



DATA COLLECTION GUIDE

2019 Colorectal Cancer Screening
(01/01/2018 to 12/31/2018 Dates of Service)

Data Submission: 01/07/2019 to 01/31/2019

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2019 Colorectal Cancer Screening

Preface

Dear Data Submitters,

Attached is our 2019 Colorectal Cancer Screening Data Collection Guide. We truly appreciate your medical group contributing data on quality and patient outcomes. Your involvement is vital to MN Community Measurement's ability to achieve our mission to empower health care decision makers with meaningful data to drive improvement.

We want to support your success as well by providing 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](https://mncm.org):

- Public reports including the *Health Care Quality Report*, *Health Equity of Care Report*, *Health Care Disparities Report*, *Total Cost of Care Report*, and topic specific reports released throughout the year
- Patient education and engagement resources
- Provider tools and resources
- Educational webinars throughout the year
- Health Trackers

Additionally, the following 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

Finally, on [MNHealthScores.org](https://mnhealthscores.org), you will find public-facing results of all measures for clinics, medical groups and 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 multi-stakeholder committees to champion the highest value measures that will make the most impact in our community, while minimizing burden on organizations that supply the data. And as performance results improve, we have processes in place to retire measures as appropriate.

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.

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2019 Colorectal Cancer Screening Summary of Changes

Summary of Changes

A. Measure Specification Changes from Previous Year

1. Exclusion added for age > 65 with Institutional Special Needs Plan (SNP) or specific POS CPT code modifiers denoting their definition of long term care during the measurement period.
 - a. Change was made by NCQA, the steward of the Quality Payment Program (QPP) for MIPS registry measure, for 2018 dates of service. Change implemented in this specification for the purposes of alignment.
2. Eliminated exclusion “Patient had only urgent care visits during the measurement period” for purposes of alignment.

See Measure Specifications for further detail.

B. Field Specification Changes from Previous Year

1. Language regarding Patient Sex updated for clarity (Column D).
2. Guidance for identifying colorectal cancer screenings added (before Column T).
3. Clarification that stool tests obtained via digital rectal exam are not acceptable (Column X).

See Data Elements and Field Specifications table for further detail.

C. Other Changes from Previous Year

1. Information about exclusions added to Flow Chart 1 (Measure Specifications).

D. Changes from Draft to Final

1. Minor edits to Preface cover letter.
2. Removal of instructions to complete Pre-Submission Quality Checklist (Sec III-B-2).



2019 Colorectal Cancer Screening Measure Specifications

Measure Specifications

Summary of Changes	<ul style="list-style-type: none"> • Exclusion added for age > 65 with Institutional Special Needs Plan (SNP) or <u>specific</u> POS CPT code modifiers denoting their definition of long term care during the measurement period (see code list). <ul style="list-style-type: none"> ○ Change was made by NCQA, the steward of the Quality Payment Program (QPP) for MIPS registry measure, for 2018 dates of service. Change implemented in this specification for the purposes of alignment. • Eliminated exclusion “Patient had only urgent care visits during the measurement period” for purposes of alignment. 	
Description	The percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer	
Measurement Period	January 1, 2018 through December 31, 2018	
Eligible Population	Eligible Specialties	Family Medicine, Internal Medicine, Geriatric Medicine, Obstetrics/Gynecology
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)
	Ages	50 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period
	Event	At least one eligible patient visit (<i>CRC Screening Visit Value Set</i>) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period
Denominator	The eligible population	
Numerator	The number of patients in the denominator who met ANY of the following criteria: <ul style="list-style-type: none"> • had a colonoscopy (<i>Colonoscopy Value Set</i>) performed during the measurement period or prior nine years • had a sigmoidoscopy (<i>Sigmoidoscopy Value Set</i>) performed during the measurement period or prior four years • had a CT colonography (<i>CT Colonography Value Set</i>) performed during the measurement period or prior four years • had a FIT-DNA test (<i>FIT-DNA Value Set</i>) performed during the measurement period or prior two years • had a stool blood test (<i>Stool Blood Test Value Set</i>) performed during the measurement period 	



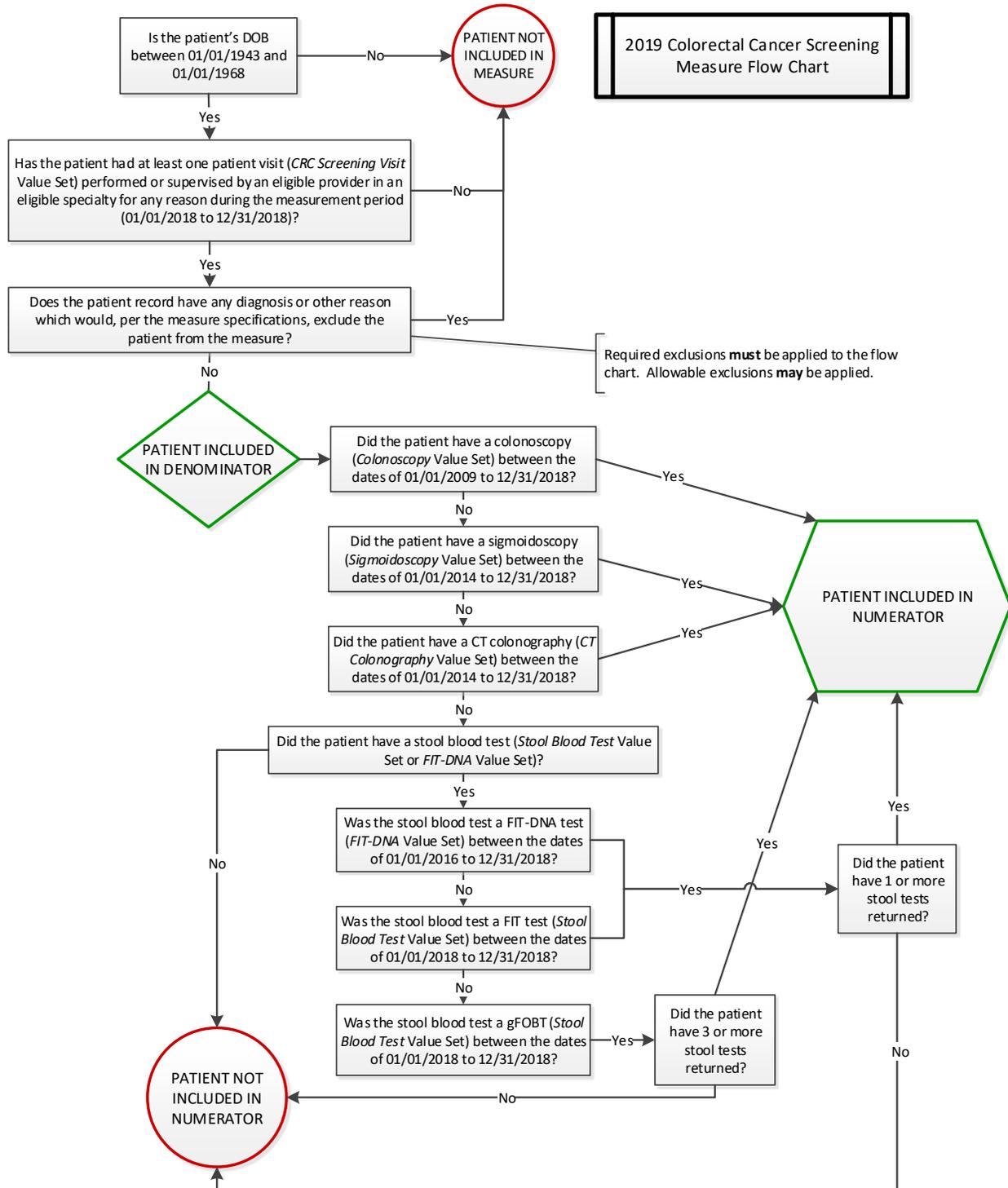
2019 Colorectal Cancer Screening Measure Specifications

Allowable Exclusions	The following exclusions are allowed to be applied to the eligible population: <ul style="list-style-type: none">• Patient had a history of total colectomy (<i>Total Colectomy Value Set</i>) and/or colorectal cancer (<i>Colorectal Cancer Value Set</i>)• Patient was in hospice or receiving palliative care at any time during the measurement period• Patient age 65 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period
Measure Scoring	Rate/Proportion
Interpretation of Score	Higher score indicates better quality
Measure Type	Process

2019 Colorectal Cancer Screening Measure Specifications

Measure Logic / Flow Charts

Flow Chart 1: Colorectal Cancer Screening Measure Flow Chart



2019 Colorectal Cancer Screening 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 2018 to February 2019
Pre-Submission Data Certification See Section I for more information.	Submit document by December 14, 2019
Data Collection and Submission See Sections II and III for more information.	MNCM Data Portal is open for submission January 7 to 31, 2019
Data Validation See Sections III-B and IV for more information.	February-March 2019
Two-Week Medical Group Review of Preliminary Statewide Results See Section IV for more information.	April 2019
Final Data Results	July 2019

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.



2019 Colorectal Cancer Screening Resources

Data Submission Resources

The Colorectal Cancer Screening 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 A – Colorectal Cancer Screening** from the drop down menu.
 - a. Download the following documents:
 - i. *Colorectal Cancer Screening 2019 Data Collection Guide*
 - ii. *Colorectal Cancer Screening 2019 Pre-Submission Data Certification Form*
 - iii. *Colorectal Cancer Screening 2019 Data Collection Spreadsheet Template*
 - iv. *Colorectal Cancer Screening 2019 Exclusions Template*
 - v. **Optional:** *Colorectal Cancer Screening 2019 Data Collection Form*. This is a patient-level form that is most useful for medical groups and clinics using paper records.
 - vi. *2019 Colorectal Cancer Screening 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.

**Direct Data Submission
Process Steps
for
2019 Colorectal Cancer Screening**



2019 Colorectal Cancer Screening 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. Login to the [MNCM Data Portal](#).
2. Click on the **Home** tab.
3. Click on the **BAA Agreement** link under the Colorectal Cancer Screening 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. Login to the [MNCM Data Portal](#).
2. Click on the **Home** tab.
3. Click on the **DDS Terms & Conditions** link under the Colorectal Cancer Screening 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.



2019 Colorectal Cancer Screening Agreements & Pre-Submission Data Certification

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 MNMCM 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 MNMCM 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 MNMCM Data Portal whether they choose to allow MNMCM to share patient-level data with MDH.

1. Login to the [MNCM Data Portal](#).
2. Click on **Data Files Transfer** on the Home tab in the MNMCM Data Portal under the Colorectal Cancer Screening section.
3. Choose one of the two data sharing options:
 - YES – My organization agrees to have MNMCM share our patient-level data with MDH for specified measures.
 - NO – My organization does not agree to have MNMCM share our patient-level data with MDH.
3. Click **Save**.

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



2019 Colorectal Cancer Screening Agreements & Pre-Submission Data Certification

D. Pre-Submission Data Certification

Prior to data collection, medical groups must supply query source code and/or methodology for identifying the correct eligible patient population. This ensures groups are applying the measure specifications correctly. A template document is provided in the MNCM Data Portal Resources tab. The responsibility of applying the measure specifications correctly 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 A – Colorectal Cancer Screening** from the drop-down menu.
3. Download the *Colorectal Cancer Screening 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 Colorectal Cancer Screening 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.



2019 Colorectal Cancer Screening Data Collection

Section II: Data Collection

A. Eligible Population Identification

After Pre-submission Data Certification is complete, medical groups identify the eligible population. This step must be completed regardless of whether the group plans to submit total population or a sample of eligible patients. Save all original queries, spreadsheets and other documentation of the process used to identify the eligible population. This information may be requested during validation.

Preparing the eligible population list:

- **Query** applicable systems to generate a list according to the eligible population
- **Remove** patients from the list who meet an allowable exclusion (*Optional*)
 - Exclusions with corresponding diagnosis codes/value sets can be identified by querying the diagnoses associated with encounters.
 - The problem list may be utilized as a source of exclusion diagnoses as well, but it is not required to do so.
- **De-duplicate** the list; include only one record for each patient.
 - If a patient is listed more than once within a clinic or medical group, determine which provider or clinic the patient will be attributed to and delete the other records/rows within the data file.
 - Organizations with more than one registered medical group must report patients within each medical group for which the patient has met eligibility criteria; duplication of patients across the organization is possible and expected.
 - See Appendix C for the definition of medical group.
- **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 (recommended)

Per the EMR Reporting Rule established by the Minnesota Department of Health (MDH), clinics that have had an Electronic Medical Record (EMR) or Electronic Health Record (EHR) in place at any stage for the last two measurement periods are required to submit data on their total population. MNMCM strongly encourages all clinics to submit data on their total eligible population, when possible. Benefits include:

- **More reliable performance scores.** Performance measurement scores based on total population data more reliably reflect the quality of care delivered by a clinic and medical group. As the population size in a data submission increases, the margin of error for reporting differences in performance narrows.
- **Improved risk adjustment.** Risk adjustment is based on the distribution of characteristics within a clinic's submitted eligible population. Total population data produces a more reliable representation of a clinic's eligible population and increases the number of variables available for risk adjustment.

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2019 Colorectal Cancer Screening Data Collection

Sample Population

Submission of a sample population for this measure is allowed for clinics that do not have an EMR or have had an EMR in place for less than two years. **See Appendix B for instructions on identifying a random sample of patients.** A sample size of at least 60 records per clinic is required. Clinics with 60 or less eligible patients must submit data for the total population.

Patient Attribution

To appropriately attribute patients to a provider/clinic, follow the attribution methods described below in order:

1. First, attribute each patient to the provider and clinic within the medical group that are assigned to the patient.
2. If the patient does not have an assigned provider or clinic within the medical group, then attribute the patient to the provider and clinic within the medical group that had the most encounters with the patient **during** the measurement period.
3. If multiple providers had an equal number of encounters with the patient, then attribute the patient to the provider and clinic within the medical group that had the most recent encounter with the patient **during** the measurement period.

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



2019 Colorectal Cancer Screening Data Collection

B. Data Collection

Data Elements and Field Specifications

Use this section to build the 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	<ul style="list-style-type: none"> • Language regarding Patient Sex updated for clarity (Column D). • Guidance for identifying colorectal cancer screenings added (before Column T). • Clarification that stool tests obtained via digital rectal exam are not acceptable (Column X).
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Column	Field Name	Notes	Excel Format	Example
A	Clinic ID	<p>Enter the <u>MNCM Clinic ID</u> of the clinic to which the patient is attributed based on the attribution methodology detailed in Section II.</p> <p>MNCM assigns clinic IDs at the time of registration. Clinic IDs are listed in the MNMCM Data Portal on the Clinics tab. Do NOT use the medical group ID.</p> <p>Data Portal Note: A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that the ID in each cell matches the clinic ID in the MNMCM Data Portal.</p>	Text	9999

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2019 Colorectal Cancer Screening Data Collection

Column	Field Name	Notes	Excel Format	Example
B	Patient ID	<p>Enter a unique patient ID to identify each patient.</p> <ul style="list-style-type: none"> • The patient’s medical record number may be used. • Medical groups or clinics that choose not to use the medical record number should: <ul style="list-style-type: none"> ○ 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. <p>Data Portal Note: A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that there are not any duplicate patients. If a patient has multiple records (rows), determine which clinic the patient should be attributed to and delete the duplicate record(s). If submitting a sample population, you will need to replace the deleted record with the next patient listed in the random sample.</p>	Text	1
C	Patient Date of Birth	<p>Enter the patient’s date of birth.</p> <p>The date of birth range for this age group is 01/01/1943 to 01/01/1968.</p> <p>Data Portal Note: A blank field or a value outside of the allowable range will create an ERROR upon submission.</p> <p>Quality Check: Verify that the date of birth in each cell is within the accepted range.</p>	Date (mm/dd/yyyy)	10/30/1950
D	Patient Sex <i>CLARIFICATION for 2019</i>	<p>Enter the patient’s sex:</p> <p style="text-align: center;">F = Female M = Male U = Unknown/Undefined</p> <p>Data Portal Note: A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that each cell has one of the accepted codes.</p>	Text	F

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2019 Colorectal Cancer Screening Data Collection

Column	Field Name	Notes	Excel Format	Example
E	Zip Code, Primary Residence	<p>Enter the five-digit zip code of the patient’s primary residence at the most recent encounter on or prior to 12/31/2018.</p> <p>If extraction results in a nine-digit zip code, all nine-digits may be submitted. The MNMCM Data Portal will only store the first five digits.</p> <p>Data Portal Note: A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that the zip code is at least five digits and that each cell has a value.</p>	Text	55111
F	Race/Ethnicity1	<p>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 > Supplemental Specifications.</p> <p>For more information about collecting this data from patients, refer to the <i>Handbook on the Collection of Race Ethnicity and Language Data</i> available on MNCM.org under Submitting Data > Training & Guidance > Data Collection Guides > Supplemental Specifications.</p> <p>Quality Check: Verify that each cell has one of the accepted codes. Blank cells (if data is not available) are acceptable.</p>	Number	1
G	Race/Ethnicity2			
H	Race/Ethnicity3			
I	Race/Ethnicity4			
J	Race/Ethnicity5			
K	Country of Origin Code		Number	2
L	Country of Origin Other Description		Text	Country A
M	Preferred Language Code		Number	1
N	Preferred Language Other Description	Text	Language B	

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2019 Colorectal Cancer Screening Data Collection

Column	Field Name	Notes	Excel Format	Example
O	Provider NPI	<p>Enter the 10-digit National Provider/ Identifier (NPI) of the provider to which the patient is attributed based on the attribution methodology detailed in Section II.</p> <p>If the provider does not have an NPI, enter the provider ID as registered in the MNCM Data Portal.</p> <p>Data Portal Note: A blank field will create an ERROR upon submission. Quality Check: Verify that each cell has data.</p>	Text	1234567891
P	Provider Specialty Code	<p>Enter the specialty code of the physician. If the provider is not a physician, enter the specialty code of the supervising physician.</p> <p>1 = Family Medicine 2 = Internal Medicine 5 = Geriatric Medicine 9 = Obstetrics/Gynecology</p> <p>Data Portal Note: A blank field will create an ERROR upon submission. Quality Check: Verify that each cell has an accepted code.</p>	Number	1
Q	Insurance Coverage Code	<p>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 > Supplemental Specifications.</p>	Number	1
R	Insurance Coverage Other Description		Text	WORKERS COMPENSATION ONLY
S	Insurance Plan Member ID		<p>Enter codes corresponding to the patient’s most recent insurance on or prior to 12/31/2018.</p> <p>Quality Check: Verify that each cell has an accepted code and that all 99 codes have a name entered in Column R. Verify names entered in Column R do not have an available accepted code. Verify that Social Security Numbers are NOT submitted.</p>	Text

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2019 Colorectal Cancer Screening Data Collection

Column	Field Name	Notes	Excel Format	Example
<p>Guidance for Identifying Colorectal Cancer Screenings</p> <ul style="list-style-type: none"> • Administrative Billing Codes <ul style="list-style-type: none"> ○ Refer to the applicable Value Set to use administrative billing codes to identify colorectal cancer screenings (i.e., <i>Colonoscopy</i> Value Set, <i>Sigmoidoscopy</i> Value Set, <i>CT Colonography</i> Value Set). • Documentation in the Medical Record <ul style="list-style-type: none"> ○ Documentation must indicate the date when the colorectal cancer screening was <u>performed</u>. <ul style="list-style-type: none"> ▪ A result is not required if the documentation is clearly part of the medical history section of the record (e.g., patient reported procedure date); if this is not clear, the result or finding must also be present. ○ Use caution if extracting dates from the health maintenance section of the record. The date must reflect when the procedure was performed, not the date when the question was asked about screening. • Pathology Report <ul style="list-style-type: none"> ○ A pathology report that indicates the type of screening (i.e., colonoscopy, sigmoidoscopy) and the date when the screening was performed meets criteria. ○ For pathology reports that do not indicate the type of screening and for incomplete procedures: <ul style="list-style-type: none"> ▪ Evidence in the record that the scope advanced beyond the splenic flexure meets criteria for a completed colonoscopy. ▪ Evidence in the record that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy. 				
T	Date of colonoscopy	<p>Enter the date that corresponds to the patient’s most recent colonoscopy.</p> <ul style="list-style-type: none"> • Leave BLANK if the patient does not have a colonoscopy documented. • Do NOT enter any procedure date that occurred after the end of the measurement period. • If the exact date is not documented, use the first day of the month and year that is documented in the patient’s record (e.g., if June 2009 is documented, enter 6/1/2009). If only a year is documented, use January 1 of the year documented (e.g., if 2009 is documented, enter 1/1/2009). • In audit, MNCM will corroborate the date with evidence in the patient record (e.g., procedure or pathology report, medical history documentation) to ensure the procedure was performed and not merely ordered. <p>Quality Check: Verify that all dates occur prior to the end of the measurement period.</p>	Date (mm/dd/yyyy)	10/22/2010

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Column	Field Name	Notes	Excel Format	Example
U	Date of sigmoidoscopy	<p>Enter the date that corresponds to the patient’s procedure date of the sigmoidoscopy.</p> <ul style="list-style-type: none"> • Leave BLANK if the patient does not have a sigmoidoscopy documented. • Do NOT enter any procedure date that occurred after the end of the measurement period. • If the exact date is not documented, use the first day of the month and year that is documented in the patient’s record (e.g., if October of 2015 is documented, enter 10/1/2015). If only a year is documented use January 1 of the year documented (e.g., if 2015 is documented, enter 1/1/2015). • In audit, MNCM will corroborate the date with evidence in the patient record (e.g., procedure or pathology report, medical history documentation) to ensure the procedure was performed and not merely ordered. <p>Quality Check: Verify that all dates occur prior to the end of the measurement period.</p>	Date (mm/dd/yyyy)	10/22/2014
V	Date of CT colonography	<p>Enter the date that corresponds to the patient’s procedure date of the CT colonography.</p> <ul style="list-style-type: none"> • Leave BLANK if the patient does not have a CT colonography documented. • Do NOT enter any procedure date that occurred after the end of the measurement period. • If the exact date is not documented, use the first day of the month and year that is documented in the patient’s record (e.g., if October of 2015 is documented, enter 10/1/2015). If only a year is documented use January 1 of the year documented (e.g., if 2015 is documented, enter 1/1/2015). • In audit, MNCM will corroborate the date with evidence in the patient record (e.g., procedure or pathology report, medical history documentation) to ensure the procedure was performed and not merely ordered. <p>Quality Check: Verify that all dates occur prior to the end of the measurement period.</p>	Date (mm/dd/yyyy)	10/22/2016

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Column	Field Name	Notes	Excel Format	Example
W	Date of stool blood test order	<p>Enter the date that corresponds to the order of the most recent stool test (guaiac [gFOBT], fecal immunochemical test [FIT], or Fecal Immunochemical Test and colorectal cancer DNA marker screening [FIT-DNA]) for the purpose of detecting colorectal cancer:</p> <ul style="list-style-type: none"> • Leave BLANK if the patient does not have an order for stool blood tests documented. • Do NOT enter any test date that occurred after the end of the measurement period. • The date the result/samples were completed or returned is acceptable. <p>Quality Check: Verify that all dates occur prior to the end of the measurement period.</p>	Date (mm/dd/yyyy)	07/22/2018
X	Stool test type ordered	<p>Enter the code that corresponds to the type of stool test ordered on the date in Column W:</p> <p>1 = gFOBT (Guaiac Fecal Occult Blood Test) 2 = FIT (Fecal Immunochemical Test) 3 = FIT-DNA (Fecal Immunochemical Test and colorectal cancer DNA marker screening; e.g. Cologuard)</p> <ul style="list-style-type: none"> • Do not count digital rectal exams (DRE), stool tests performed in an office setting or performed on a sample collected via DRE. • Leave BLANK if there is no documentation of the type of stool blood test ordered for the patient. <p>Quality Check: Verify that accepted codes are used. Verify this column is populated if Column W has a date entered.</p>	Text	2

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Column	Field Name	Notes	Excel Format	Example
Y	Number of stool tests returned	<p>If the patient has a stool test/s ordered as noted in the Column X, enter the number of tests returned.</p> <ul style="list-style-type: none"> The number of stool test/s returned determines inclusion in the numerator. Leave BLANK if there is no documentation of the number of stool tests returned. <p>Quality Check: Verify that number is as expected.</p>	Number	3

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2019 Colorectal Cancer Screening Data Collection

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 more recent versions of Excel, 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**.



2019 Colorectal Cancer Screening Data Submission

Section III: Data Submission

A. Data File Creation

Colorectal Cancer Screening data for a medical group may be submitted in any number of CSV formatted files, provided that:

- All data related to a patient are contained in the same file on a single row; AND
- An eligible patient is submitted only one time, in one data file (patients are not duplicated across data files)

Details of this data submission process can be found in Section III-B. Contact support@mncm.org with questions.

Before proceeding with creating the data file(s), be sure to:

- Complete all data collection and data entry.
- Complete data quality checks.
- 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 MNMCM Data Portal.

How to create a CSV file from an Excel file:

For Excel 2003 Users	For Excel 2007 Users	For Users of more recent versions of Excel
1. Open the original Excel file (.xls).		
2. Activate the worksheet to be uploaded by clicking the worksheet tab.		
3. Click File, Save As.	3. Click the Office Button (upper left-hand corner of screen); select Save As.	3. Click the File tab (upper left-hand corner of screen); select Save As.
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 .		

NOTE: 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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2019 Colorectal Cancer Screening Data Submission

B. Data Submission

1. Exclusions File Upload

For medical groups that manually collect data, any patient meeting an allowable exclusion must be tracked on the *Colorectal Cancer Screening Exclusions Template*. This can be downloaded from the MNMCM Data Portal.



Do NOT add columns to the *Exclusions Template* for reasons that are not allowable exclusions. Do NOT include patients that are not part of the eligible population.

It is not necessary to convert the *Exclusions Template* to CSV format prior to upload.

a.) For groups that have an *Exclusion Template* to upload:

1. Click on **Exclusions** on the Home tab in the MNMCM Data Portal, under the Colorectal Cancer Screening section.
2. Click **Browse** to search for the Excel file and click **Save**.
3. Click **Submit**.
 - a. If more action is needed prior to submission, click either **Save as Draft** to come back to this step.

b.) For groups that do not have an *Exclusion Template* to upload:

1. Click on **Exclusions** on the Home tab in the MNMCM Data Portal, under the Colorectal Cancer Screening section.
2. Click **No Exclusions**.

2. Data Submission

Colorectal Cancer Screening data for a medical group may be submitted in any number of CSV formatted files, provided that:

- All data related to a patient are contained in the same file on a single row; AND
- An eligible patient is submitted only one time, in one data file (patients are not duplicated across data files)

a.) Upload Colorectal Cancer Screening Data File(s)

1. Log into the MNMCM Data Portal.
2. Click the **Data File Upload: Colorectal Cancer Screening & Depression** link on the Home page (Figure 1).

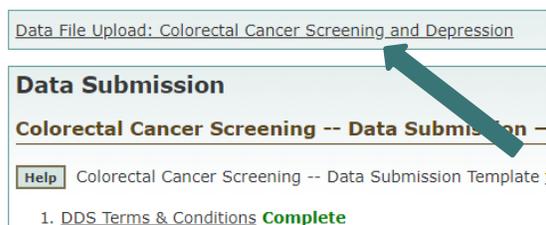


Figure 1

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2019 Colorectal Cancer Screening Data Submission

3. Click the **Colorectal Cancer Screening – Data Submission** link (Figure 2).



Figure 2

4. Click **Browse** or **Choose File** to search for the CSV file (Figure 3-A). Select the appropriate file and click **Open** in the dialog box.

5. Click **Upload CSV** (Figure 3-B).

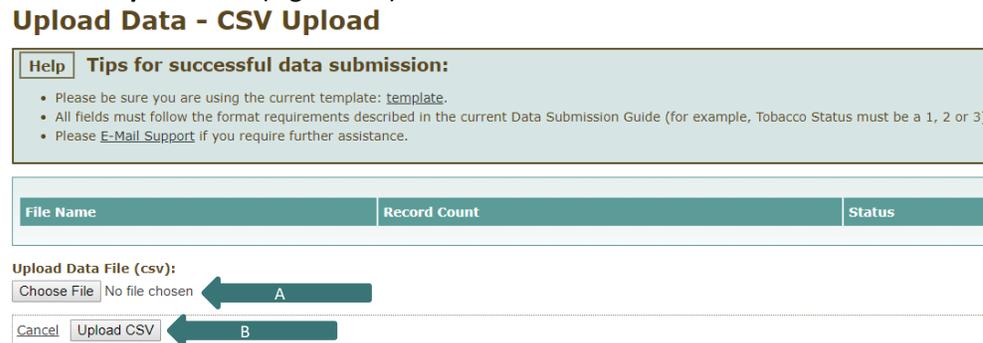


Figure 3

- a. 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. To view errors and warnings, click **Download Error Report**.
 - i. **Errors**: Corrections must be made and a corrected file uploaded.
 - ii. **Warnings**: Closely review these possible errors and decide whether corrections are needed.
- b. If corrections to the data file are necessary:
 - i. 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.
 - ii. Either delete the file with errors by clicking the **Delete** link next to the file name and upload the corrected file following steps four and five above, OR
 - iii. Click the **Re-Upload** link next to the file name and follow steps four and five above.
- c. If no errors or warnings were identified and/or no corrections are needed, the upload was successful.

Repeat the steps above as necessary to upload all applicable data files.

b.) Submit Data for Result Calculation

Click on **Data Submission** on the Home tab in the MNCM Data Portal under the Colorectal Cancer Screening section. Use the following steps to submit data to MNCM.

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2019 Colorectal Cancer Screening Data Submission

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.

For file upload, begin by clicking **Download the Denominator Worksheet**. Then follow the steps in the table below to complete the worksheet.

Denominator Entry Field Specifications

Field Name	Denominator Worksheet	Manual Entry	Notes
Method Used for Data Collection	<p><i>Column C</i> Enter the code applicable to the clinic:</p> <p>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</p>	<p>Make selection applicable to the clinic from drop-down menu:</p> <ul style="list-style-type: none"> EMR: All data pulled via query Manual: Paper records only Manual: EMR and paper record EMR: Some data looked up manually EMR: All data looked up manually 	
REL Data Collection	<p><i>Columns D - G</i> Enter the appropriate code for each category:</p> <p>1 = Yes, this clinic utilizes best practice 0 = No, this clinic does not utilize best practice</p>	<p>Check the box under each category for which best practices were utilized in the collection of REL data at the clinic.</p>	<p>Best practice methods include:</p> <ul style="list-style-type: none"> Race: Self-Report: Allowing patient to self-report their race and/or 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
Number of Patients that Meet Inclusion Criteria (Less Exclusions)	<p><i>Column H</i> Enter number of patients attributed to the clinic who are eligible or who met the inclusion criteria for the measure.</p>	<p>Enter number of patients attributed to the clinic who are eligible or who met the inclusion criteria for the measure.</p>	<ul style="list-style-type: none"> Do NOT include patients who met an accepted exclusion If submitting a sample, the number of eligible patients must be higher than the Number of Patients Submitting

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2019 Colorectal Cancer Screening Data Submission

Field Name	Denominator Worksheet	Manual Entry	Notes
Number of Patients Submitting	<i>Column I</i> Enter the number of patients attributed to the clinic who are being submitted	Enter the number of patients attributed to the clinic who are being submitted	<ul style="list-style-type: none"> • Number(s) entered must match the count of patients in the data file <ul style="list-style-type: none"> ○ For total population submission, this count must match the Number of Patients that Meet Inclusion Criteria (Less Exclusions) ○ For a sample submission, this count must be less than the Number of Patients that Meet Inclusion Criteria (Less Exclusions)
Not Reporting	<i>Columns J & K</i> Enter the appropriate code in column J: 0 = Clinic is reporting 1 = Clinic is NOT reporting <i>Column K</i> Enter a reason for not reporting (e.g. no patients meet eligibility criteria)	Check this box if the clinic is not reporting any data for this cycle of data collection. Enter a reason for not reporting in text box provided (e.g. no patients meet eligibility criteria).	<ul style="list-style-type: none"> • Please be advised that MNMCM'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.

If completing the **Enter Denominator** step via file upload, save the completed file in CSV format (see Section III - A for more information). Click **Browse** or **Choose File** to locate the file and then click **Submit File**.

Once the information is populated either manually or via file upload, click **Save and Continue**.

2019 Colorectal Cancer Screening Data Submission

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 correct the information.

Step 3: Select Files to Calculate

If the **Upload Colorectal Cancer Screening Data File(s)** step (Section III-B-2-a) has not yet been completed, click the **Upload Files** link (Figure 4-A) and follow the steps in Section III-B-2-a.

1. Select all applicable files to be used for result calculation by clicking the checkbox to the left of the file name(s) (Figure 4-B).
 - a. Ensure that the data files selected encompass the total eligible population or the full sample population, if submitting a sample.
2. Click the **Calculate Data** button (Figure 4-C). The MNMCM Data Portal will place the data into a queue for result calculation. Data will be processed in the order submitted.

Home > Data Submission

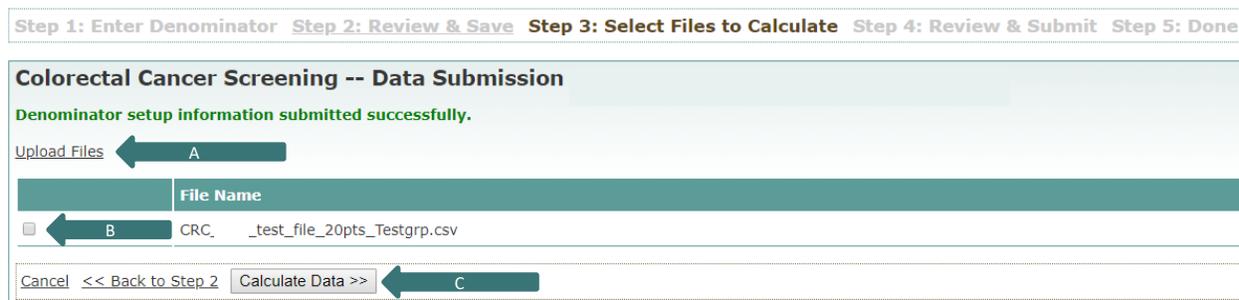


Figure 4

- a. The Data Portal will scan the CSV file to identify possible errors. The Data Portal will provide an upload status that will indicate if there are errors or warnings in the data file or, if there are no errors/warnings, that calculation of preliminary results has been completed.
 - i. The Data Portal will send an automated email when the data has finished processing (Figure 5). Or, click on the **Refresh** link to view an updated upload status. **Depending on the amount of data involved, data processing may take some time.**

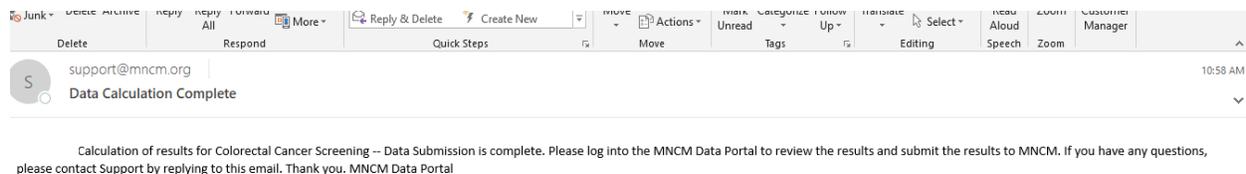


Figure 5

- b. If corrections to the data are necessary:
 - i. 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.
 - ii. Complete the steps in Section III-B-2-a above to upload the corrected file.

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2019 Colorectal Cancer Screening Data Submission

- iii. To re-enter population counts and select new files starting from Step 1: Enter Denominator click **Clear & Start Over** (Figure 6-A). Note: All new denominator count entries and a new file upload will be necessary if **Clear & Start Over** is clicked.
- iv. If corrections are only needed to the data file (not population counts) click **Select New Files** (Figure 6-B).
- c. If no data corrections are necessary, click **Continue to Step 4** (Figure 6-C).

Home > Data Submission

Step 1: Enter Denominator Step 2: Review & Save Step 3: Select Files to Calculate Step 4: Review & Submit Step 5: Done

Upload Status			
Upload File	Uploaded By	# Records	
CRC_ _test_file_20pts_Testgrp.csv		20	
# Records Calculated	Started	Finished	Verify
20 / 20 0 Warnings	08/29/2018 10:57:46 AM	08/29/2018 10:57:51 AM	Continue to Step 4 >>

Cancel << Select New Files Clear and Start Over

Figure 6

Step 4: Review & Submit

1. Review the quality checks for each item listed in the Data Elements and Field Specifications table as well as the preliminary rates and their comparison to the previous measure period’s rates to determine if there are errors in the data.

Again, make corrections in the original Excel file. Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data. Complete the steps in Section III-B-2-a above to upload the corrected file.

- To select new data file(s) only, click **Re-Calculate Patient Data** and return to Step 3: Select Files to Calculate.
 - To resubmit the denominator counts and select new data file(s), click **Clear & Start Over** and return to Step 1: Enter Denominator.
2. Complete the Data Comparison Notes. *This is a required field.*

NOTE: If this is the first data submission for this measure or if there have been substantial changes to the measure itself, there will be no table showing comparison of population and rates to a previous submission and the Data Comparison Notes text box will not display.

Review and compare the group and individual clinic results (population and rates) to the prior submission:

- **Number of Patients That Meet Inclusion Criteria (Less Exclusions)** – This column contains the number of patients in the eligible population for the current and previous submission.
- **Rates** – This column contains rate results for the current and previous submission.



2019 Colorectal Cancer Screening Data Submission

Using the text box provided, *describe reasons for any substantial changes* in population or results from the previous submission. Comments in this field inform MNCM about reasons for the changes and avoids additional follow-up. When notes are complete, click **Save Notes**.

- To complete this step later, click **Save as Draft**. To access the submission again, click on **Data Submission** under the Colorectal Cancer Screening section on the Home tab. Contact support@mncm.org if assistance is needed.

3. **When the data is ready to submit to MNCM:** Click **Submit Data to MNCM**.

- The **Submit Data to MNCM** button will not appear until the Data Comparison Notes step has 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 which patients were included in the numerator (1) and which were not (0).



2019 Colorectal Cancer Screening Data Validation

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 and posted onto the Home page of the Data Portal for the medical group. 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 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 to MNCM who will contact the medical group to discuss a corrective action.

Two-Week Medical Group Review of the Preliminary Statewide Results

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2019 Colorectal Cancer Screening Data Validation

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](https://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 rates of health care quality at the clinic site 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 rates from the validated data, and publicly reports the data on [MNHealthScores.org](https://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 rates.
- Participate in the data validation process as required by MNCM.
- Have results publicly reported on [MNHealthScores.org](https://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 MNMCM 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.
- MNMCM'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 MNMCM is engaged in with providers falls within the scope of health care operations, and MNMCM is acting as a business associate to the medical groups when performing the services discussed above.

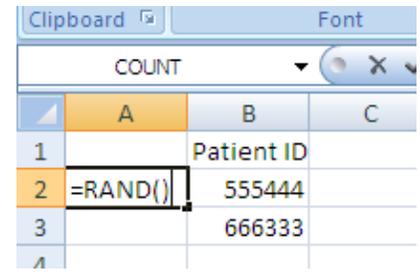
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Appendix B: Sampling Methods

Prior to pulling a random sample of patients, all patients who meet eligibility criteria must first be identified. Please see Section II for more detailed information about identifying all patients who meet eligibility criteria. After identifying the eligible population, use Method 1 or 2 in order to pull a random sample of patients from the eligible population for each clinic. The patients pulled into the random sample will be the patients who will be included in the data submission file.

Method 1: Excel Random Number Generator

1. Insert a blank column on the leftmost side of the spreadsheet.
2. Label new column RAND.
3. Place cursor in the first blank cell (A2) and type =RAND().
4. Press enter (a number like 0.793958 will appear).
5. Place the cursor back into this cell; resting over the corner to have the pointer change to a black cross, double click or drag the formula down to the last row/patient.
6. Highlight the whole column and click **Edit, Copy, Paste Special = Values** to freeze the random number (otherwise it will change with every click on the spreadsheet).
7. Sort entire eligible population by this new random number.
8. Work down the list row by row, starting with the first row until the number of records in the sample is met for submission (at least 60 patients per clinic, plus at least 20 oversamples = 80 patients per clinic).
9. If a patient meets one of the accepted exclusions, note this on the exclusions spreadsheet and keep working down the list. Use oversamples that are after the number of records in the sample. For example, if 60 records will be submitted and two exclusions were found, include patient rows 61 and 62 to replace the excluded records.



	A	B	C
1		Patient ID	
2	=RAND()	555444	
3		666333	

Method 2: Systematic (Nth Method) Sample Selection

1. Start with a list that has patients sorted by some unique patient related variable.
 - a. An identifying number like a medical record number or chart number is ideal.
 - b. Sorting alphabetically is the least desirable in terms of randomness; however, this may be used when there is no other alternative.
2. Select every Nth patient for the number of patients that will be reported. N should equal the clinic site's total eligible population divided by the number of patients that will be submitted (if needed, round down to the nearest whole number). Highlight or mark every Nth patient on the list. This is the sample.
 - a. Example: If a clinic site has 600 eligible patients and 60 patients will be submitted, divide $600/60 = 10$. Select every 10th patient on the list.
3. If a patient meets one of the accepted exclusions, note this on the exclusions spreadsheet and select the next patient on the list (just below the excluded patient).
 - a. Example: If every 10th patient on the list was selected, and the 1st patient in the sample (the patient on row 10) has an accepted exclusion reason, select the patient on row 11 to replace the patient that was excluded. Then proceed to the next patient selected for the sample (patient on row 20).

Missing records: If a record in the sample is not available or missing, do NOT exclude this record. Locate the record or, if the record cannot be located, include the record and leave the data fields blank.

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Appendix C: 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 rate 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 MNMCM Data Portal.

Data Comparison: Part of DDS process where clinics/medical groups are asked to review the current measurement period’s preliminary rates 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 MNMCM and to calculate measure rates.

Data File: Excel template supplied on the MNMCM 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 MNMCM Data Portal if they chose to allow MNMCM 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 MNMCM where clinics/medical groups can submit patient-level data to MNMCM for validation and accurate calculation of results.

Data Quality Checks: MNMCM 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 MNMCM 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 rates are automatically calculated by the MNMCM Data Portal. MNMCM 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).

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

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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 MNMCM 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 MNMCM Data Portal.

Excel Template: See Data File.

Exclusions Template: Template available on the MNMCM Data Portal for tracking excluded patients. This document will need to be uploaded to the MNMCM Data Portal when the clinical data file is submitted on measures for which exclusions are tracked. MNMCM 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 Rates: Results calculated by the MNMCM Data Portal after submission of a patient level data file after validation is completed. Final rates are displayed on [MNHealthScores.org](https://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 MNMCM 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.

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.

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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.

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.

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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 Rates: Rates 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.

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.

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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 rates.

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

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.



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Statewide Quality Reporting and Measurement System (SQRMS): 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 MNMCM to assist with implementing SQRMS. Under this contract, MNMCM 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 rates 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.

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