DATA COLLECTION GUIDE

2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Functional Status and Quality of Life Measures

(01/01/2016 to 12/31/2016 Dates of Procedure)

Data Submission: 04/16/2018 to 05/11/2018

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Preface

Dear Data Submitters,

Attached is our 2018 Spine Surgery: Lumbar Discectomy/Laminotomy Data Collection Guide. We greatly appreciate your medical group or clinic contributing data on quality, patient outcomes and patient experience. We know your contribution is vital to MN Community Measurement's ability to achieve our mission to accelerate the improvement of health by publicly reporting health care information.

We value your involvement and want to support your success as well. We provide resources, tools and reports that your medical group or clinic can use for quality improvement.

The following resources can be found on our corporate website, **MNCM.org**:

- Public reports including the *Health Care Quality Report*, *Heath Equity of Care Report*, *Health Care Disparities Report* and *Total Cost of Care Report*
- Patient education and engagement resources
- Provider tools and resources
- Monthly Q & A session details
- Educational webinars throughout the year
- Health Trackers

Additionally, these resources can be found on the secure **MNCM Data Portal**:

- Detailed reports and charts of clinical measure results
- Charts of specific clinical measure results segmented by race, Hispanic ethnicity, preferred language and country of origin (REL) for medical groups following best practices
- Patient Experience of Care Survey results at the domain and question-level

Finally, on **MNHealthScores.org**, you can see public-facing results of all of our measures for clinics, medical groups or hospitals. As this is our consumer-focused site, it has less detail than is available in our reports and on the Data Portal.

MNCM is committed to working with our multi-stakeholder committees to champion the highest value measures that will make the most impact in our community, while balancing burden on organizations that supply the data. As performance improves, we have processes in place to ensure the appropriate retirement of measures to minimize burden.

Thank you again for your important role in our work. If you have questions, feel free to contact us at 612-746-4522 or support@mncm.org.

Anne Snowden, MPH, CPHQ
Director, Performance Measurement, Validation & Reporting

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2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Summary of Changes

Summary of Changes

A. Measure Specification Changes from Previous Year

1. Clarification of Procedure, Preop Assessment, and Postop Assessment Periods.

See Measure Specifications for further detail.

B. Field Specification Changes from Previous Year

1. Change of Tobacco Status (Column V) to optional field.

See Data Elements and Field Specifications table for further detail.

C. Other Changes from Previous Year

1. Addition of Appendix F: Additional Measures.

D. Changes from Draft to Final

NONE

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2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Measure Specifications

Measure Specifications

Summary of Changes	Clarification of Procedure, Preop Assessment, and Postop Assessment Periods.

Measure	Lumbar Discectomy Laminotomy: Average change in functional status	
Description	The average change (preoperative to three months post-operative) in functional status for patients 18 years of age or older who had a lumbar discectomy laminotomy procedure	
Measurement Period	Procedure Period: January 1 through December 31, 2016 Preop Assessment Period: October 1, 2015 through December 31, 2016 Postop Assessment Period: February 12, 2016 through May 20, 2017	
Eligible Population	**Eligible Specialties**	Orthopedic Surgery, Neurosurgery
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO)
	Ages	18 years or older at the start of the procedure period
	Event	Lumbar discectomy laminotomy procedure (*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 procedure period
Denominator	Patients within the eligible population whose functional status was measured by the Oswestry Disability Index, version 2.1a (ODI, v2.1a) within three months preoperatively AND at three months (6 to 20 weeks) postoperatively	
Numerator	The average change (preoperative to three months post-operative) in functional status for all patients in the denominator	
Required Exclusions	The following exclusions must be applied to the eligible population: • Patient had any additional spine procedures performed on the same date as the lumbar discectomy laminotomy	
Measure Scoring	Number	
Interpretation of Score	Higher score indicates better quality	
Measure Type	Outcome	

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2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Measure Specifications

Measure	Lumbar Discectomy Laminotomy: Average change in health related quality of life	
Description	The average change (preoperative to three months post-operative) in health related quality of life for patients 18 years of age or older who had lumbar discectomy laminotomy procedure	
Measurement Period	Procedure Period: January 1 through December 31, 2016 Preop Assessment Period: October 1, 2015 through December 31, 2016 Postop Assessment Period: February 12, 2016 through May 20, 2017	
Eligible Population	**Eligible Specialties**	Orthopedic Surgery, Neurosurgery
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO)
	Ages	18 years or older at the start of the procedure period
	Event	Lumbar discectomy laminotomy procedure (*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 procedure period
Denominator	Patients within the eligible population whose health related quality of life was measured by the PROMIS-10 within three months preoperatively AND at three months (6 to 20 weeks) postoperatively	
Numerator	The average change (preoperative to three months post-operative) in health related quality of life for all patients in the denominator	
Required Exclusions	The following exclusions must be applied to the eligible population: • Patient had any additional spine procedures performed on the same date as the lumbar discectomy laminotomy	
Measure Scoring	Number Results are reported by: • Average change in health related quality of life- physical health • Average change in health related quality of life- mental health	
Interpretation of Score	Higher score indicates better quality	
Measure Type	Outcome	

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2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Measure Specifications

Measure	Lumbar Discectomy Laminotomy: Average change in back pain	
Description	The average change (preoperative to three months post-operative) in back pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure	
Measurement Period	Procedure Period: January 1 through December 31, 2016 Preop Assessment Period: October 1, 2015 through December 31, 2016 Postop Assessment Period: February 12, 2016 through May 20, 2017	
Eligible Population	**Eligible Specialties**	Orthopedic Surgery, Neurosurgery
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO)
	Ages	18 years or older at the start of the procedure period
	Event	Lumbar discectomy laminotomy procedure (*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 procedure period
Denominator	Patients within the eligible population whose back pain was measured by the Visual Analog Scale (VAS) within three months preoperatively AND at three months (6 to 20 weeks) postoperatively	
Numerator	The average change (preoperative to three months post-operative) in back pain for all patients in the denominator	
Required Exclusions	The following exclusions must be applied to the eligible population: • Patient had any additional spine procedures performed on the same date as the lumbar discectomy laminotomy	
Measure Scoring	Number	
Interpretation of Score	Higher score indicates better quality	
Measure Type	Outcome	

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2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Measure Specifications

Measure	Lumbar Discectomy Laminotomy: Average change in leg pain	
Description	The average change (preoperative to three months post-operative) in leg pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure	
Measurement Period	Procedure Period: January 1 through December 31, 2016 Preop Assessment Period: October 1, 2015 through December 31, 2016 Postop Assessment Period: February 12, 2016 through May 20, 2017	
Eligible Population	**Eligible Specialties**	Orthopedic Surgery, Neurosurgery
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO)
	Ages	18 years or older at the start of the procedure period
	Event	Lumbar discectomy laminotomy procedure (*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 procedure period
Denominator	Patients within the eligible population whose leg pain was measured by the Visual Analog Scale (VAS) within three months preoperatively AND at three months (6 to 20 weeks) postoperatively	
Numerator	The average change (preoperative to three months post-operative) in leg pain for all patients in the denominator	
Required Exclusions	The following exclusions must be applied to the eligible population: • Patient had any additional spine procedures performed on the same date as the lumbar discectomy laminotomy	
Measure Scoring	Number	
Interpretation of Score	Higher score indicates better quality	
Measure Type	Outcome	

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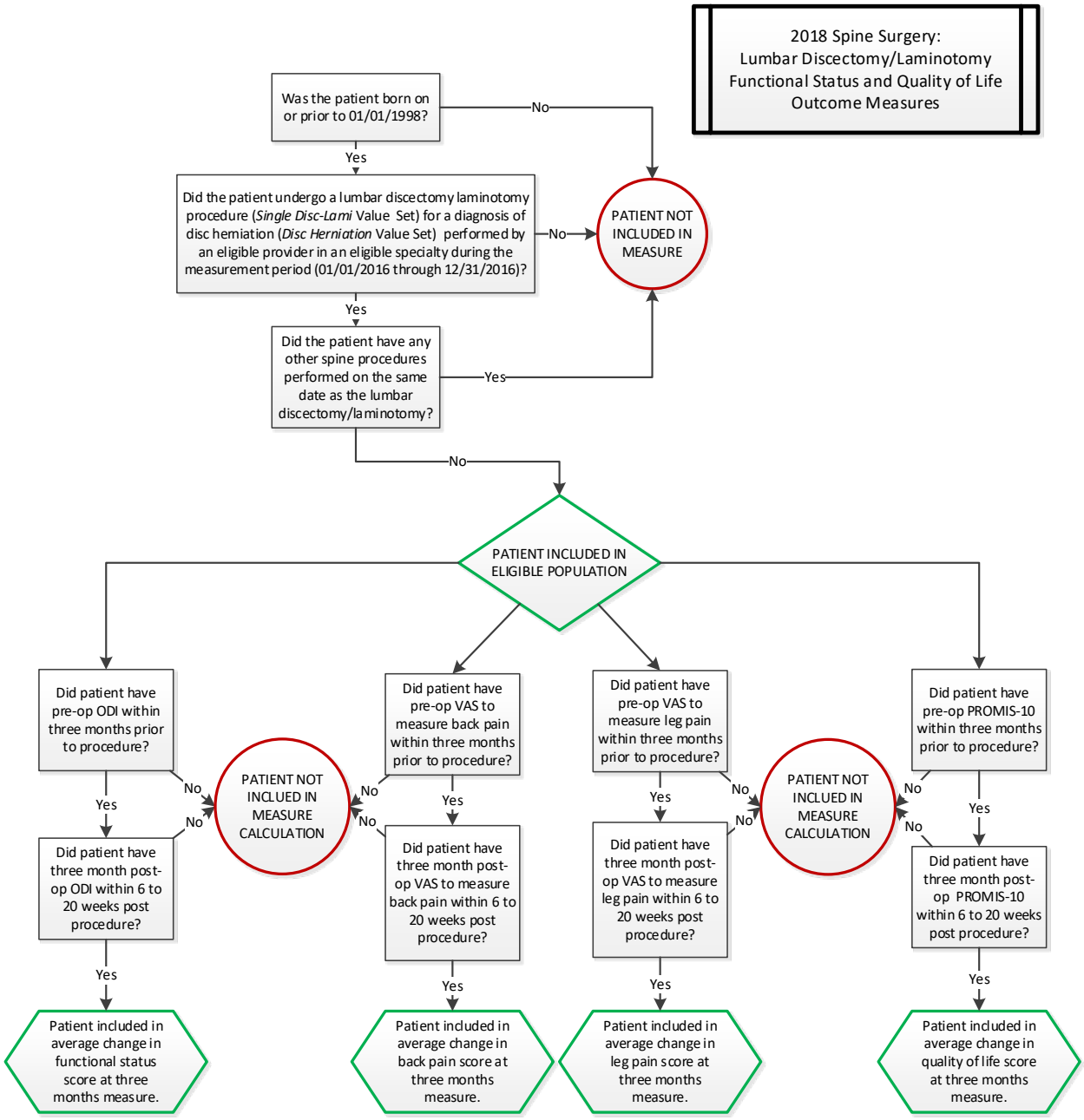
Measure Logic / Flow Chart



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2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Process and Timeline Overview

Process and Timeline Overview

Process Step	Important Dates
Registration Registration must be completed prior to data submission. Please refer to the *Clinic and Provider Registration Instructions* guide available on the Resources tab of the MNCM Data Portal as well as on MNCM.org for additional information.	November 2017 to February 2018
Pre-Submission Data Certification See Section I for more information.	Submit document by April 16, 2018
Data Collection and Submission See Sections II and III for more information.	MNCM Data Portal is open for submission April 16 to May 11, 2018
Data Validation See Sections III-B and IV for more information.	May-July 2018
Two-Week Medical Group Review Period of Preliminary Statewide Results See Section IV for more information.	July 2018
Final Data Results	Fall 2018

Sharing Data Files and Protected Health Information (PHI) Securely:
It is important that data files and PHI are shared securely between organizations. Email is not a secure mode of transmitting data.

- **Do not send a data file or patient list that contains PHI to MNCM via email.**
- **Do not include any identifiable patient information in the body of an email message.**
  - **Examples of PHI include (but are not limited to) the following: patient ID, patient date of birth, patient name, patient address or zip code, insurance member ID, dates of service.**

Please contact support@mncm.org to determine a secure mode of transmission.

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2018 Spine Surgery: Lumbar Discectomy/Laminotomy Resources

Data Submission Resources

The Spine Surgery resources page contains useful documents and answers to Frequently Asked Questions. To access the resources page:

1. Log in to the MNCM Data Portal.
2. Click on the Resources tab.
3. Select ***Cycle B – Spine Surgery*** from the drop down menu.
    a. Download the following documents:
        i. *2018 Spine Surgery: Lumbar Discectomy/Laminotomy Data Collection Guide*
        ii. *2018 Spine Surgery: Lumbar Discectomy/Laminotomy Pre-Submission Data Certification Form*
        iii. *2018 Spine Surgery: Lumbar Discectomy/Laminotomy Data Collection Spreadsheet Template*
        iv. ***Optional:*** *2018 Spine Surgery: Lumbar Discectomy/Laminotomy Data Collection Form*. This is a patient-level form that is most useful for medical groups and clinics using paper records.
        v. *2018 Spine Surgery: Lumbar Discectomy/Laminotomy Value Set Dictionary*. This workbook contains all Value Sets referenced in this guide.

For questions not answered by the information available on the Resources tab, contact MNCM at support@mncm.org or 612-746-4522.

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Direct Data Submission
Process Steps
for
2018 Spine Surgery:
Lumbar Discectomy/Laminotomy

2018 Spine Surgery:
Lumbar Discectomy/Laminotomy
Agreements & Pre-Submission Data Certification

Section I: Agreements and Pre-Submission Data Certification

Clinic and provider registration as well as the electronic signing of the Business Associate Agreement (BAA), the Direct Data Submission (DDS) Terms and Conditions, and selection of a Data File Transfer option must be completed prior to data submission.

A. Business Associate Agreement

A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, a covered entity. The HIPAA Privacy Rule requires that a covered entity obtain satisfactory assurances from its business associate that the business associate will appropriately safeguard the PHI it receives on behalf of the covered entity. Since MNCM is performing services on behalf of medical groups submitting data that involve the use and disclosure of PHI, it is necessary for covered entities submitting PHI to MNCM to sign a BAA.

To electronically sign the BAA:

1. Log in to the MNCM Data Portal.
2. Click on the **Home** tab.
3. Click on the ***BAA Agreement*** link under the Spine Surgery - Lumbar Discectomy/Laminotomy measure heading.
4. Review the text, click the check box at the bottom of the Agreement and click ***OK***.
    a. Once electronically signed, the Agreement applies to all DDS measures and does not need to be signed again unless provisions of the Agreement change.
    b. Failure to electronically sign the Agreement will preclude the medical group from submitting data.

B. Direct Data Submission Terms and Conditions

Please see Appendix A for detailed information about the DDS Terms and Conditions.

To confirm agreement with the DDS Terms and Conditions:

1. Log in to the MNCM Data Portal.
2. Click on the **Home** tab.
3. Click on the ***DDS Terms & Conditions*** link under the Spine Surgery - Lumbar Discectomy/Laminotomy measure heading.
4. Review the text, click the check box at the bottom of the DDS Terms and Conditions and click ***Select***.
    a. Failure to agree to the DDS Terms and Conditions will preclude the medical group from submitting data for the measure.

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C. Data File Transfer Selection

Beginning in 2014, the Minnesota Department of Health (MDH) has requested the receipt of patient level data. MDH has assured MNCM that medical groups are permitted to disclose this patient-level data to MDH under applicable law (including Minnesota law and HIPAA), because it will be used by MDH only for public health activities, health oversight activities, or other activities required or authorized by state or federal law. A list of the data elements to be shared with MDH for each measure is available in the MNCM Data Portal under the Resources tab by selecting Minnesota Statewide Quality Reporting and Measurement System from the drop-down menu.

MDH will use patient level data to:

- Research and analyze health disparities
- Design and evaluate public health interventions
- Publicly report summary results
- Research risk adjustment methodologies
- Benchmark and evaluate Health Care Homes
- Validate quality measure results

MDH will not use patient level data to pursue investigatory or regulatory activities.

Medical groups must indicate on the MNCM Data Portal whether they choose to allow MNCM to share patient-level data with MDH.

1. Log in to the MNCM Data Portal.
2. Click on ***Data Files Transfer*** on the Home tab in the MNCM Data Portal under the Spine Surgery - Lumbar Discectomy/Laminotomy section.
3. Choose one of the two data sharing options:

   YES – My organization agrees to have MNCM share our patient-level data with MDH for specified measures.

   NO – My organization does not agree to have MNCM share our patient-level data with MDH.
3. Click ***Save.***

If a selection error is made, please contact MNCM at support@mncm.org to request a selection change.

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D. Pre-Submission Data Certification

To aid medical groups in the identification of the correct eligible patient population, MNCM will review each medical group's source code and/or methodology for producing the eligible population. Medical groups document the methodology and source code on a template provided by MNCM and upload the template to the MNCM Data Portal for review. This standard template is provided to ensure that all medical groups are using the same required set of criteria to identify the eligible population. MNCM recommends that medical groups complete this review process **prior to using the source code and/or methodology to identify the eligible population and collect data.**

This review process is intended to identify potential issues prior to data submission, thus avoiding rework for medical groups; however, the responsibility to submit an accurate eligible population rests with the medical group.

To download and complete the template and submit it for certification:

1. Login to the MNCM Data Portal.
2. Under the Resources tab, select **Cycle B – Spine Surgery** from the drop-down menu.
3. Download the *Spine Surgery: Lumbar Discectomy/Laminotomy Pre-Submission Data Certification Form*.
4. Complete and save the form.
5. Login to the MNCM Data Portal and from the Home page click on ***Denominator Certification*** under the Spine Surgery - Lumbar Discectomy/Laminotomy header. Follow the instructions to upload the saved form to the MNCM Data Portal.

MNCM will review the information and will either (1) contact the medical group if more clarification is needed or (2) certify the methodology. An automatic e-mail will notify the medical group when the method is certified.

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Section II: Data Collection

A. Eligible Population Identification

After Pre-submission Data Certification is complete, medical groups may query their systems to identify the eligible population. MNCM recommends saving all original queries, spreadsheets and other documentation of the process used to identify the eligible population for potential review. This information may be requested during validation.

Preparing the eligible population list:

1. **Query** the system to generate a list according to the eligible population as described in the measure specifications.
2. **Remove** patients from the list who meet any of the criteria described in the required exclusions section of the measure specifications.
3. **De-duplicate** the list; one record per procedure.
4. **Review** the number of patients in the population and consider whether the number is accurate. If not, correct the methodology and/or query.

Total Population

This measure requires total population data submission. The submission of all patients meeting eligibility criteria is required regardless of the assessment tool completion status. **Sampling is not allowed.**

Patient Attribution

The patient is attributed to the surgeon who performs the procedure. The patient is also attributed to the clinic site where their preoperative visit with the surgeon occurred.

If a surgeon has left the medical group, the patient must remain in the data file if they meet eligibility criteria.

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B. Data Collection

After the eligible population is identified, data will need to be collected for the elements listed in the Data Elements and Field Specifications table.

Data collection occurs after:

1. The medical group's billing and medical record updates are complete for the measurement period;
2. The patient identification methodology is certified by MNCM; and
3. The total eligible population list is prepared.

The medical record is considered the true source of information. Administrative claims data or documentation outside of the medical record may be useful in the identification of patient characteristics and/or data collection of specific data elements. However, upon audit, submitted data elements will be verified against the medical record regardless of the use of other information in the preparation of the data file for submission.

Data Collection: Using Multiple Data Abstractors

For medical groups that must collect data via manual chart abstraction, MNCM recommends that one data abstractor is used, when possible. If more than one abstractor is needed, maximize inter-rater reliability (IRR) by training all abstractors about the definitions of each data element and about the location of clinical information in the patient record.

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Data Elements and Field Specifications

Use this section to build your data file for submission. The specifications contain detailed information regarding each column in the submission file, including column order, definitions, examples, and appropriate formatting.

Summary of Changes	Change of Tobacco Status (Column V) to optional field.

Column	Field Name	Notes	Excel Format	Example
A	**Clinic ID**	Enter the **MNCM Clinic ID** of the clinic to which the patient is attributed based on the attribution methodology detailed in Section II. MNCM assigns clinic IDs at the time of registration. Clinic IDs are listed in the MNCM Data Portal on the Clinics tab. Do NOT use the medical group ID. A blank field will create an ERROR upon submission. **Quality Check:** Verify that the ID in each cell matches the clinic ID in the MNCM Data Portal.	Text	905
B	**Patient ID**	Enter a unique patient ID to identify each patient. The patient's medical record number may be used. Medical groups or clinics that choose not to use the medical record number should: • NOT use the patient's Social Security Number • Maintain a crosswalk between the patient ID and the medical record number or patient name and Date of Birth (DOB) Medical groups or clinics that do not have an EHR should also maintain a crosswalk between patient ID and patient name and DOB as a tool to locate records during audit. A blank field will create an ERROR upon submission. **Quality Check:** Verify that patient's procedure was not duplicated. However, if a duplicate is found, make sure that the patient has undergone multiple separate lumbar discectomy/laminotomy procedures during the measurement period.	Text	56609

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Column	Field Name	Notes	Excel Format	Example
C	**Patient Date of Birth**	Enter the patient's date of birth. Patient must be 18 years or older as of January 1 of the measurement period. • The date of birth range for this age group is on or before 01/01/1998. A blank field or a value outside of the allowable range will create an ERROR upon submission. **Quality Check:** Verify that each date of birth is within the accepted range	Date (mm/dd/yyyy)	10/30/1985
D	**Patient Gender**	Enter the patient's gender: Female = F Male = M Unknown = U Unknown should be utilized for transgender or androgynous patients or in situations when the patient's gender is not available in the record. A blank field will create an ERROR upon submission. **Quality Check:** Verify that each cell has an accepted code.	Text	F
E	**Patient Zip Code**	Enter the patient's five-digit zip code of primary residence at the most recent encounter on or prior to 05/20/2017. If extraction results in a nine-digit zip code, all nine-digits may be submitted. The MNCM Data Portal will only store the first five digits. A blank field will create an ERROR upon submission. **Quality Check:** Verify the zip code is five digits and that each cell has data.	Text	55111
F	**Race/Ethnicity1**	Please refer to a separate document entitled *REL Data Elements, Field Specifications & Codes* for Column F-N field definitions and specifications. This document can be found in the MNCM Data Portal under the Resources tab in the Race/Ethnicity/Language Data (REL) section, or on MNCM.org under Submitting Data > Training and Guidance > Data Collection Guides.	Number	1
G	**Race/Ethnicity2**			
H	**Race/Ethnicity3**			
I	**Race/Ethnicity4**			
J	**Race/Ethnicity5**			

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Column	Field Name	Notes	Excel Format	Example
K	**Country of Origin Code**	For more information about collecting this data from patients, refer to the *Handbook on the Collection of Race Ethnicity and Language Data* available on MNCM.org under Submitting Data > Training & Guidance > Data Collection Guides. **Quality Checks:** Verify that each cell has an accepted code. Blank fields (if data is not available) are acceptable	Number	2
L	**Country of Origin Other**		Text	Country A
M	**Primary Language Code**		Number	1
N	**Primary Language Other**		Text	Language B
O	**Surgeon NPI Number**	Enter the ten-digit NPI number of the surgeon who performed the lumbar discectomy/laminotomy procedure. A blank field will create an ERROR upon submission. **Quality Check:** Verify that each cell has data.	Text	1997993992
P	**Provider Specialty Code**	Enter the specialty code of the surgeon performing the procedure: 22 = Orthopedic Medicine/Surgery 18 = Neurosurgery A blank field will create an ERROR upon submission. **Quality check:** Verify that each cell has an accepted code.	Number	22
Q	**Insurance Coverage Code**	Please refer to a separate document entitled *Insurance Coverage Data Elements, Field Specifications & Codes* for these field specifications. This document can be found via the link above, in the MNCM Data Portal under the Resources tab in the Insurance Coverage Field Specs & Codes for DDS section, or on MNCM.org under Submitting Data > Training and Guidance > Data Collection Guides.	Number	1
R	**Insurance Coverage Other Description**		Text	WORKERS COMPENSATION ONLY

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Column	Field Name	Notes	Excel Format	Example
S	**Insurance Plan Member ID**	• Enter codes corresponding to the patient's most recent insurance on or prior to 05/20/2017. **Quality Check:** Verify that each cell has an accepted code and that all 99 codes have a name entered in Column R. Verify that Social Security Numbers are NOT submitted.	Text	FBZXV1234
T	**Height Inches**	Enter the patient's height in inches. Submit the value as recorded in the patient record, including decimal points if applicable. Height must be collected (measured) in a clinical setting and not a patient reported value. Leave BLANK if height is not documented in the medical record. **Quality Check:** If data is entered, verify that the value is reasonable for a patient's height measured in inches.	Number	62.5
U	**Weight Pounds**	Enter the patient's **preoperative** weight in pounds. Submit the value as recorded in the patient record, including decimal points if applicable. Use the most recent weight within six months prior to the procedure. Weight must be collected (measured) in a clinical setting and not a patient reported value. Leave BLANK if weight within six months prior to the procedure is not documented in the medical record. **Quality Check:** If data is entered, verify that the value is reasonable for a patient's weight measured in pounds.	Number	130

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Column	Field Name	Notes	Excel Format	Example
V	**Tobacco Status** ***CHANGE*** *for 2018*	Enter the code that corresponds to the patient's **preoperative** tobacco status. 1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user) 2 = No documentation 3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco; E-cigarettes are **not** considered tobacco products) **Quality Check**: Verify that each cell has an accepted code.	Number	1
W	**Prior Back Surgery**	History of prior lumbar back surgery. Time frame of prior lumbar surgery is unlimited; the intent is to capture any history of prior back surgery performed either by the current medical group or another practice. Enter the appropriate code to indicate if the patient had prior lumbar surgery: 1 = No prior back surgery in the lumbar region 2 = Prior back surgery in the lumbar region with fusion (with or without instrumentation) 3 = Prior back surgery in the lumbar region without fusion (no instrumentation or bone graft that fuses vertebrae) If the patient has a history of procedures including both fusion and without fusion, enter 2 as fusion reflects a procedure of higher complexity. A blank field will create an ERROR upon submission. **Quality Check:** Verify that each cell has an accepted code.	Number	1
X	**Date of Procedure**	Enter the date of the lumbar discectomy/laminotomy procedure. A blank field or value outside of the measurement period will create an ERROR upon submission. **Quality Check:** Verify that each date is within the accepted range.	Date (mm/dd/yyyy)	11/10/2016

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Column	Field Name	Notes	Excel Format	Example
Y	**Facility ID**	Enter the code for the facility where the lumbar discectomy/laminotomy procedure was performed. Please see Appendix C for codes. A blank field will create an ERROR upon submission. **Quality Check:** Verify that each cell has an accepted code. If 999 is entered, verify that text is entered in Column Z for this row.	Text	41
Z	**Facility Other Description**	If the Facility ID (column Y) = 999 Other, enter the description of the location where the lumbar discectomy/laminotomy was performed. **Quality Check:** For all fields with text, verify that code 999 is entered in the Facility ID field (column Y).	Text	Elk Ridge Surgery Center
AA	**Facility Type**	Enter the type of facility in which the lumbar discectomy/laminotomy procedure was performed: 1 = Hospital 2 = Free Standing Outpatient Ambulatory Surgery Center A blank field will create an ERROR upon submission. **Quality check:** Verify that each cell has an accepted code.	Number	1
Please see Appendix D for more information about the scoring of and the data submission options for the Oswestry Disability Index (ODI) tool.				
AB	**Preop ODI Date**	Enter the date on which the preoperative Oswestry Disability Index (ODI) was completed by the patient. If more than one preoperative ODI was obtained, use the ODI that is the most recent and prior to the procedure. Leave BLANK if a preoperative ODI was not obtained. **Quality Checks:** If a date is entered, verify that the date is valid.	Date (mm/dd/yyyy)	7/27/2016

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Column	Field Name	Notes	Excel Format	Example
AC	**Preop ODI Summary Score**	Enter the value of the patient's preoperative summary ODI score. Leave BLANK if a preoperative ODI was not obtained, the patient answered **seven or fewer** questions, OR if submitting individual values and not the summary score. **Quality Check:** If data is entered, verify that each cell has a value between zero and 100.	Number; whole numbers only	67
AD	**Preop ODI Pain**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 1- Pain intensity. 0 = I have no pain at the moment. 1 = The pain is very mild at the moment. 2 = The pain is moderate at the moment. 3 = The pain is fairly severe at the moment. 4 = The pain is very severe at the moment. 5 = The pain is the worst imaginable at the moment. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	2

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Column	Field Name	Notes	Excel Format	Example
AE	**Preop ODI Care**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 2- Personal Care (washing, dressing, etc.). 0 = I can look after myself normally without causing additional pain. 1 = I can look after myself normally but it is very painful. 2 = It is painful to look after myself and I am slow and careful. 3 = I need some help but manage most of my personal care. 4 = I need help every day in most aspects of my personal care. 5 = I do not get dressed, I wash with difficulty and stay in bed. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	1
AF	**Preop ODI Lifting**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 3- Lifting. 0 = I can lift heavy weights without additional pain. 1 = I can lift heavy weights but it give me additional pain. 2 = Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table. 3 = Pain prevents me from lifting heavy weights, but I can manage light to medium weights if off they are conveniently positioned. 4 = I can lift only very light weights. 5 = I cannot lift ot carry anything at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	4

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Column	Field Name	Notes	Excel Format	Example
AG	**Preop ODI Walking**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 4- Walking. 0 = Pain does not prevent me from walking any distance. 1 = Pain prevents me from walking more than one mile. 2 = Pain prevents me from walking more than a quarter of a mile. 3 = Pain prevents me from walking more than 100 yards. 4 = I can only walk using a cane or crutches. 5 = I am in bed most of the time and have to crawl to the toilet. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	2
AH	**Preop ODI Sitting**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 5- Sitting. 0 = I can sit in any chair as long as I like. 1 = I can sit in my favorite chair as long as I like. 2 = Pain prevents me from sitting more than one hour. 3 = Pain prevents me from sitting more than half an hour. 4 = Pain prevents me from sitting more than 10 minutes. 5 = Pain prevents me from sitting at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	1

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Column	Field Name	Notes	Excel Format	Example
AI	**Preop ODI Standing**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 6- Standing. 0 = I can stand as long as I want without additional pain. 1 = I can stand as long as I want but it gives me additional pain. 2 = Pain prevents me from standing more than one hour. 3 = Pain prevents me from standing more than half an hour. 4 = Pain prevents me from standing more than 10 minutes. 5 = Pain prevents me from standing at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	3
AJ	**Preop ODI Sleeping**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 7- Sleeping. 0 = My sleep is never interrupted by pain. 1 = My sleep is occassionally interrupted by pain. 2 = Because of pain I have less than 6 hours of sleep. 3 = Because of pain I have less than 4 hours of sleep. 4 = Because of pain I have less than 2 hours of sleep. 5 = Pain prevents me from sleeping at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	1

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Column	Field Name	Notes	Excel Format	Example
AK	**Preop ODI Sex**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 8- Sex life. 0 = My sex life is normal and causes no additional pain. 1 = My sex life is normal but causes some additional pain. 2 = My sex life is nearly normal but is very painful. 3 = My sex life is severly restricted by pain. 4 = My sex life is nearly nonexistant because of pain. 5 = Pain prevents me from having any sex life at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	2
AL	**Preop ODI Social**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 9- Social Life. 0 = My social life is normal and causes no additional pain. 1 = My social life is normal but increases the degree of pain. 2 = Pain has no significant effect on my social life apart from limiting my more energetic interests. 3 = Pain has restricted my social life and I do not go out as often. 4 = Pain has restricted my social life to home. 5 = I have no social life becasue of pain. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	0

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Column	Field Name	Notes	Excel Format	Example
AM	**Preop ODI Travelling**	Enter the value that corresponds with the patient's preoperative selection for ODI Section 10- Travelling. 0 = I can travel anywhere without pain. 1 = I can travel anywhere but it gives me additional pain. 2 = Pain is bad but I'm able to manage trips over two hours. 3 = Pain restricts me to trips on less than one hour. 4 = Pain restricts me to short necessary trips of under 30 minutes. 5 = Pain prevents me from travelling except to receive treatment. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	0
Please see Appendix D for more information about the Visual Analog Scale (VAS) for Pain tool.				
AN	**Preop VAS Pain Date**	Enter the date when the preoperative VAS Pain score was completed by the patient. If more than one preoperative VAS Pain score was obtained, use the VAS Pain score that is the most recent and prior to the procedure. Leave BLANK if a preoperative VAS Pain score was not obtained. **Quality Check:** If a date is entered, verify dates are valid.	Date (mm/dd/yyyy)	10/27/2016

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Column	Field Name	Notes	Excel Format	Example
AO	**Preop VAS Pain Value- Back**	Enter the value that corresponds with the patient's preoperative selection on the VAS Pain scale for back pain. The VAS Pain scale is a continuous line under which a patient places an "X" to indicate their level of pain on the continuum. Valid values range from 0 (No Pain) to 10 (Intolerable) in 0.5 increments (e.g., 0, 0.5, 1.0, 1.5, 2.0, etc. If a patient selects more than one response or selects a line between boxes, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative VAS score was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and ten.	Number; One decimal point	7.5
AP	**Preop VAS Pain Value- Leg**	Enter the value that corresponds with the patient's preoperative selection on the VAS Pain scale for leg pain. The VAS Pain scale is a continuous line under which a patient places an "X" to indicate their level of pain on the continuum. Valid values range from 0 (No Pain) to 10 (Intolerable) in 0.5 increments (e.g., 0, 0.5, 1.0, 1.5, 2.0, etc. If a patient selects more than one response or selects a line between boxes, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a preoperative VAS score wase not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and ten.	Number; One decimal point	7.5

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Column	Field Name	Notes	Excel Format	Example
Please see Appendix D for more information about the PROMIS Global Health 10 (PROMIS-10).				
AQ	**Preop PGH Date**	Enter the date on which the preoperative PROMIS-10 was completed by the patient. If more than one preoperative PROMIS-10 was obtained, use the most recent and prior to the procedure. Leave BLANK if a preoperative PROMIS-10 was not obtained preoperative. **Quality Check:** If a date is entered, verify dates are valid.	Date (mm/dd/yyyy)	05/28/2016
AR	**Preop PGH 1 Health**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding general health rating. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
AS	**Preop PGH 2 Quality**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding general quality of life. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
AT	**Preop PGH 3 Physical**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding general physical health. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
AU	**Preop PGH 4 Mental**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding general mental health. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
AV	**Preop PGH 5 Satis Social**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding general satisfaction with social activities and relationships. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
AW	**Preop PGH 9 Soc Activities**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding ability to carry out social activities and roles. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
AX	**Preop PGH 6 Phys Activities**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding ability to carry out physical activities. 1 = Not at all 2 = A little 3 = Moderately 4 = Mostly 5 = Completely Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
AY	**Preop PGH 10 Emotional**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding emotional problems in the past seven days. 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
AZ	**Preop PGH 8 Fatigue**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding fatigue on average in the past seven days. 1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Very Severe Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
BA	**Preop PGH 7 Pain**	Enter the value that corresponds with the patient's preoperative response to the PROMIS-10 question regarding pain rating in the past seven days using a scale of zero (No Pain) to ten (Worst imaginable pain). Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and ten.	Number, Whole numbers only	3
BB	**3 Mon Postop ODI Date**	Enter the date on which the three month postoperative ODI was completed by the patient. The allowable date range for the three month assessment is six to 20 weeks after the procedure date. ODI's obtained outside of the allowable timeframe will not be included in measure calculation. If more than one postoperative ODI was obtained during the six to 20 weeks following the procedure, use the most recent score obtained during the allowable timeframe. Leave BLANK if a postoperative ODI was not obtained. **Quality Check:** If a date is entered, verify dates are valid.	Date (mm/dd/yyyy)	2/9/2016

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Column	Field Name	Notes	Excel Format	Example
BC	**3 Mon Postop ODI Summary Score**	Enter the value of the patient's three month postoperative summary ODI score. Leave BLANK if a three month postoperative ODI was not obtained, the patient answered **seven or fewer** questions, OR if submitting individual values and not the summary score. **Quality Check:** If data is entered, verify that each cell has a value between zero and 100.	Number; whole numbers only	67
BD	**3 Mon Postop ODI Pain**	Enter the value of the patient's postoperative selection for ODI Section 1- Pain intensity. 0 = I have no pain at the moment. 1 = The pain is very mild at the moment. 2 = The pain is moderate at the moment. 3 = The pain is fairly severe at the moment. 4 = The pain is very severe at the moment. 5 = The pain is the worst imaginable at the moment. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	2

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Column	Field Name	Notes	Excel Format	Example
BE	**3 Mon Postop ODI Care**	Enter the value of the patient's postoperative selection for ODI Section 2-Personal Care (washing, dressing, etc.). 0 = I can look after myself normally without causing additional pain. 1 = I can look after myself normally but it is very painful. 2 = It is painful to look after myself and I am slow and careful. 3 = I need some help but manage most of my personal care. 4 = I need help every day in most aspects of my personal care. 5 = I do not get dressed, I wash with difficulty and stay in bed. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	1

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Column	Field Name	Notes	Excel Format	Example
BF	**3 Mon Postop ODI Lifting**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 3- Lifting. 0 = I can lift heavy weights without additional pain. 1 = I can lift heavy weights but it give me additional pain. 2 = Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table. 3 = Pain prevents me from lifting heavy weights, but I can manage light to medium weights if off they are conveniently positioned. 4 = I can lift only very light weights. 5 = I cannot lift ot carry anything at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	4

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Column	Field Name	Notes	Excel Format	Example
BG	**3 Mon Postop ODI Walking**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 4- Walking. 0 = Pain does not prevent me from walking any distance. 1 = Pain prevents me from walking more than one mile. 2 = Pain prevents me from walking more than a quarter of a mile. 3 = Pain prevents me from walking more than 100 yards. 4 = I can only walk using a cane or crutches. 5 = I am in bed most of the time and have to crawl to the toilet. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	2
BH	**3 Mon Postop ODI Sitting**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 5- Sitting. 0 = I can sit in any chair as long as I like. 1 = I can sit in my favorite chair as long as I like. 2 = Pain prevents me from sitting more than one hour. 3 = Pain prevents me from sitting more than half an hour. 4 = Pain prevents me from sitting more than 10 minutes. 5 = Pain prevents me from sitting at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	1

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Column	Field Name	Notes	Excel Format	Example
BI	**3 Mon Postop ODI Standing**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 6- Standing. 0 = I can stand as long as I want without additional pain. 1 = I can stand as long as I want but it gives me additional pain. 2 = Pain prevents me from standing more than one hour. 3 = Pain prevents me from standing more than half an hour. 4 = Pain prevents me from standing more than 10 minutes. 5 = Pain prevents me from standing at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	3
BJ	**3 Mon Postop ODI Sleeping**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 7- Sleeping. 0 = My sleep is never interrupted by pain. 1 = My sleep is occassionally interrupted by pain. 2 = Because of pain I have less than 6 hours of sleep. 3 = Because of pain I have less than 4 hours of sleep. 4 = Because of pain I have less than 2 hours of sleep. 5 = Pain prevents me from sleeping at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	1

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Column	Field Name	Notes	Excel Format	Example
BK	**3 Mon Postop ODI Sex**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 8- Sex life. 0 = My sex life is normal and causes no additional pain. 1 = My sex life is normal but causes some additional pain. 2 = My sex life is nearly normal but is very painful. 3 = My sex life is severly restricted by pain. 4 = My sex life is nearly nonexistant because of pain. 5 = Pain prevents me from having any sex life at all. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	2
BL	**3 Mon Postop ODI Social**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 9- Social Life. 0 = My social life is normal and causes no additional pain. 1 = My social life is normal but increases the degree of pain. 2 = Pain has no significant effect on my social life apart from limiting my more energetic interests. 3 = Pain has restricted my social life and I do not go out as often. 4 = Pain has restricted my social life to home. 5 = I have no social life becasue of pain. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	0

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Column	Field Name	Notes	Excel Format	Example
BM	**3 Mon Postop ODI Travelling**	Enter the value that corresponds with the patient's postoperative selection for ODI Section 10- Travelling. 0 = I can travel anywhere without pain. 1 = I can travel anywhere but it gives me additional pain. 2 = Pain is bad but I'm able to manage trips over two hours. 3 = Pain restricts me to trips on less than one hour. 4 = Pain restricts me to short necessary trips of under 30 minutes. 5 = Pain prevents me from travelling except to receive treatment. If patient selects more than one response to a question, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative ODI was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and five.	Number; Whole numbers only	0
BN	**3 Mon Postop VAS Pain Date**	Enter the date on which the postoperative Visual Analog Scale (VAS) for Pain score was completed by the patient. The allowable date range for the three month assessment is six to 20 weeks after the procedure date. VAS Pain scores obtained outside of the allowable timeframe will not be included in measure calculation. If more than one postoperative VAS Pain score was obtained during the six to 20 weeks following the procedure, use the most recent score obtained during the allowable timeframe. Leave BLANK if a postoperative VAS Pain score was not obtained. **Quality Check:** If a date is entered, verify dates are valid.	Date (mm/dd/yyyy)	10/27/2011

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Column	Field Name	Notes	Excel Format	Example
BO	**3 Mon Postop VAS Pain Value-Back**	Enter the value that corresponds with the patient's postoperative selection on the VAS Pain scale for back pain. The VAS Pain scale is a continuous line under which a patient places an "X" to indicate their level of pain on the continuum. Valid values range from 0 (No Pain) to 10 (Intolerable) in 0.5 increments (e.g., 0, 0.5, 1.0, 1.5, 2.0, etc. If a patient selects more than one response or selects a line between boxes, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative VAS Pain score was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and ten.	Number; One decimal point	7.5
BP	**3 Mon Postop VAS Pain Value-Leg**	Enter the value that corresponds with the patient's postoperative selection on the VAS Pain scale for leg pain. The VAS pain scale is a continuous line under which a patient places an "X" to indicate their level of pain on the continuum. Valid values range from 0 (No Pain) to 10 (Intolerable) in 0.5 increments (e.g., 0, 0.5, 1.0, 1.5, 2.0, etc. If a patient selects more than one response or selects a line between boxes, submit the worst (higher numeric value) response. Leave BLANK if the patient did not answer the question or if a postoperative VAS Pain score was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and ten.	Number; One decimal point	7.5

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Column	Field Name	Notes	Excel Format	Example
BQ	**3 Mon Postop PGH Date**	Enter the date on which the three month postoperative PROMIS-10 was completed by the patient. The allowable date range for the three month assessment is six to 20 weeks after the procedure date. PROMIS-10 results obtained outside of the allowable timeframe will not be included in measure calculation. If more than one postoperative PROMIS-10 was obtained during the six to 20 weeks following the procedure, use the most recent result obtained during the allowable timeframe. Leave BLANK if a postoperative PROMIS-10 was not obtained. **Quality Check:** If a date is entered, verify dates are valid.	Date (mm/dd/yyyy)	05/28/2016
BR	**3 Mon Postop PGH 1 Health**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general health rating. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
BS	**3 Mon Postop PGH 2 Quality**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general quality of life. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
BT	**3 Mon Postop PGH 3 Physical**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general physical health. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
BU	**3 Mon Postop PGH 4 Mental**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general mental health. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
BV	**3 Mon Postop PGH 5 Satis Social**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general satisfaction with social activities and relationships. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
BW	**3 Mon Postop PGH 9 Soc Activities**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding ability to carry out social activities and roles. 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
BX	**3 Mon Postop PGH 6 Phys Activities**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding ability to carry out physical activities. 1 = Not at all 2 = A little 3 = Moderately 4 = Mostly 5 = Completely Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
BY	**3 Mon Postop PGH 10 Emotional**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding emotional problems in the past seven days. 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
BZ	**3 Mon Postop PGH 8 Fatigue**	Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding fatigue on average in the past seven days. 1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Very Severe Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between one and five.	Number, Whole numbers only	3
CA	**3 Mon Postop PGH 7 Pain**	Enter the value of the patient's postoperative response to the PROMIS-10 question regarding pain rating in the last seven days using a scale of zero (No Pain) to ten (Worst imaginable pain). Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained. **Quality Check:** If data is entered, verify that each cell has a value between zero and ten.	Number, Whole numbers only	3

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C. Data Quality Checks

MNCM recommends that medical groups complete several quality checks of the data prior to file upload. Quality checks improve data accuracy, reduce the likelihood of errors, and ensure that the data can be successfully validated upon audit.

Quality Check 1: File Check

Use Excel's AutoFilter feature to complete data quality checks of specific data elements in the Excel file. To set the filter and review specific data elements:

1. Click inside any data cell and activate the AutoFilter by :
    a. In Excel 2003, click the ***Data*** menu, point to ***Filter***, and then click ***AutoFilter***.
    b. In Excel 2007, 2010, 2013 and 2016 click the ***Data*** tab and in the **Sort & Filter** area click ***Filter***.
2. Click on the drop-down boxes of any column and scan for key entry errors, "out-of-range" or missing data and determine if the data needs to be corrected.

Quality Check 2: Verify Clinical Data

Verify the collected clinical data by reviewing a small sample of records (eight to 10) to compare with the documentation within the patients' medical records. If errors are identified, make the corrections in the data file. Also consider whether the errors were isolated or indicative of a larger data collection problem.

Quality Check 3: General

Complete the general quality checks outlined below:

1. Complete the quality checks listed in the Notes section of each data element in the Data Elements and Field Specifications table.
2. Verify that excluded records were removed.
3. Verify that all fields intended to be left blank are indeed blank. Do NOT enter hyphens or zeroes.
4. Remove blank rows at the bottom of the Excel spreadsheet.
    a. Press **Ctrl/End** to go to the bottom-most cell in the spreadsheet. If there are blank rows, highlight them, right-click in the left margin, and select **Delete**.

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Section III: Data Submission

A. Data File Creation

Before proceeding with the file submission, be sure to:

- Complete all data collection and data entry.
- Complete data quality checks.
- Combine all clinic files onto one spreadsheet. All clinics in a medical group must be uploaded in one, single file. The clinic identifier is the Clinic ID.
- Verify that each column is formatted according to measure specifications (TEXT, NUMBER, or DATE formatting). Columns can be any width.
- Verify that all original columns remain in the spreadsheet even if there is no data in a column. Do NOT delete any columns.

Once the above steps are completed:

1. Save the Excel template.
2. Save the file in CSV format.
    a. The CSV file will be the data file uploaded to the MNCM Data Portal.

How to create a CSV file from an Excel file:

<table>
<tr><th>For Excel 2003 Users</th><th>For Excel 2007 Users</th><th>For Excel 2010, 2013 and 2016 Users</th></tr>
<tr><td colspan="3">1. Open the original Excel file (.xls).
2. Activate the worksheet to be uploaded by clicking the worksheet tab.</td></tr>
<tr><td>3. Click File, Save As.</td><td>3. Click the Office Button (upper left-hand corner of screen); select Save As.</td><td>3. Click the File tab (upper left-hand corner of screen); select Save As.</td></tr>
<tr><td colspan="3">4. Navigate to the folder where the file will be saved.
5. Enter the file name.
6. At the bottom of the Save As dialog box, choose CSV (comma delimited) from the Save as type drop-down.
7. Click Save. The following warning will appear: “…may contain features that are not compatible with CSV. Do you want to keep the workbook in this format?” Click Yes.
8. Close the file. A message will appear: “Do you want to save this file...?” Click Yes or No.</td></tr>
</table>

<u>NOTE:</u> If corrections to the data are needed after the CSV file has been created; **do NOT open the CSV file in Excel** to make these corrections. Doing so alters the data. To make changes, follow these steps:

1. Open the original Excel template.
2. Make changes in the Excel template.
3. Save the Excel template.
4. Save the file with the changes as a new CSV file.

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B. Data Submission

Click on ***Data Submission*** on the Home tab in the MNCM Data Portal under the Spine Surgery - Lumbar Discectomy/Laminotomy section. Use the following steps to submit data to MNCM.

Step 1: Enter Denominator
Using the instructions below, manually enter denominator counts and information *or* complete and upload a file with this information. Whether done manually or via a file upload, the information must be completed for each clinic row. Once the information is populated, click on ***Save and Continue***.

Manual Entry:

- **Method Used for Data Collection**: Select one of the methods from the drop-down box.
- **REL Data Collection:** Indicate if collection of race, Hispanic ethnicity, preferred language and country of origin occurred using best practice methods. Best practice methods include:
    - Race: Self-Report: Allowing patient to self-report their race and Hispanic ethnicity.
    - Race: Reporting Multiple Races: NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
    - Language: Self-Report: Allowing patient to self-report preferred language.
    - Country: Self-Report: Allowing patient to self-report country of origin.
- **Not Reporting**: Check this box if a clinic is not reporting any data for this cycle of data collection.
    - Provide a reason that the clinic is not reporting (e.g., no patients meet eligibility criteria).
        - Please be advised that MNCM's policy requires ALL clinic sites within a medical group to submit their data through the DDS process. Likewise, this is a condition of participation in pay-for-performance programs.

File Upload:

1. Click on Download the Denominator Worksheet.
    - Clinic names will display in Column A and clinic IDs will display in Column B.
2. Complete the worksheet by entering the following information for each clinic:
    - **Method Used for Data Collection (Column C)**: Enter the appropriate code for each clinic ID.
      1 = EMR: All data pulled via query
      2 = Manual: Paper records only
      3 = Manual: EMR and paper record
      4 = EMR: Some data looked up manually
      5 = EMR: All data looked up manually
    - **REL Data Collection (Columns D – G):** Indicate if collection of race, Hispanic ethnicity, preferred language and country of origin occurred using best practice methods. Best practice methods include:
        - Race: Self-Report: Allowing patient to self-report their race and Hispanic ethnicity.
        - Race: Reporting Multiple Races: NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
        - Language: Self-Report: Allowing patient to self-report preferred language.

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- Country: Self-Report: Allowing patient to self-report country of origin.

For each clinic ID indicate if best practices are used by using the following:
1 = Yes, we follow the best practice.
0 = No, we do not follow the best practice.

- Column D: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report race and Hispanic ethnicity.
- Column E: Enter the appropriate code (1 or 0) to indicate if clinic is NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
- Column F: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report preferred language.
- Column G: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report country of origin.

- **Not Reporting (Column H)**: Please indicate if a clinic is not reporting any data for this cycle of data collection by entering the following code.
  0 = Clinic is reporting
  1 = Clinic is NOT reporting
  - Please be advised MNCM's policy requires clinic sites within a medical group to submit their data through the DDS process. Likewise, that is a condition of participation in pay-for-performance programs.
- **Reason not reporting (Column I):** Provide a reason that the clinic is not reporting (e.g., no patients meet eligibility criteria).

3. Save the Excel file as a CSV file (see Section III - A for more information). Click ***Browse*** to search and find the CSV file and then click ***Submit File***.

Step 2: Review & Save

Verify the numbers entered by reviewing all of the clinic site's information for accuracy (no typos or duplicate patients). Click ***Save and Continue***, or click ***Back to Step 1*** to make corrections.

Step 3: Upload Data

Click ***Browse*** to search for the CSV file and click ***Upload CSV and Continue***. The MNCM Data Portal will scan the CSV file to identify possible errors. The Data Portal will then provide an upload status that will indicate if there are errors or warnings in the data file. Click on the ***Refresh*** link to view an updated upload status. To view errors and warnings, click ***View Errors & Warnings.*** If there are errors, the data file will need to be corrected and resubmitted to the MNCM Data Portal. Refer to the Data Elements and Field Specifications to review the required data specifications for each column**.**

1. **Errors**: Corrections must be made and a corrected file uploaded (e.g., date of birth is out-of-range). Proceed to instructions below.
2. **Warnings**: Closely review these possible errors and decide whether corrections are needed. If corrections to the data file are necessary, proceed to instructions below. If corrections are not necessary, click ***Continue to Step 4***.

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If corrections to the data file are necessary, **make corrections in the original Excel file and save the corrected file.** Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

- To re-enter the data collection method and/or REL Best Practice status and upload the corrected file starting from **Step 1: Enter Denominator** click ***Clear & Start Over***. Note: Completion of Steps 1, 2 and 3 will be necessary if ***Clear & Start Over*** is clicked.

- If corrections are only needed to the data file click ***Re-Upload Data (csv) file.*** Begin with **Step 3: Upload Data.**

Once the Data (CSV) File has been successfully uploaded to the Data Portal, click ***Continue to Step 4.***

Step 4: Review & Submit
Review the quality checks for each item listed in the Data Elements and Field Specifications table as well as the preliminary results and their comparison to the previous measure period's results to determine if there are errors in the data.

- To resubmit the data file only, click ***Re-Upload Data (CSV) File.***
- To resubmit the data collection method and/or REL Best Practice status and the data file, click ***Clear & Start Over*** at the bottom of the page.

Again, make corrections in the original Excel file and save the corrected file with a new name. Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

Once the data has been successfully submitted, review and check each box of the Pre-Submission Quality Checklist. Click ***Continue***. The page will be refreshed.

Data Comparison Notes
MNCM requests medical groups review the preliminary results for accuracy.

1. Review the following results:
- **Number of Procedures Performed** – The number of procedures included in the current and previous submission.
- **Rates** – Measure results for the current and previous submission.

2. Compare the group results (population and results) to the prior submission.

Using the text box provided, describe reasons for any substantial changes. **This is a required field.** Comments in this field inform MNCM about reasons for the changes and avoids additional follow-up. After the text box is completed, click ***Save Notes***.

If additional time is needed for review, click ***Save as Draft***. To access the submission again, click on ***Data Submission*** under the Spine Surgery - Lumbar Discectomy/Laminotomy section on the Home tab. Contact support@mncm.org for assistance.

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NOTE: If this is the first data submission for this measure or if there have been substantial changes to the measure itself, the Data Comparison Notes text box will not display.

When the data is ready to submit to MNCM: Click ***Submit Data to MNCM*** and proceed to **Step 5: Done**.

The ***Submit Data to MNCM*** button will not appear until the Pre-Submission Quality Checklist and Data Comparison Notes steps have been completed as stated above.

Step 5: Done
The data file has been successfully submitted. The MNCM Data Portal will generate an e-mail confirming receipt.

To download a report of patient level numerator compliance information, click ***Download Data*** near the top of the data comparison section. Columns on the far right of the report indicate the patient's change in assessment scores between their preoperative and postoperative evaluations.

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Section IV: Data Validation

After data is submitted, MNCM completes the following validation of the preliminary results to ensure accuracy and comparability.

Quality Checks

MNCM completes quality checks of the submitted data. If errors are identified, the medical group must make corrections to the data file and resubmit.

Validation Audit

All medical groups are subject to an audit. Medical groups selected for an audit are contacted by MNCM. A list of records for audit will be provided. Other audit preparations:

- The medical group or clinic site representative must be available to participate in the entire audit process.
    - For data that resides in an electronic record, the audit will be conducted via a HIPAA secure, online meeting service; the medical group or clinic representative will need to retrieve and display the selected records and screens necessary to complete the audit.
    - For data that resides in a paper record, the audit will take place onsite.
- Patient names or other personal information may be blinded. MNCM will verify the date of birth.
- The following items must be available for the audit:
    - ALL requested patient records.
    - The "crosswalk" between the unique patient identifier and the patient's name and date of birth, as necessary.
    - Data collection forms and other notes describing where various data elements were located in the patient record.
    - List of patients that were excluded.

NCQA 8 and 30 Audit Process

MNCM utilizes the National Committee for Quality Assurance (NCQA) "8 and 30" process for audits.

- MNCM randomly selects 33 records from each applicable clinic site for validation. At most, 30 records **for each clinic site** will be reviewed. The additional three records are oversamples to ensure 30 records will be available on the day of the review.
- The MNCM auditor reviews records one through eight in the sample to verify whether the submitted data matches the source data in the medical record.
- If no errors are found in these eight records, the compliance rate is 100 percent, and the clinic site is determined to be in high compliance. The MNCM auditor may determine no further record review is necessary. The MNCM auditor communicates results to MNCM staff.
- If the auditor identifies one or more errors in these eight records, the auditor will continue auditing records nine through 30 and a compliance rate is calculated (e.g., 27/30 records compliant, 90 percent). If the compliance rate is less than 90 percent, the auditor will communicate the results with MNCM, who will contact the medical group to discuss a corrective action.

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Two-Week Medical Group Review of the Preliminary Statewide Results

The two-week medical group review is the medical group's official opportunity to review and comment on the preliminary statewide results. MNCM will provide a file of the results to all participating medical groups. Each medical group is responsible for reviewing their own results, investigating any concerns, and submitting evidence to MNCM if a change in results is requested. MNCM staff will review all requests and determine an appropriate course of action. A notification about this review will be sent to the primary data contact and other key contacts registered by the medical group in the MNCM Data Portal.

After Validation

After MNCM validation is completed, MNCM will approve the data in the MNCM Data Portal. An e-mail will be sent to the medical group's data contact notifying them that the data was approved.

After all statewide results are approved, MNCM may publish clinic and medical group level results on MNHealthScores.org. Results can also be found on the MNCM Data Portal > Results tab.

Medical groups should maintain data submission files and other documents related to data submission for two years.

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Appendices

Appendix A: About Direct Data Submission

The goal of Direct Data Submission (DDS) is to collect patient-level data from medical groups on specific health care conditions and publicly report comparable results of health care quality at the clinic site and/or medical group level. All medical groups follow the same instructions for eligible population identification and data collection. MNCM certifies methodologies prior to data collection. Then each medical group submits data to MNCM via a secure, online data portal. As an independent auditor and as a service to each medical group, MNCM validates the data for accuracy, calculates results from the validated data, and publicly reports the data on MNHealthScores.org.

Required Reporting

DDS fulfills participation requirements for the Minnesota Department of Health's Minnesota Statewide Quality Reporting and Measurement System (SQRMS) as well as other health plan pay-for-performance programs. In addition, DDS results can be used by medical groups for quality improvement purposes.

DDS Terms and Conditions

To participate in the DDS process, medical groups must agree to:

- MNCM's *DDS Terms and Conditions* (signed electronically on the MNCM Data Portal).
- Complete a Business Associate Agreement with MNCM (signed electronically on the MNCM Data Portal).
- Submit a patient-level file to the secure MNCM Data Portal that automatically calculates results.
- Participate in the data validation process as required by MNCM.
- Have results publicly reported on MNHealthScores.org and in other reports.
- Submit data for ALL clinic sites.
- Submit data in required format (CSV).
- Submit data in good faith.
- Adhere to and follow all data submission timelines and formatting specifications.

Medical groups also understand that:

- MNCM works with corresponding health plans to determine Primary payer type (Commercial/Private, Medicaid, Medicare, uninsured/self/pay) on your behalf to reduce burden.
- Most Minnesota health plans only accept results generated from the DDS method for their incentive programs, because the patient-level results can be validated.

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Compliance with Federal and State Regulations

Our legal counsel has assured us that the DDS method complies with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, and Minnesota statute as long as we are acting as a business associate to each participating medical group (e.g., by gathering and submitting data on its behalf) and have a signed BAA with the medical group. The BAA is signed electronically on the MNCM Data Portal. The BAA is signed once and remains in effect for all DDS measures.

Health Insurance Portability and Accountability Act Law:

- The activities of data collection, data submission, public reporting and use of results for quality improvement are considered within the scope of health care operations associated with the medical group quality improvement efforts.
- The federal HIPAA law specifically allows release of individually identifiable health information - without the consent or authorization of the individual - for treatment, payment and health care operations of, or for, the provider**.**
- MNCM's business associate agreement includes all provisions required by the HITECH Act.

Minnesota Statute:

- The primary governing Minnesota statute is MN Stat. Section 144.335.
- Subd. 3a. entitled "Patient consent to release of records; liability" states: (a) A provider, or a person who receives health records from a provider, may not release a patient's health records to a person without a signed and dated consent from the patient or the patient's legally authorized representative authorizing the release, unless the release is specifically authorized by law.
- However, the statute **does not restrict release** (without patient authorization) to only those circumstances authorized by state law – the statute also applies to a release authorized by federal law.
- Legal counsel assures us that it is reasonable to conclude that the HIPAA privacy regulation does specifically authorize the release of such information. A covered entity is authorized by HIPAA to release patient information for, among other things, health care operations and to its business associate that is providing such health care operations on its behalf. As stated above, the services MNCM is engaged in with providers falls within the scope of health care operations, and MNCM is acting as a business associate to the medical groups when performing the services discussed above.

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Appendix B: About MN Community Measurement

Mission and Vision:

The mission of MN Community Measurement is to accelerate the improvement of health by publicly reporting health care information. Our vision is that MN Community Measurement will:

- Be the primary trusted source for health data sharing and measurement;
- Drive change that improves health, patient experience, cost and equity of care for everyone in our community;
- Be a resource used by providers and patients to improve care; and,
- Partner with others to use our information to catalyze significant improvements in health.

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Appendix C: Facility Codes

The tables below only include facilities within the state of Minnesota. The tables are not all inclusive. If the hospital or freestanding outpatient surgical center where the procedure was performed does not have an ID number assigned below, enter a code of "999" for Other and complete the free text field Facility Other Description.

Table 1: Hospital Facility Codes

51	Abbott Northwestern Hospital
206	Appleton Area Health Services
172	Avera Marshall Regional Medical Center
201	Avera Tyler Hospital
104	Bigfork Valley Hospital
211	Buffalo Hospital
213	Cambridge Medical Center
565	Cass Lake IHS Hospital
276	CentraCare Health - Long Prairie
281	CentraCare Health - Melrose
294	CentraCare Health - Monticello
110	CentraCare Health - Paynesville
149	CentraCare Health - Sauk Centre
159	CHI LakeWood Health Center
134	CHI St. Francis Health
136	CHI St. Gabriel's Hospital
140	CHI St. Joseph's Health
38	Children's | Minnesota
217	Chippewa County-Montevideo Hospital
224	Community Memorial Hospital
229	Cook Hospital & Care Center
231	Cuyuna Regional Medical Center
117	District One Hospital
234	Douglas County Hospital
237	Ely Bloomenson Community Hospital
203	Essentia Health - Ada
225	Essentia Health - Deer River
290	Essentia Health - Duluth
246	Essentia Health - Fosston
261	Essentia Health - Holy Trinity Hospital (Graceville)
175	Essentia Health - Northern Pines (Aurora)
124	Essentia Health - Sandstone
142	Essentia Health - St. Joseph's Medical Center (Brainerd)
148	Essentia Health - St. Mary's Medical Center (Duluth)
167	Essentia Health - Virginia
147	Essentia Health St. Mary's - Detroit Lakes
186	Fairview Lakes Medical Center
241	Fairview Northland Medical Center
285	Fairview Range
44	Fairview Ridges Hospital
41	Fairview Southdale Hospital
267	FirstLight Health System
42	Gillette Children's Specialty Healthcare
250	Glacial Ridge Health System
251	Glencoe Regional Health Services
264	Grand Itasca Clinic and Hospital
253	Granite Falls Municipal Hospital & Manor
258	Hendricks Community Hospital Association
22	Hennepin County Medical Center
262	Hutchinson Health
266	Johnson Memorial Health Services
269	Kittson Memorial Healthcare Center
271	Lake Region Healthcare
272	Lake View Hospital
3	Lakeview Hospital
161	Lakewood Health System
121	LifeCare Medical Center
277	Madelia Community Hospital & Clinic
278	Madison Hospital
279	Mahnomen Health Center
32	Maple Grove Hospital
100	Mayo Clinic Health System in Albert Lea & Austin
215	Mayo Clinic Health System in Cannon Falls
239	Mayo Clinic Health System in Fairmont
270	Mayo Clinic Health System in Lake City
561	Mayo Clinic Health System in Mankato
114	Mayo Clinic Health System in New Prague
138	Mayo Clinic Health System in Red Wing
130	Mayo Clinic Health System in Springfield
171	Mayo Clinic Health System in St. James
170	Mayo Clinic Health System in Waseca
145	Mayo Clinic Hospital, Saint Mary's Campus and Methodist Campus
280	Meeker Memorial Hospital
2	Mercy Hospital (Coon Rapids)
283	Mercy Hospital (Moose Lake)
4	Mercy Hospital - Unity Campus
228	Mille Lacs Health System
24003F	Minneapolis VA Health Care System
292	Minnesota Valley Health Center
299	Murray County Medical Center
127	New Ulm Medical Center
30	North Memorial Medical Center
230	North Shore Health
169	North Valley Health Center
105	Northfield Hospital
107	Olmsted Medical Center
108	Ortonville Area Health Services
257	Owatonna Hospital
26	Park Nicollet Methodist Hospital
112	Perham Health
33	Phillips Eye Institute
113	Pipestone County Medical Center Avera
254	Prairie Ridge Hospital and Health Services
245	Rainy Lake Medical Center
116	RC Hospital & Clinics
240206	Red Lake IHS Hospital
296	Redwood Area Hospital
12	Regina Hospital
11	Regions Hospital
118	Rice Memorial Hospital
6	Ridgeview Medical Center
207	Ridgeview Sibley Medical Center
222	River's Edge Hospital & Clinic
119	RiverView Health
204	Riverwood Healthcare Center
133	Saint Elizabeth's Medical Center
219	Sanford Bagley Medical Center
102	Sanford Bemidji Medical Center
214	Sanford Canby Medical Center
265	Sanford Jackson Medical Center
221	Sanford Luverne Medical Center
106	Sanford Thief River Falls Medical Center
156	Sanford Tracy Medical Center
235	Sanford Westbrook Medical Center

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174	Sanford Wheaton Medical Center
177	Sanford Worthington Medical Center
8	Shriners Hospitals for Children - Twin Cities
129	Sleepy Eye Medical Center
367	St. Cloud Hospital
24002F	St. Cloud VA Health Care System
7	St. Francis Regional Medical Center
21	St. John's Hospital
13	St. Joseph's Hospital
143	St. Luke's Hospital
152	Stevens Community Medical Center
153	Swift County-Benson Health Services
157	Tri-County Health Care
52	United Hospital
162	United Hospital District
19	University of Minnesota Health
176	Windom Area Hospital
227	Winona Health Services
14	Woodwinds Health Campus

Table 2: Freestanding Outpatient Surgical Centers

64	Allina Health - Abbott Northwestern WestHealth
53	Allina Health - University Avenue Surgery Center
18	Brainerd Lakes Surgery Center
50	CDI Twin Cities ASC
11	Centennial Lakes Surgery Center
31	CentraCare Surgery Center, Saint Cloud
5	Central Minnesota Surgical Center
61	Chaska Plaza Surgery Center, LLC
21	Children's - Minnetonka
49	Chu Surgery Center
9	Crossroads Surgery Center
17	Crosstown Surgery Center
19	Edina Surgery Center, Inc
52	Fairview Maple Grove Surgery Center
54	Family Surgery Center LLC
69	Greenway Surgery Center
3	High Pointe Surgery Center
22	Institute for Low Back and Neck Care, Special Procedures
7	Lakewood Surgery Center
13	Landmark Surgery Center
10	Mankato Surgery Center
43	Maplewood Surgery Center
48	Midsota Surgical Suites
47	Midwest Surgery Center
42	Minnesota Orthopaedic Surgery Center LLC
41	Minnesota Surgery Center, Ltd - Edina
40	Minnesota Surgery Center, Ltd - Maple Grove
38	Minnesota Valley Surgery Center, LLC
4	North Memorial Ambulatory Surgery Center at Maple Grove
29	North Metro Surgery Center
67	Pain Centers of Minnesota-Mankato
39	Pavilion Surgery Center, LLC
15	Saint Cloud Surgical Center
62	Sanford Health Detroit Lakes Clinic Same Day Surgery Center
26	South Central Surgical Center
23	Southwest Minnesota Surgical Center, Inc.
32	Southwest Surgical Center dba Orthopaedic Institute Surgery Center
70	Summit Orthopedics - Plymouth Surgery Center
71	Summit Orthopedics - Vadnais Heights Surgery Center
30	TRIA Orthopaedic Center, LLC
6	Willmar Surgery Center
14	Woodbury Ambulatory Surgery Center

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Appendix D: Patient Reported Outcome (PRO) Tools

The most important step in measuring the change in functional status and quality of life for patients is to implement the administration of the PRO tools into your clinic's processes and work flows. PRO tools need to be integrated into the preoperative evaluation and postoperative follow-up at three months. There are three PRO tools used to calculate the outcomes for the patient:

- Oswestry Disability Index (ODI), a low back pain specific assessment tool.
- PROMIS Global Health 10, a quality of life assessment tool.
- VAS Visual Analog Pain scale.

Additional Information about PRO Tools

Ideally tools are completed by the patient at the time of the preoperative and postoperative visits; however office visits are not required for tool completion. Any provider or office staff may administer the pre and postoperative assessment tools.

PRO Patient Reported Outcome Tools- Modes of acceptable administration

Administration Mode	ODI	VAS Pain	PROMIS-10
In person/during visit	Acceptable	Acceptable	Acceptable
Via mail	Acceptable	Acceptable	Acceptable
Via telephone	Acceptable	Not Acceptable*	Acceptable
Administer electronically **	Acceptable	Acceptable	Acceptable

*Tools that have a visual analog component cannot be administered reliably by phone interview.

**When administering electronically, the tool must be kept intact including content, order and scoring. Electronic examples: Email, patient portal, iPad/tablet, patient kiosk.

Other Activities	ODI	VAS Pain	PROMIS-10
Store results in EMR	Acceptable	Acceptable	Acceptable
Must seek approval for other uses*	Yes	No	Yes

* examples: research, publication, use of tool beyond measure population, etc.

NOTE: All patients who meet eligible population criteria must be included in the data submission file, whether or not they completed the Patient Reported Outcome tools.

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Oswestry Disability Index (ODI) version 2.1a

This is a patient completed survey consisting of 10 structured questions asking the patient to describe the impact of their low back pain and function in the following areas: pain, personal care, lifting, walking, sitting, standing, sleeping, sex life (if applicable), social life, and ability to travel. More information can be found at http://www.proqolid.org/instruments/oswestry_disability_index_odi?fromSearch=yes&text=yes.

- If a question was skipped, leave that question blank. Do not fill blanks with a zero as this is a valid response in the tool.
    - If submitting the summary score only, do not submit the score if less than eight questions are answered.
- If a patient selects more than one response to a question, submit the highest (worst) response. If submitting a summary score only, use the highest (worst) response in creating the summary score.

There are two options for submitting ODI assessment information to MNCM.

Option # 1: Submit the Summary ODI score only

If the summary ODI score is submitted the patient must complete at least eight out of10 questions asked. The Summary ODI score CANNOT be submitted if the patient answers seven or less questions.

Please refer to developer's scoring table in this appendix. The following is an example of calculating the percent score according to the following rules:

1. Score each section of the ODI (0 to 5).
2. If less than 8 questions are answered, DO NOT include the score.
3. Add up the score of section.
4. Double the score, for example 40.
    a. If all 10 questions answered in this example the patient's Summary ODI score would be 40.
    b. If 9 questions answered, patient's % ODI would be 44.
    c. If 8 questions answered, patient's % ODI would be 50.
5. Submit the correct summary score for this patient.

Medical groups who elect to submit the summary score alone must demonstrate during the pre-submission data certification process that they calculate thescore accurately.

Option # 2: Submit each individual value

The MNCM Data Portal will evaluate all incoming responses, if eight of the 10 questions are completed by the patient, the assessment tool can be used and the MNCM Data Portal will score appropriately. The MNCM Data Portal will score appropriately, recalculating the denominator as recommended by the developer, Jeremy Fairbank.

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References

ODI © Jeremy Fairbank, 1980. All Rights Reserved. ODI - United States/English - Version of 29 Jul 11 - Mapi Institute. ID6287/ODI_AU2.1a_eng-US.doc

Fairbank J, Pynsent PB. The Oswestry Disability Index. Spine 2000; 25(22):2940-2953

Baker DJ, Pynsent PB and Fairbank JCT (1989) The Oswestry Disability revisited. In Roland Jenner JR (eds) Back pain: New approaches to rehabilitation and education. Manchester University Press.pp174-186

Fairbank JCT, Couper J, Davies JB, O'Brien JP. The Oswestry Low Back Pain Disability Questionnaire. Physiotherapy. 1980;66:271-273

Permissions

Permission was granted to MNCM for the use of ODI version 2.1a and to post this tool on the MNCM Data Portal for use by individual clinical practices for the purposes of participating in the state-wide quality reporting and improvement effort. This tool is available in the public domain and is free of charge for individual clinician use in clinical practice.

For medical groups who additionally intend to use the ODI for research, please refer to the MAPI Trust website for more direction:

http://www.proqolid.org/instruments/oswestry_disability_index_odi?fromSearch=yes&text=yes

The tool developer, Dr. Jeremy Fairbank has stipulated that as a part of the user agreement that "For all new studies, version 2.1a of the ODI must be used." Version 2.1a is available for medical groups to use and can be accessed on the MNCM Data Portal RESOURCES tab by selecting "Spinal Surgery" from the drop-down menu.

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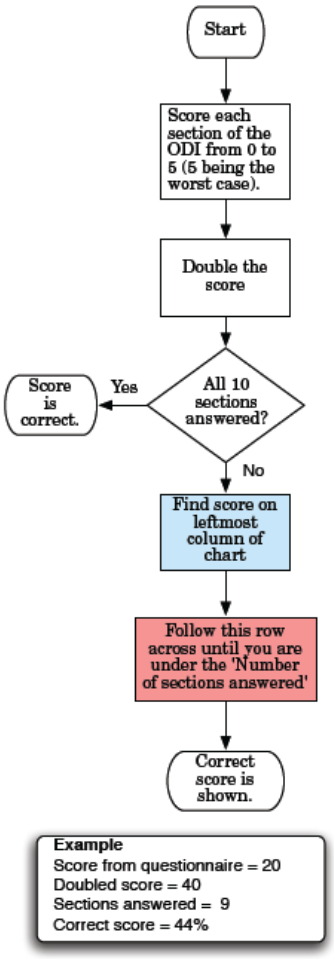
ODI made easy



	Number of sections answered								
	9	8	7	6	5	4	3	2	1
0	0	0	0	0	0	0	0	0	0
2	2	2	3	3	4	5	7	10	20
4	4	5	6	7	8	10	13	20	40
6	7	8	9	10	12	15	20	30	60
8	9	10	11	13	16	20	27	40	80
10	11	12	14	17	20	25	33	50	100
12	13	15	17	20	24	30	40	60	
14	16	18	20	23	28	35	47	70	
16	18	20	23	27	32	40	53	80	
18	20	22	26	30	36	45	60	90	
20	22	25	29	33	40	50	67	100	
22	24	28	31	37	44	55	73		
24	27	30	34	40	48	60	80		
26	29	32	37	43	52	65	87		
28	31	35	40	47	56	70	93		
30	33	38	43	50	60	75	100		
32	36	40	46	53	64	80			
34	38	42	49	57	68	85			
36	40	45	51	60	72	90			
38	42	48	54	63	76	95			
40	44	50	57	67	80	100			
42	47	52	60	70	84				
44	49	55	63	73	88				
46	51	58	66	77	92				
48	53	60	69	80	96				
50	56	62	71	83	100				
52	58	65	74	87					
54	60	68	77	90					
56	62	70	80	93					
58	64	72	83	97					
60	67	75	86	100					
62	69	78	89						
64	71	80	91						
66	73	82	94						
68	76	85	97						
70	78	88	100						
72	80	90							
74	82	92							
76	84	95							
78	87	98							
80	89	100							
82	91								
84	93								
86	96								
88	98								
90	100								

Interpreting the ODI Score

0 to 20%	minimal disability
21 to 40%	moderate disability
41 to 60%	severe disability
61 to 80%	crippled
81 to 100%	bed bound or exaggerative

Scandinavian Journal of Surgery 91: 208–211, 2002
Niskanen et al. The Oswestry Low Back Pain Disability Questionnaire a Two Year Follow-up of Spine Surgery Patients

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PROMIS Global Health - 10

PROMIS Global Health 10- a patient completed assessment of health related quality of life consisting of 10 structured questions reported on two subscales: general physical health and general mental health. NIH sponsored tool publicly available, free of charge, with multiple modes of administration available.

In using the PROMIS-10 for reporting outcomes, it is strongly recommended by the developer of the tool that:

1. A summary score is not used and that the results are reported by its two subscales reflecting global physical health and global mental health; and
2. The metric used for comparison is conversion to a T-score and reported as a change in T-score. T-Score distributions are standardized such that a 50 represents the average (mean) for the US general population, and the standard deviation around that mean is 10 points. A high score always represents more of the concept being measured. Thus, a person who has T-scores of 60 for the Global Physical Health or Global Mental Health scales is one standard deviation better (more healthy) than the general population.

For more information, access the PROMIS website: http://www.nihpromis.org/default.

Given the need to correctly calculate outcomes for the subscale measures and convert the results to the appropriate T-score metric, medical groups must submit the corresponding number to each of the patient's response for all questions.

If the patient selects more than one response for a PROMIS-10 question; submit a blank for the value for that question.

Versions of the PROMIS Global Health-10 (PROMIS-10)

MNCM has a license agreement with PROMIS Health Organization (PHO) to provide a pdf version of the tool to providers on the MNCM data portal. On an annual basis, MNCM reviews the PHO website to determine if there has been a version change. Version v1.1 is the version that has been in place since the 2013 transition to PROMIS-10. In August 2016, a minor version v1.2 was published. PHO indicates that a decimal change in a version reflects only a minor change, and this is the case for v1.2. The only changes in this version upgrade were related to the numeric scaling of questions 8 and 10. There were no changes in the context, wording of questions or order of questions. Granted, this changing of the numeric scale removes the need for conversion of responses for Q8 and Q10 to allow for scoring, but the MNCM Data Portal already does this conversion on file upload. It would be disruptive and burdensome to practices to implement a new tool based on this minor change that does not impact the psychometric properties of the tool. MNCM has decided to postpone upgrading to a new version of the tool until there are substantial changes (e.g. wording of questions or contextual instructions for the patient) that threaten comparability.

Note: Review of PROMIS Global Health instruments in August 2017 demonstrate no additional version and therefore no needed change related to version.

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Therefore, medical groups should continue to utilize PROMIS-10 v1.1, available on the MNCM Data Portal Resources Tab, until further notice.

In the future, with a substantive change in tool that necessitates a new version, medical groups will receive advance notice of a version change and the tool will be provided on the MNCM Data Portal.

References

Hays, R. D., Bjorner, J. B., Revicki, D. A., Spritzer, K. L., & Cella, D. (2009). Development of physical and mental health summary scores from the patient-reported outcomes measurement information system (PROMIS) global items. Quality of Life Research, 18(7), 873-880.

Permissions

Permission was granted to MNCM for the use of the PROMIS Global Health- 10 in individual clinical practice for the purposes of participating in the state-wide quality reporting and improvement effort. If any medical group or practice plan to use results from the PROMIS-10 tool for other purposes or other populations (i.e., research study and publication), it is recommended that an additional user agreement with PROMIS Health Organization be obtained by the medical group that outlines its planned use. Request form for instruments can be obtained at www.nihpromis.org/measures/instrumentdetails

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Visual Analog Pain Scale

Visual Analog Pain scales are a method for assessing the patient's level using a line to assess where the patient is on the continuum of pain. There are numerous pain rating scales in use (public domain).

Principles that the work group felt were important:

1. Do not display the numeric values of the scale on the line that the patient is using to mark where they are on the continuum, but selection needs to translate (behind the scenes) to a numeric value for measurement.
2. Use the scale wording, "No Pain" on the left-hand (zero) side to "Intolerable" on the right-hand (ten) side aligning with pain descriptions cited in research by Million et al.
3. Need to have two separate questions, one that asks about back pain and the second that asks about leg pain.

This tool was created by MNCM based on the measure development workgroup's principles. This tool is available for groups to download and use from the MNCM Data Portal under the Resources Tab by selecting "Spinal Surgery" from the drop-down menu. Groups are welcome to replicate this tool for use including electronic administration, but must do so exactly.

Because this is a visual analog scale, the tool cannot be administered over the telephone.

If a patient selects more than one response to a question, submit the worst (higher numeric value) response. If the patient selects a line between boxes, submit the value associated with the next highest box. For example if the patient marks the line between 5.0 and 5.5, submit 5.5.

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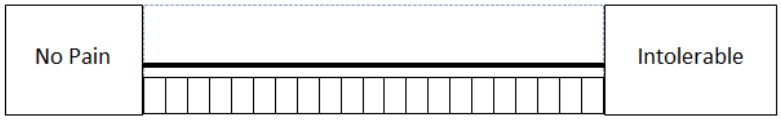
Visual Analog Pain Scale

Back Pain:

How severe is your **back** pain today?

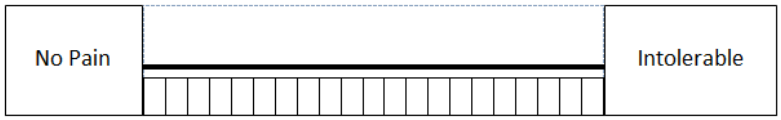
Please place an "X" in a box below the line to indicate how bad you feel your back pain is today.



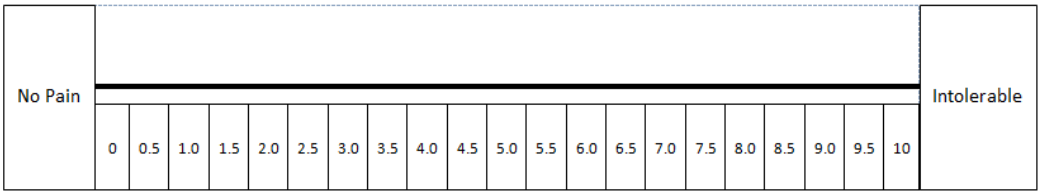
Leg Pain:

How severe is your **leg** pain today?

Please place an "X" in a box below the line to indicate how bad you feel your leg pain is today.



Key for Numeric Translation
Do not include this in the portion of the tool for the patient to complete



References

Million R, Hall W, Nilsen KH, Baker RD, Jayson MI. Assessment of the progress of the back-pain patient 1981 Volvo Award in Clinical Science. Spine. 1982 May-Jun; 7(3):204-12.

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Appendix E: Prior Back Surgery Guidance

There are three categories of prior back surgery:

1. No prior back surgery in the lumbar region.
2. Prior back surgery in the lumbar region with fusion (with or without instrumentation).
3. Prior back surgery in the lumbar region without fusion (no instrumentation or bone graft that fuses vertebrae).

Administrative claims data or CPT codes may or may not be useful in the identification of procedures to indicate prior back surgery. The utilization of billing codes to identify procedures or complete field specification elements requires consistent, accurate coding practices by the billing organization. The value sets (*CPT Hx Back Surgery w Fusion* Value Set and *CPT Hx Back Surgery No Fusion* Value Set) are provided for guidance purposes only. **However, it may be more accurate to build this question into documentation practices as separate discrete data fields as the patient may have had a prior back surgery procedure performed by another medical group.**

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Appendix F: Additional Measures

The following is a list of measures that will be calculated based on the data file submission of patients meeting inclusion criteria. No additional calculations or submissions are required from the medical groups.

MNCM Measure	Spine Surgery: Lumbar Discectomy/Laminotomy Direct Data Submission Measures
Additional Measures	Outcome measures will provide information about functional status and quality of life improvements following lumbar discectomy/laminotomy procedures. Process measures provide an understanding about a medical group's/ clinic's adoption of the functional status tools. <u>Additional Process Measures Include:</u> • Number of Lumbar Discectomy/ Laminotomy Procedures Performed During the Measurement Period • Number and % of lumbar discectomy/ laminotomy patients administered a preop Oswestry Disability Index (within 3 months of proc) • Number and % of lumbar discectomy/ laminotomy patients administered a preop VAS Pain Tool for Back Pain (within 3 months of proc) • Number and % of lumbar discectomy/ laminotomy patients administered a preop VAS Pain Tool for Leg Pain (within 3 months of proc) • Number and % of lumbar discectomy/ laminotomy patients administered a preop PROMIS-10 (within 3 months of procedure) • Number and % of lumbar discectomy/ laminotomy patients administered a three month postoperative Oswestry Disability Index • Number and % of lumbar discectomy/ laminotomy patients administered a three month postoperative VAS Pain Tool for Back Pain • Number and % of lumbar discectomy/ laminotomy patients administered a three month postoperative VAS Pain Tool for Leg Pain • Number and % of lumbar discectomy/ laminotomy patients administered a three month postoperative PROMIS-10 • Number and % of lumbar discectomy/ laminotomy patients administered <u>both</u> a preoperative and three month postoperative Oswestry Disability Index • Number and % of lumbar discectomy/ laminotomy patients administered <u>both</u> a preoperative and three month postoperative VAS Pain Tool for Back Pain • Number and % of lumbar discectomy/ laminotomy patients administered <u>both</u> a preoperative and three month postoperative VAS Pain Tool for Leg Pain • Number and % of lumbar discectomy/ laminotomy patients administered <u>both</u> a preoperative and three month postoperative PROMIS-10

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Appendix G: Glossary of Terms

Standard list of terms often used in the data submission process. Not all terms apply to all measures.

Allowable Exclusions: Allowable exclusions are optional. A medical group may choose to remove patients from data submission who meet the criteria described in the Allowable Exclusions section of the measure specifications.

Assignment: The process by which clinics are assigned to clinical quality measures, for which they are then responsible to report data to MNCM. Assignments are based on specialties offered at each clinic. These specialties are selected by the medical group during clinic registration.

Audit: The process by which MNCM reviews and validates the data submitted to ensure the data reflects the patient record. Audits are completed on-site at a clinic or electronically.

Calculated Exclusions: Exclusions that are calculated by the MNCM Data Portal based on data supplied in the data file. Patients to whom a calculated exclusion applies must still be included in the data file; upon submission, the Data Portal will remove the appropriate patients from measure calculation.

Clinic: The individual practice site or sites that are registered under the main medical group. Clinics are locations where primary or specialty care ambulatory services are provided for a fee by one or more physicians.

A clinic site location is a building, separate space or an entity with a street address. It should be a functional unit that is easily understood by patients/consumers. The goal of reporting by clinic site is to provide patients/consumers with information about the entity with which they are most familiar and to provide information to clinics that is actionable for quality improvement purposes.

Clinic and Provider Registration: The annual process by which clinics and providers register on the MNCM Data Portal. Providers who worked at a clinic site during the previous calendar year must be registered. Typically this occurs annually during December and January. Please see the *Clinic and Provider Registration Instructions* for specific details and guidance.

Clinic ID: Assigned to a clinic by the MNCM Data Portal when the clinic first registers on the MNCM Data Portal.

Clinical Staff: Defined, for the purposes of Clinic and Provider Registration, as the following provider types: physicians (MD or DO), advanced practice registered nurses (e.g., Certified Nurse Practitioner, Certified Nurse Specialist, and Certified Nurse Midwife) and physician assistants (PA).

Contacts Tab: Tab in the MNCM Data Portal that lists all contacts for a particular medical group. Medical groups can add, remove or edit contact people on this tab. While changes can be made at any time, this information must be updated by medical groups during Clinic and Provider Registration.

Crosswalk: Process by which a unique identifier is linked to a patient's name and date of birth so medical records can be located by clinic staff in the case of an audit by MNCM.

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CSV File: Acronym for "comma separated values." A CSV file is a common and simple format that is used to import/transport data between systems or software applications that are not directly related (e.g., from a spreadsheet to a database). All data submission files are formatted as CSV files.

Data Collection Form: Form that has all patient-level data elements necessary to collect for measure. It is optional for medical groups to use this form. It may be most useful for clinics/medical groups using paper records.

Data Collection Guides: Document providing instructions for clinics/medical groups to submit data counts or files to the MNCM Data Portal.

Data Comparison: Part of DDS process where clinics/medical groups are asked to review the current measurement period's preliminary results for each clinic compared to the last data submission for this measure and consider any changes between the current period and the prior period. It is expected that an explanation will be entered into a text box to account for any changes or to indicate that the data comparison is expected.

Data Elements: Components necessary to submit data files to MNCM and to calculate measure results.

Data File: Excel template supplied on the MNCM Data Portal for DDS data submission. Templates are specific to and formatted correctly for each measure.

Data File Transfer Selection: MDH has requested the receipt of patient level data. Medical groups must indicate on the MNCM Data Portal if they chose to allow MNCM to share patient-level data with MDH. This is called Data File Transfer Selection. Detailed information about the Data File Transfer Selection options can be found in Section I of the data collection guides.

Data Portal: Secure, HIPAA-compliant portal owned by MNCM where clinics/medical groups can submit patient-level data to MNCM for validation and accurate calculation of results.

Data Quality Checks: MNCM recommends completing several internal quality checks of the data prior to data file submission. Quality checks improve data accuracy, reduce the likelihood of errors and ensure the data can be validated upon audit. Please refer to specific data collection guides for guidance on data quality checks for each measure.

Denominator: The denominator is the bottom number in a fraction. In epidemiology, it represents a population group at risk of a specific disease. In clinical quality measurement, it is the total number of patients (or observations) included in the calculated score.

Direct Data Submission (DDS): The DDS method was developed by MNCM to allow medical groups to submit patient-level data for verification of results. In this process, medical groups upload files of patient-level clinical data and clinic results are automatically calculated by the MNCM Data Portal. MNCM validates data submitted through the DDS process before results are publicly reported.

Electronic Medical Record: A digital version of a paper chart that contains all of a patient's medical history from one practice, which is also known as EMR or Electronic Health Record (EHR).

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Eligible Population: A group of patients who have met all eligibility criteria to be included in a measure.

EMR Reporting Rule: Established by MDH, clinics that had an EMR in place (at any stage) for the last two measurement periods are required to submit data on their total population.

Errors: The error and warning report will be displayed after a patient-level data file is submitted via the MNCM Data Portal. Errors are "hard stops" in the Data Portal (e.g., dates of birth in the file are outside the date of birth range specified for a measure) that result in the submission of a file not being allowed. They must be corrected and a revised patient level data file must be uploaded to the Data Portal before submission can occur.

Excel Format: Format of Excel template columns necessary to submit data file to MNCM Data Portal.

Excel Template: See Data File.

Exclusions Template: Template available on the MNCM Data Portal for tracking excluded patients. This document will need to be uploaded to the MNCM Data Portal when the clinical data file is submitted on measures for which exclusions are tracked. MNCM will review this list and validate a selection of records during the validation audit. Please read more about the Exclusions Template in Section III.

Field Specifications: The detailed section in the data collection guides that provides instructions and guidance for the collection of required data elements for measure score calculation.

Final Results: Results calculated by the MNCM Data Portal after submission of a patient level data file after validation is completed. Final results are displayed on MNHealthScores.org.

Full-Time Equivalent (FTE): The best reflection of the time the provider practiced in a typical work week at each clinic site over the course of a calendar year. FTE information is submitted during Clinic and Provider Registration in the provider registration step. Please see the *Clinic and Provider Registration Instructions* guide for more information.

Group and Clinic Sites Tabs: These tabs display information about the medical group and clinic sites in the MNCM Data Portal. Information can be edited for the group or clinic sites as needed.

Home Tab: This tab displays information about all the current measures and deadlines for which the medical group is responsible.

Hospital-Based Outpatient Clinic Locations: These are included in the physician clinic definition and must be registered and report required measures.

Inactive Patients: Patients designated as inactive in a practice management system, billing system or electronic medical record must be included in the eligible population if they meet measure criteria.

Insurance Coverage Data Elements, Field Specifications and Codes: Document to be used in conjunction with the data collection guides to accurately collect and report insurance coverage data elements.

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Inter-Rater Reliability (IRR): Recommended to conduct several sample audits with all abstractors for training purposes if more than one person will abstract data. This ensures measurement specifications are interpreted consistently and data is collected uniformly.

Measure Logic/Flow Charts: Used to help illustrate the identification of the eligible population and the logic of measure calculation.

Measure Specifications: Provide detailed information about each measure, including measure description, methodology, measurement period, denominator, exclusions and numerator. Located in the data collection guides that are available on MNCM.org and the MDH website.

Medical Group: The highest level of the MNCM Data Portal clinic and provider registration construct. The medical group represents a single centralized organization that operates one or more clinic sites. Organizations define the parameters of the medical group at the time of registration and may choose to divide clinics operated by the organization into more than one medical group. Medical groups with only one clinic site must enter information under both the medical group and clinic sections, even though the information will be the same. When reporting on the clinical quality measures, data for all clinic sites is submitted to MNCM in one file via the medical group.

Medical Group ID: Assigned to a medical group by MNCM when the medical group first registers on the MNCM Data Portal.

Multi-Specialty Clinics: A clinic site that has multiple specialties located in one building (one street address). Medical groups have the option to register a single clinic site or register each specialty as its own clinic site and then also register a main clinic site. How clinics decide to register depends on how the clinic desires to have their clinical measures publicly reported on MNHealthScores.org. Please review the *Clinic and Provider Registration Instructions* guide for further information about registering multi-specialty clinics.

National Provider Identifier (NPI): A unique identifier for individual providers or organizations that render health care. Health care providers who are HIPAA-covered entities obtain an NPI to identify themselves in HIPAA standard transactions. Also referred to as Provider ID.

Newly Opened/Acquired Clinics: If a medical group opened or acquired a new clinic in the last year, the new clinic must be registered with the medical group and must submit data with the medical group. If the new clinic uses a different practice management system, billing system or EMR, they should follow the same instructions and measure specifications to collect the data, and the medical group should include the new clinic's data in the data submission to MNCM.

Number of Eligible Patients (Exclusions Removed): Number of patients who are eligible or met the inclusion criteria for the measure with excluded patients removed for each clinic. This count should be entered into the MNCM Data Portal during data submission.

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Number of Patients Submitting: Number of patients who are eligible and being submitted. This should be the same number as the as Number of Eligible Patients (Exclusions Removed) if submitting total population. If submitting a sample population, this is the number of patients in the sample population. This number must match the number of patients in the data file.

Numerator: The numerator is the top number in a fraction. In epidemiology, it represents the number of people in a population group who develop the disease of interest. In clinical quality measurement, it is the number of patients that meet all specified targets of a measure.

Patient Attribution: A patient is attributed to one clinic and provider that are considered to be responsible for managing the patient's care. Please refer to specific data collection guides to review patient attribution for each measure as it they differ.

Patient-Level Data: Data elements required to calculate measure results. Data is submitted to MNCM Data Portal via a HIPAA-secure process.

Patient Registries: A tool used by some medical groups to track patient progress and for quality improvement purposes. MNCM cautions the use of patient registry information for quality measures. Many registries give a "snapshot" of patients at a given time and would therefore not include all patients according to established patient criteria or may not reflect the most recent clinical data (e.g., most recent blood pressure or labs). Registries that are programmed to update the patient population and clinical results on a continual basis (24/7) could possibly be used to create data file for submission; however, please discuss this with MNCM before use. During the validation audit, the MNCM auditor will use the patient record not the patient registry. If a clinic uses data from a patient registry, the auditor may find a more recent date/value in the medical record and this would be counted as an error.

Pre-Submission Data Certification: This process is intended to help identify potential data issues prior to file submission.

Pre-Submission Data Certification Form: Document medical groups complete to outline the method for identifying the eligible population and other details pertinent to the validation of submitted data.

Preliminary Results: Results calculated by the MNCM Data Portal after submission of a data file but before results are fully validated.

Primary Data Contact: The person from the medical group who uploads/submits data files for the clinical quality measures; receives communications from MNCM about data submission and other important updates; and completes the medical group's annual registration of the clinics and clinical staff on the MNCM Data Portal. It is important that the Primary Data Contact information for medical groups remains up-to-date to ensure MNCM communication is received by the appropriate person in a timely manner.

Provider File: Excel Template available on the MNCM Data Portal for Clinic and Provider Registration. This document is uploaded to the MNCM Data Portal during registration.

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Provider ID: Created by medical group/clinic for providers who do not have an NPI. This ID will be used in the data file submission to MNCM.

Provider Type: Medical Doctor (MD, including physicians who have medical degrees from other countries such as MBBCH, MBBS, MBCHB); Doctor of Osteopathy (DO); Physician Assistant (PA) or Advanced Practice Registered Nurse (e.g., Certified Nurse Practitioner, Certified Nurse Specialist, Certified Nurse Midwife) are providers that are required to be registered during Clinic and Provider Registration. Refer to the specific measure specifications for eligible provider types required to report clinical data for each measure as they differ.

Provider Registration: See Clinic and Provider Registration.

Provider Specialty Code: Codes generated by MNCM to indicate the board certified specialty of providers. The codes are included in the provider registration file and DDS data file. Please see the *Clinic and Provider Registration Instructions* guide as well as each data collection guide for further guidance.

Providers Tab: This tab displays all of the information about providers submitted during Clinic and Provider Registration.

REL: Acronym referring to data elements of race, Hispanic ethnicity, preferred language and country of origin.

REL Best Practice: Data collection best practice methods for REL data elements include: allowing patients to self-report race and Hispanic ethnicity, preferred language and country of origin as well as NOT using a multi-racial category; allowing patients to select more than one race; and using a system that allows the collection and reporting of more than one race for each patient. For more information about collecting this data from patients, refer to the *Handbook on the Collection of Race Ethnicity and Language Data* available on MNCM.org under Submitting Data > Training & Guidance > Data Collection Guides.

REL Data Elements, Field Specifications and Codes: Document to be used in conjunction with the data collection guides to accurately collect and report REL data elements.

Required Exclusions: This type of exclusion is required. A medical group must remove patients from data submission who meet the criteria described in the Required Exclusions section of the Measure Specifications. These exclusions have evidence that they are clinically appropriate or that the frequency and impact of the inclusion of these patients would distort the calculated result.

Results Tab: This tab includes final data results and file downloads from prior submission cycles, as well as charts of current and historical results.

Resources Tab: This tab is organized by topic or measure, and houses data submission guides, tools and frequently asked questions by measure.

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Roll-up: Process by which multiple clinics report data under one clinic. Clinics can report clinic quality data as one clinic if they meet all of the three following criteria: A) have common ownership; B) have a majority (more than half) of common clinical staff working across the multiple locations (these clinical staff must rotate between all of the clinic locations); and C) the total clinical staff across all locations is no greater than 20 FTEs. Please see clinical staff for further details.

Sample Population: A random selection of patients to be submitted for clinical measures. The sample population is drawn from the total eligible population. The minimum required sample is 60 patients per clinic site. See the EMR Reporting Rule to determine eligibility for sample population submission. Not all measures allow sample population submission. Please see data collection guides for more detailed instructions.

Statewide Quality Reporting and Measurement System: State health reform law passed in 2008. Under this law with specific directives within Minnesota Statutes, section 62U.02, all physician clinics are required to register and submit data on measures to be publicly reported to the Commissioner of Health. To implement physician clinic registration and the collection of quality measurement data, MDH developed SQRMS, created through Minnesota Rules, Chapter 4654. MDH has contracted with MNCM to assist with implementing SQRMS. Under this contract, MNCM supports physician clinics in meeting registration and measure requirements

Summary of Changes: Area at the beginning of each data collection guide which highlights changes from the previous year.

System Query: Process by which data elements are pulled from chart system (EMR or manual) by clinics/medical groups.

Total Population: Consists of the entire eligible population. Please refer to the specific data collection guides for further instructions on how to submit total population.

Two-Week Review Period: Period after data submission in which clinics/medical groups can review their preliminary results in comparison with other clinics/medical groups. This is a very important validation step to ensure accurate results before public reporting.

Urgent Care Clinics: A type of walk-in clinic, either stand-alone or offered as a service of a multi-specialty clinic, that primarily treats illness or injuries requiring immediate care, but not serious enough to require an ER visit. Stand-alone urgent care clinics must register and complete an annual Health Information Technology (HIT) survey; however, urgent care clinics are not required to report on clinical quality measures.

Value Set: A set of administrative codes used to define a concept related to the measure construct (e.g. denominator, exclusions) using standard coding systems (e.g. ICD-10, CPT, LOINC).

Value Set Dictionary: A spreadsheet based list of codes by measure. Contains all Value Sets applicable to a given measure.

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Warnings: The error and warning report is displayed in the MNCM Data Portal after data file submission. Warnings should be reviewed to determine if corrections are needed.

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