are **not** required to place Quality Data Codes (QDCs) on claims or enter measure data via web-based tools in 2017.
- If your ASC had 341 paid Medicare claims in 2016...
 - ✓ You **are 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).

An excellent way to track your claims volume each year is to check the Claims Detail Report for your ASC. Our February 2016 webinar reviewed just how to do that; the slides, transcripts, and recordings are available for reference on qualityreportingcenter.com.

Another way to make sure your QDCs are appearing correctly on claims is to check your Remittance Advice regularly. We recently issued some [Quality-e-Quips](#) about that process in November.

The best practice for submitting claims-based data? Place QDCs on all your Medicare claims. That way, there are no new year surprises about fulfilling ASCQR Program requirements.

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