



Annual Clinic & Provider Registration and Clinical Quality Reporting for 2017

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MN Community Measurement

- Accelerating the improvement of health through public reporting
- Our vision:
 - To be the primary trusted source for health data sharing and measurement
 - To drive change that improves health, patient experience, cost and equity of care for everyone in our community
 - To be a resource used by providers and patients to improve care
 - To partner with others to use our information to catalyze significant improvements in health
- History
 - 2004: HEDIS measures by medical group.
 - Health plan data
 - 2006: Developed DDS Method to allow reporting measures by clinic
 - Data submitted voluntarily by clinics
 - 2010: Statewide Quality Reporting and Measurement System.



Today's Agenda

Timeline

- Milestone Dates

Getting Started

- Important Websites

Registration

- Required Information
- Clinic & Provider Registration Requirements

Clinical Measures

- Measure Specifications

Data Submission Process

- Pre-Submission Data Certification
- Data File Preparation & Data Submission

Data Validation Process

- Quality Checks
- Audit Expectations

Resources

- Available tools and assistance

2017 Registration & Reporting Timelines

Task	Portal Opens	Portal Closes
Annual Clinic and Provider Registration	December 1, 2016	February 10, 2017
Cycle A Data Submission <ul style="list-style-type: none"> • Optimal Diabetes Care • Optimal Vascular Care • Depression Care Measures 	<ul style="list-style-type: none"> • January 9, 2017 • January 9, 2017 • February 1, 2017 	<ul style="list-style-type: none"> • February 10, 2017 • February 10, 2017 • February 28, 2017
Health Information Technology (HIT) Survey	February 15, 2017	March 15, 2017
Cycle B Data Submission <ul style="list-style-type: none"> • Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening • Pediatric Preventive Care: Overweight Counseling • Total Knee Replacement • Spine Surgery: Lumbar Discectomy/Laminotomy • Spine Surgery: Lumbar Spinal Fusion 	<ul style="list-style-type: none"> • April 3, 2017 • April 3, 2017 • April 17, 2017 • April 17, 2017 • April 17, 2017 	<ul style="list-style-type: none"> • May 12, 2017 • May 12, 2017 • May 12, 2017 • May 12, 2017 • May 12, 2017
Patient Experience of Care Survey <ul style="list-style-type: none"> • Survey Result Submission by Vendors & Data Validation 	through late Spring 2017	
Cycle C Data Submission <ul style="list-style-type: none"> • Colorectal Cancer Screening • Maternity Care: Cesarean Section Rate • Optimal Asthma Control / Asthma Education and Self-Management 	<ul style="list-style-type: none"> • July 17, 2017 • July 17, 2017 • July 17, 2017 	<ul style="list-style-type: none"> • August 11, 2017 • August 11, 2017 • August 11, 2017



Getting Started...

Important Websites

- MNCM.org
 - Submitting Data > Training and Guidance

- MNCM Data Portal
 - <https://data.mncm.org/login>



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Training and **Guidance**



MN Community Measurement offers a variety of resources and training opportunities to support medical groups and clinics directly submitting data to the organization. All trainings are free of charge, unless otherwise noted. This section is designed for professionals who are familiar with the data submission process or who have access to the data portal. Included here is a quick reference to the most current data submission guides and reference handbooks. Check back often to see our updates to available data submission processes and training opportunities.

CALENDARS AND PLANNING RESOURCES

- [MNCM Slate of 2016 Measures \(PDF\)](#)
Measures approved by the MNCM Board of Directors for public reporting in 2015.
- [MNCM DDS 2017 Planning Calendar \(PDF\)](#)
Download the 2016 Direct Data Submission (DDS) calendar.
- [MNCM 2016 Q&A Sessions Calendar \(PDF\)](#)
View the expected topics for 2016. Topics may be revised, as necessary.
- [Minnesota Department of Health \(MDH\) Resources](#)
Visit the MDH website for helpful fact sheets, guides and other reports.

• [View the 2017 Clinic and Provider Registration Guide \(PDF\)](#)



The Data Portal & Registration Data Collection Guides Data Review

The MNCM Data Portal

• [View the 2017 Clinic and Provider Registration Guide \(PDF\)](#)

Welcome to the MNCM Data Portal!

Log In

Please Log In

E-mail Address

Password

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GO >>

Registration

Need to [register](#) for an account? [Click Here.](#)



Registration

- Necessary registration information:
 - Medical group information
 - Clinic and specialty information
 - Provider file including provider NPI, medical license number and Full Time Equivalent (FTE) values for each clinic location where the provider worked
- Clinic specialties determine which measures a clinic is required to report.
- Must complete registration before February 10, 2017.
- Registration must be completed before data can be submitted to MNCM for the 2017 report year.

Clinic Registration

- All individual clinic sites that meet all of the following criteria must register, regardless of whether the clinic is eligible to report data on clinical quality measures:
 - Located within the state of Minnesota
 - Provides primary or specialty care ambulatory services for a fee
 - Has one or more physicians providing services
 - Provided services to patients at any time during the 2016 calendar year (01/01/2016 to 12/31/2016); this includes clinics that were open for only a portion of the year
 - The clinic site location is a building, separate space or an entity with a street address that is a functional unit easily understood by patients/consumers
- These requirements apply to existing clinics as well as newly opened/acquired clinics, standalone Urgent Care clinics and hospital-based outpatient clinics.
 - Satellite clinics that bill services through a main site are not required to register.

Clinic Registration

- Multi-specialty clinics have two registration options:
 - Option 1: Register and report data as one single clinic site.
 - Option 2: Register each individual specialty as a separate 'clinic' as well as the main clinic site in which the specialties are located.
- If a medical group only has one clinic site, the clinic site must still be registered.
- Submitting data from multiple clinics as a single entity (roll-up):
 - Medical groups whose clinics meet all of the following criteria may choose to roll-up data from all clinics to one clinic site:
 - Clinics have common ownership; AND
 - The total number of providers across all clinic locations in the medical group is no greater than 20 full-time equivalents (FTEs); AND
 - Clinics have a majority (more than half) of common providers working across the multiple locations (these providers must rotate between all of the clinic locations).
 - All eligible clinics must be registered even if rolling-up data to a single entity for quality reporting.
- Use publically recognized naming conventions for medical groups and clinics

Provider Registration

- All clinics meeting registration criteria must register the following provider types:
 - Medical Doctor (MD), includes physicians who have medical degrees from other countries (e.g., MBBCH, MBBS, MBCHB), and those who are locum tenens, residents, and fellows.
 - Doctor of Osteopathy (DO)
 - Physician Assistant (PA)
 - Advanced Practice Registered Nurse includes, but is not limited to, Certified Nurse Practitioner, Certified Nurse Specialist, and Certified Nurse Midwife.
- These providers must have delivered services billed by the clinic at any time during the 2016 calendar year.
- Provider registration is **not** tied to data submission for clinical quality reporting.

Optional: Other Provider Registration

- To assist medical groups with meeting additional state and federal health care reporting requirements, the MNCM Data Portal allows registration of other providers not included in the SQRMS mandate.
 - Examples of other providers include but are not limited to:
 - Dieticians
 - Licensed counselors
 - Pharmacists
 - Physical therapists
 - Optometrists
- These providers are registered via a separate upload in the provider registration process.
 - 2017 Annual Clinic and Provider Registration Addendum

Measures for Required Reporting

- Cycle A:
 - Optimal Diabetes Care
 - Optimal Vascular Care
 - Depression Care: Remission at 6 months
- Cycle B:
 - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening
 - Pediatric Preventive Care: Overweight Counseling
 - Total Knee Replacement
 - Spine Surgery: Lumbar Fusion
 - Spine Surgery: Lumbar Discectomy/Laminotomy
- Cycle C:
 - Colorectal Cancer Screening
 - Optimal Asthma Control / Asthma Education and Self-Management
 - Maternity Care: C-Section Rate
- Other measures:
 - Health Information Technology (HIT) Survey
 - Patient Experience of Care Survey

Surveys

- Health Information Technology (HIT) Survey
 - Survey that assesses adoption, utilization and exchange functions of clinics' Electronic Health Record (EHR) system
 - Web based survey completed by clinic staff annually
 - Surveys completed at clinic level
 - Functionality exists to duplicate responses across multiple clinics
- Patient Experience of Care (PE) Survey
 - Every other year measure
 - Assesses patient experience in the clinic
 - Surveys distributed to patients by CAHPS certified survey vendors
 - 2017 activities conducted with CAHPS certified survey vendors on behalf of participating medical groups

Optimal Diabetes Care

- Measurement Period: January 1, 2016 – December 31, 2016.
- Eligible Population:
 - Patient was 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period.
 - **NEW** Patient had a diagnosis of diabetes (*Diabetes Value Set*) with any contact during the current or prior measurement period OR had diabetes present on an active problem list during the current measurement period.
 - **NEW** Patient had at least one established patient office visit (*Established Pt Diabetes & Vasc Value Set*) for any reason, performed or supervised by an eligible provider in an eligible specialty during the current measurement period
 - Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses
 - See Data Collection Guide for allowable exclusions
 - **NEW** Addition of exclusion for patients that had only urgent care visits during the measurement period.

Optimal Diabetes Care

(Continued)

- Patients meeting all five of the following targets are numerator compliant:
 - Most recent HbA1c in the measurement period is <8.0 mg/dL
 - Most recent blood pressure in the measurement period is systolic <140 mmHg AND diastolic <90 mmHg.
 - Not a tobacco user
 - Status confirmed within last two measurement periods
 - On a statin medication in the measurement period, unless allowed contraindications or exceptions are present.
 - If patient has ischemic vascular disease, is on a daily aspirin or anti-platelet medication in the measurement period, unless allowed contraindications or exceptions are present.

Optimal Vascular Care

- Measurement Period: January 1, 2016 – December 31, 2016.
- Eligible Population:
 - Patient was 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period.
 - **NEW** Patient had a diagnosis of ischemic vascular disease (*Ischemic Vascular Disease* Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease present on an active problem list during the current measurement period.
 - **NEW** Patient had at least one established patient office visit (*Established Pt Diabetes & Vasc* Value Set) for any reason, performed or supervised by an eligible provider in an eligible specialty during the current measurement period
 - Family Medicine, Internal Medicine, Geriatric Medicine, Cardiology
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses
 - See Data Collection Guide for allowable exclusions
 - **NEW** Addition of exclusion for patients that had only urgent care visits during the measurement period.

Optimal Vascular Care

(Continued)

- Patients meeting all four of the following targets are numerator compliant:
 - Most recent blood pressure in the measurement period is systolic <140 mmHg AND diastolic <90 mmHg.
 - Not a tobacco user
 - Status confirmed within last two measurement periods
 - On a statin medication in the measurement period, unless allowed contraindications or exceptions are present.
 - On a daily aspirin or anti-platelet medication in the measurement period, unless allowed contraindications or exceptions are present.

Depression Remission at 6 Months

- Eligible Specialties/Provider Types:
 - Family Medicine, Internal Medicine, Geriatric Medicine, Psychiatry, Behavioral Health
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurse
 - If a physician is on-site: Licensed Psychologist, Licensed Independent Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Marriage & Family Therapist
- Eligible Population:
 - A visit must meet all of the following criteria to be indexed, whether or not a patient has been previously indexed:
 - Patient has a face-to-face visit with an eligible provider in an eligible specialty.
 - Patient is 18 years of age or older at the time of the visit.
 - Patient has a PHQ-9 result greater than nine during the visit.
 - Patient has an active diagnosis of major depression or dysthymia (*Major Depression or Dysthymia Value Set*).
 - For behavioral health providers only: The diagnosis of major depression or dysthymia must be the primary diagnosis.
 - The patient is NOT in a prior index period.
 - An index period begins with an index visit and is 13 months in duration.
 - See Data Collection Guide for allowable and required exclusions

Depression Remission at 6 Months

(Continued)

- Follow-up PHQ-9 Scores:
 - Once a patient is indexed, submit all follow-up PHQ-9 scores during the 13 month index period for the patient.
 - Include all scores regardless of score value, diagnosis, visit type or method of administration.
- Total population submission required.
- Dates of Service for data submission in 2017:
 - February 1, 2016 through January 31, 2017
- Numerator/Denominator:
 - # adult pts with depression & PHQ-9 score <5 at 6 months(+/- 30 days)
 - # adult pts (18+) with depression or dysthymia AND index contact PHQ-9 >9
- Dates of service used to calculate 2017 Remission at 6 Months measure rate:
 - Dates of Index: 01/01/2015 through 12/31/2015
 - Dates of 6 Month (+/- 30 days) Follow-Up: 06/01/2015 through 07/30/2016

Pediatric Preventive Care:

Adolescent Mental Health and/or Depression Screening

- Measurement Period: January 1, 2016 – December 31, 2016
- Eligible Population:
 - Patient was 12 years of age or older at the start of the measurement period, and 17 years of age or younger at the end of the measurement period
 - Patient was seen for at least one face-to-face well child visit (*Adolescent Well Child Visit Value Set*) with an eligible provider in an eligible specialty during the measurement period.
 - Family Medicine, Internal Medicine, Pediatric/Adolescent Medicine
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses
 - See Data Collection Guide for required exclusions
- Numerator:
 - The number of patients who completed an eligible mental health and/or depression screening tool during the measurement period, AND have the screening tool result documented in the medical record.

Pediatric Preventive Care: *Overweight Counseling*

- Measurement Period: January 1, 2016 – December 31, 2016
- Eligible Population:
 - Patient was 3 years of age or older at the start of the measurement period, and 17 years of age or younger at the end of the measurement period
 - Patient was seen for at least one face-to-face well child visit (*Well Child Visit Value Set*) with an eligible provider in an eligible specialty during the measurement period
 - Family Medicine, Internal Medicine, Pediatric/Adolescent Medicine
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses
 - See Data Collection Guide for required exclusions
- Denominator:
 - Patients within the eligible population who had a BMI percentile greater than or equal to 85, as calculated by the Centers for Disease Control and Prevention's formula
- Numerator:
 - Number of patients in the denominator who had documentation of both physical activity and nutrition discussion, counseling or referral in the measurement period in the medical record.

Total Knee Replacement

- Measurement Period: January 1, 2015 – December 31, 2015
- Eligible Population:
 - Patient was 18 years of age or older at the start of the measurement period
 - Patient received primary or revision total knee replacement surgery (*Primary TKR Value Set, Revision TKR Value Set*) performed by an eligible provider in an eligible specialty during the measurement period
 - Orthopedic Surgery
 - Medical Doctor, Doctor of Osteopathy who perform total knee replacement procedures
 - Total Population submission required
- Measures:
 - Average change in patients' post-op functional status (Oxford Knee Score) at one year post-op
 - **CHANGE** Average change in patients' quality of life (PROMIS Global 10) at one year post-op

Spine Surgery: *Lumbar Fusion*

- Measurement Period: January 1, 2015 – December 31, 2015
- Eligible Population:
 - Patient was 18 years of age or older as of January 1 of the measurement period
 - Patient received lumbar spine fusion surgery (*Arthrodesis Value Set*) performed by an eligible provider in an eligible specialty during the measurement period
 - Orthopedic Surgery, Neurosurgery
 - Medical Doctor, Doctor of Osteopathy who perform lumbar fusion procedures
 - Total Population submission required
 - See Data Collection Guide for required exclusions
- Measures:
 - Average change in functional status (Owestry Disability Index) at one year post-op
 - Average change in pain (Visual Analog Pain Scale) at one year post-op
 - **CHANGE** Average change in quality of life (PROMIS Global 10) at one year post-op

Spine Surgery: *Lumbar Discectomy/Laminotomy*

- Measurement Period: January 1, 2015 – December 31, 2015
- Eligible Population:
 - Patient was 18 years of age or older at the start of the measurement period
 - Patient received lumbar discectomy laminotomy surgery (*Single Disc-Lami Value Set*) for a diagnosis of disc herniation (*Disc Herniation Value Set*) performed by an eligible provider in an eligible specialty during the measurement period
 - Orthopedic Surgery, Neurosurgery
 - Medical Doctor, Doctor of Osteopathy who perform lumbar discectomy/laminotomy procedures.
 - Total Population submission required
 - See Data Collection Guide for required exclusions
- Measures:
 - Average change in functional status (Owestry Disability Index) at three months post-op
 - Average change in pain (Visual Analog Pain Scale) at three months post-op
 - **CHANGE** Average change in quality of life (PROMIS Global 10) at three months post-op

Colorectal Cancer Screening

- Measurement Period: July 1, 2016 – June 30, 2017
- Eligible Population:
 - Patient was 51 to 75 years of age at the end of the measurement period.
 - **NEW** Patient had at least one established patient office visit (*Established Pt CRC Screening Value Set*) for any reason, performed or supervised by an eligible provider in an eligible specialty during the measurement period.
 - Family Medicine, Internal Medicine, Geriatric Medicine, Obstetrics/Gynecology
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses
 - See Data Collection Guide for allowable exclusions
 - **NEW** Addition of exclusion for patients that had only urgent care visits during the measurement period.
 - **CHANGE** CT colonography removed as an allowable exclusion.

Colorectal Cancer Screening

(Continued)

- Numerator:
 - Number of patients who are up-to-date with an appropriate screening exam:
 - Colonoscopy (*Colonoscopy Value Set*) performed during the measurement period or prior nine years, OR
 - Sigmoidoscopy (*Sigmoidoscopy Value Set*) performed during the measurement period or prior four years, OR
 - **NEW** CT colonography (*CT Colonography Value Set*) performed during the measurement period or prior four years, OR
 - **NEW** FIT-DNA Test (*FIT-DNA Value Set*) performed during the measurement period or prior two years, OR
 - Stool Blood Tests [FIT or gFOBT] (*Stool Blood Test Value Set*) performed during the measurement period

Asthma Measures

- Measurement Period: July 1, 2016 – June 30, 2017
- Eligible Population:
 - Patient was 5 years or older at the start of the measurement period AND less than 51 years at the end of the measurement period
 - Rates calculated by age population: Pediatric aged 5-17, Adult aged 18-50
 - **NEW** Patient had a diagnosis of asthma (*Asthma* Value Set) with any contact during the current or prior measurement period OR had asthma present on an active problem list at any time during the measurement period.
 - **NEW** Patient had at least one established patient office visit (*Established Pt Asthma* Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.
 - Family Medicine, Internal Medicine, Pediatrics, Allergy/Immunology, Pulmonology
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses
 - See Data Collection Guide for allowable exclusions
 - **NEW** Addition of exclusion for patients that had only urgent care visits during the measurement period.

Asthma Measures

(Continued)

- Optimal Asthma Control Numerator:
 - Number of patients who meet all of the following targets:
 - Patient's asthma well controlled as defined by the most recent asthma control tool result during the measurement period
 - Patient not at elevated risk of exacerbation as defined by less than two patient reported emergency department visits and/or hospitalizations due to asthma in the last 12 months
- Asthma Education and Self-Management Numerator:
 - Number of patients that have been educated about their asthma and self-management of the condition and also have a written asthma management plan present (created or reviewed and revised within the measurement period)

Maternity Care: C-section Rate

- Measurement Period: July 1, 2016 – June 30, 2017
- Eligible Population:
 - Female nulliparous patients with a singleton, vertex positioned delivery performed by an eligible provider in an eligible specialty during the measurement period
 - Family Medicine, Obstetrics/Gynecology, Perinatology
 - Medical Doctor, Doctor of Osteopathy, Advanced Practice Registered Nurses
 - See Data Collection Guide for calculated exclusions
- Numerator:
 - Number of patients who delivered by cesarean section
- Note:
 - Every patient must have prenatal care flag (Flag of 1 or 2) populated
 - Medical groups that have at least one eligible provider that performs C-section procedures must ensure that all clinics offering eligible specialties are assigned to the measure, regardless of whether the individual clinic has an eligible provider that performs C-sections
 - All eligible clinics in a medical group must report data for rate to be publicly reported

Data Submission Methods

- Two methods accepted for state requirement:
 - Direct Data Submission (DDS): Clinic uploads file onto the MNCM Data Portal. This method must be used to qualify for P4P programs. MNCM/Health plans determine payer type.
 - Summary Data Submission (SDS): Clinic calculates and submits summary counts for each data element. SDS cannot be used for P4P programs. Clinic determines payer type.
 - To participate in SDS, please contact the Minnesota Department of Health (MDH).

DDS Requirements

Direct Data Submission (DDS):

- Electronically complete a Business Associate Agreement with MNCM.
- Agree to the DDS Terms and Conditions as stated in the MNCM Data Portal
- Submit, in good faith, a .csv patient-level file to the secure MNCM Data Portal that includes data from all eligible clinic sites.
- Participate in the data validation process as required by MNCM.
- Have results publicly reported on MNHealthScores.org and other reports.
- Adhere to and follow all data submission timelines and formatting specifications.

Pre-Submission Data Certification

- Formerly ‘Denominator Certification’.
- Assurance that the eligible patient population and certain data elements are identified according to measure specifications.
- Each measure has its own Pre-Submission Data Certification form and is available on the MNCM data portal.
- Documentation needed:
 - Describe process used to identify patients.
 - Pre-Submission Data Certification template.
 - Source code, query, screen shots.
 - Upload document to MNCM Data Portal.
- MNCM reviews for completeness and will contact the group with questions or approve the identification methodology.

Total Population vs. Sample

- Total population:
 - Most precise rates.
 - Submit total population when:
 - Measure requires total population submission (e.g., Depression, C-section, Total Knee Replacement, Spine Surgery Measures).
 - MDH EMR Reporting Rule: total population required if EMR was in place for a full measurement period, including the 12 months prior to the measurement period (e.g., EMR was in place at any stage of implementation as of 01/01/2015, then total population is required).
- Random sample:
 - Can be submitted if total population submission is not required as noted above.
 - Minimum number each clinic must submit:
 - 60 patients per clinic, per measure.
 - If there are less than 60 eligible patients at a clinic, submit all patients.
 - Instructions for the selection of a random sample available in applicable Data Collection Guides

Data Collection

- Occurs:
 - After Pre-Submission Data Certification document has been approved.
 - After billing and patient records are complete for dates of service for the measure.
- Data collection tools (Found under Resources tab)
 - Data Collection Guides
 - Value Set Dictionaries
 - Data collection forms
 - Data spreadsheet templates
 - Exclusions templates

Data Validation

- Data Validation is a 4-step process:
 - Pre-Submission Data Certification
 - Data quality checks
 - Validation audit
 - Two-week medical group review
- All medical groups are subject to a validation audit
- Audit conducted to validate that the submitted data matches the source data in the patient medical record.
- Collaborative process between MNCM and the medical group
- Occurs after data submission and prior to public reporting
- MNCM utilizes the NCQA “8 and 30” process for validation audits

Results

- Results are reported by:
 - Minnesota Department of Health
 - MN Community Measurement
 - MNHealthScores.org
 - Health Care Quality Report
 - Health Equity of Care Report
 - Health Care Disparities Report

Resources

- MDH Health Reform Minnesota:
www.health.state.mn.us/healthreform/measurement/
 - Information on SQRMS and much more
- MNCM site: www.mncm.org
 - Download registration instructions and other tools
 - Learn about upcoming Q&A calls and webinars
- MNCM Data Portal: <https://data.mncm.org/login>
 - Register clinics and providers
 - Register contact info to receive communications
 - Resources tab
 - Download planning calendar
 - Download Q&A Call calendar
 - Download data collection guides and tools
 - FAQs by measure/topic
- Questions about registration and technical support
 - Monthly Q&A Call - 3rd Thursday of every month, 12:00 pm
 - support@mncm.org
 - Helpline: 612-746-4522

Thank you!

- MNCM Data Portal
<https://data.mncm.org/login>
- MNCM corporate website
www.mncm.org
- MNCM consumer website
www.mnhealthscores.org
- Questions
 - support@mncm.org
 - 612-746-4522



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