

Clinical Data Preparations

Step 1: Identify those patients 18 years of age and older who had a first-ever care coordination start/enrollment date in your care system as follows:

- Primary Cohort: patients with start/enrollment date between 01/01/2021 to 12/31/2021

Step 2: Pull the clinical data elements from your electronic systems and prepare two data files as specified in the tables below. Submit the data files during the following data submission periods by cohort:

- Primary Cohort data submission period: 04/11/2022 to 05/15/2022

Care Coordination Definitions

Please use the guidance below for identifying patients for the study.

- **Enrollment Start Date:** Please include patients whose first-ever care coordination enrollment started in your care system between 01/01/2021 – 12/31/2021. Please exclude patients whose care coordination began within your care system before 01/01/2021. Please include patients whose status is deceased but who were enrolled in care coordination during the specified time.
- **Time in Care Coordination:** The study is intended to include patients who were enrolled in care coordination and engaged for a meaningful period of time, using whatever criteria make the most sense in your care system. Please do not include patients who were temporarily or “partially” enrolled. For example, some medical groups may apply an inclusion criterion to their query such as: include only patients who were enrolled for at least 2 months with at least 3 care coordination encounters within the care system. You may also use other ways to narrow the list to those enrolled patients intended for the study, depending on what parameters are used to define a “fully enrolled” care coordination patient in your system.
- **Exclusions:** Please apply any appropriate research exclusion lists to exclude patients who have opted out of research in your organization.

Summary of Changes

We had hoped to have few changes for this data submission but concluded that expanding the number of data points for three quality measures to include the following data would greatly improve the ability to measure changes in care quality from care coordination. If you have any questions or concerns about adding these data, please contact support@mncm.org.

- File 3: All HbA1c tests obtained during the specified time period (see below).
- File 4: All blood pressures obtained during the specified time period (see below).
- File 5: All height and weight values obtained during the specified time period (see below). Used for calculating BMI.

Questions? Please visit the [MNCARES Information Page](#) for answers to common questions or contact us at support@mncm.org.

Data Elements & Field Specifications – Files 1-5

File 1: Patient Demographic, Care Coordination Enrollment, Encounter Data

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
A	Patient ID	Enter the patient ID that is submitted for clinical quality data submission to MNMCM. If your clinic has not submitted MRNs or a unique patient ID in past submissions, please contact support@mncm.org <ul style="list-style-type: none"> • Unique patient identifier for clinic. • DO NOT enter an SSN. 	R	String; up to 50 characters	Blank fields
B	Patient First Name	Enter the first name of the patient.	R	Text	Blank fields
C	Patient Middle Name	Please enter the patient’s middle name or initial if it is recorded in the medical record.	S	Text	
D	Patient Last Name	Enter the last name of the patient.	R	Text	Blank fields
E	Patient Master Index (PMI)	This is a unique patient identification number that the Department of Human Services uses for previous and current Minnesota Health Care Program participants.	S	String; up to 50 characters	
F	Current Primary Insurance Member ID	Enter the most recent Member ID on file as of the date of the data pull. <ul style="list-style-type: none"> • Unique patient identifier for health plan • Do NOT enter an SSN; instead, enter “999” 	R	String; up to 50 characters	Blank fields
G	Current Primary Insurance	Enter the most recent primary insurance on file as of the date of the data pull. Please refer to a separate document entitled Insurance Coverage Data Elements, Field Specifications & Codes for field specifications.	R	Number; up to 2 digits	Blank fields Values outside allowable range
H	Current Subscriber name	Enter the full name for the person that subscribes to the health plan.	S	Text	

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
I	Prior Primary Insurance Member ID	Enter the previous Member ID on file if obtainable. <ul style="list-style-type: none"> • Unique patient identifier for health plan • Do NOT enter an SSN; instead, enter “999”. 	S	String; up to 50 characters	
J	Prior Primary Insurance	Please refer to a separate document entitled Insurance Coverage Data Elements, Field Specifications & Codes for field specifications.	S	Number; up to 2 digits	Values outside allowable range
K	Prior Subscriber name	Enter the full name for the person that subscribed to the prior health plan.	S	Text	
L	Patient Date of Birth (DOB)	Must be age 18 years or older as of the start/enrollment date of care coordination (per AG below).	R	mm/dd/yyyy or m/d/yyyy	Blank fields
M	Patient Sex	F = Female M = Male U = Unknown/Undefined	R	Text; 1 character	Blank fields Values outside allowable range
N	Patient Date of Death (DOD)		S	mm/dd/yyyy or m/d/yyyy	
O	Patient Status	Enter the most recent patient status at the time of the data pull. 0 = Deceased 1 = Alive	S	Number; 1 digit	
P	Race1	Enter the code that corresponds to the patient reported race. For patients who report more than one race, enter one code per field for each reported race, up to five. Do not submit the same code in multiple fields. 1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 5 = Native Hawaiian/Other Pacific Islander	S	Number; up to 2 digits	Values outside allowable range
Q	Race2		S	Number; up to 2 digits	
R	Race3		S	Number; up to 2 digits	
S	Race4		S	Number; up to 2 digits	
T	Race5		S	Number; up to 2 digits	

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
		<p>6 = White</p> <p>7 = Some other race/Patient does not identify with any of the race categories provided.</p> <p>97 = Patient actively chose not to disclose/declined</p> <p>98 = Patient reports that race is unknown.</p> <p>If patient was not asked for their race or if race was left blank by patient, leave the fields blank.</p>			
U	Ethnicity	<p>Enter the code that corresponds to the patient-reported ethnicity</p> <p>4 = Hispanic or Latino</p> <p>8 = Not Hispanic or Latino</p> <p>97 = Patient actively chose not to disclose/declined</p> <p>98 = Patient reports that ethnicity is unknown</p> <p>If patient was not asked for their ethnicity or if ethnicity was left blank by patient, leave the field blank.</p>	S	Number; up to 2 digits	Values outside allowable range
V	Preferred Language	<p>Enter the code that corresponds to the patient-reported preferred language. Please refer to a separate document entitled RELC Data Elements, Field Specifications & Codes for coding table. Additional options include:</p> <p>97 = Patient actively chose not to disclose/declined</p> <p>98 = Patient reports that preferred language is unknown.</p> <p>99 = Patient reported preferred language does not match one of the available codes. Enter name of preferred language in <i>Preferred Language Other</i> field.</p> <p>If patient was not asked for their preferred language or if preferred language was left blank by patient, leave the fields blank.</p>	S	Number; up to 2 digits	Values outside allowable range
W	Preferred Language Other	<p>If Element Position V = 99, submit preferred language.</p>	S	String; up to 50 characters	

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
X	Country of Origin	<p>Enter the code that corresponds to the patient-reported country of origin. Please refer to a separate document entitled RELC Data Elements, Field Specifications & Codes for coding table. Additional options include:</p> <p>997 = Patient actively chose not to disclose/declined</p> <p>998 = Patient reports that country of origin is unknown.</p> <p>999 = Patient reported country of origin does not match one of the available codes. Enter name of country of origin in <i>Country of Origin Other</i> field.</p> <p>If patient was not asked for their country of origin or if country of origin was left blank by patient, leave the fields blank.</p>	S	Number; up to 3 digits	Values outside allowable range
Y	Country of Origin Other	If Element Position X = 999, submit country of origin.	S	String; up to 50 characters	
Z	Street Address	Patient's primary residence	R	String; up to 50 characters	Blank fields
AA	City	Patient's primary residence	R	String; up to 50 characters	Blank fields
AB	State	Standard two-character state abbreviation Patient's primary residence	R	Text; 2 characters	Blank fields
AC	ZIP Code	Minimum of five digits Patient's primary residence	R	Number	Blank fields Values with less than five digits
AD	Primary Phone Number	Minimum of 10 digits	R	Number	
AE	Secondary Phone Number	Minimum of 10 digits	S	Number	
AF	Interpreter needed?	0 = No 1 = Yes	S	Number	

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
AG	Start/enrollment date of care coordination	<p>Enter the date that corresponds to the start of the patient’s care coordination enrollment between 1/1/2021 – 12/31/2021.</p> <ul style="list-style-type: none"> The start date should represent the patient’s <u>first-ever</u> enrollment in care coordination in your care system Exclude patients whose care coordination began within your care system before 1/1/2021. Only include care coordination patients that were engaged for a meaningful period of time as defined as <i>Time in Care Coordination</i> above. 	R	mm/dd/yyyy or m/d/yyyy	Blank fields
AH	Clinic ID from the start of care coordination enrollment	Enter the MNMCM-assigned clinic ID associated with the start of the patient’s care coordination enrollment.	R	Number; up to 4 digits	Blank fields
AI	Date of most recent care coordination encounter	<ul style="list-style-type: none"> Enter the date that corresponds with the patient’s most recent care coordination encounter. This date can occur any time up until the data is pulled. If patient did not have any subsequent care coordination encounters after the initial start/enrollment encounter, enter the start/enrollment care coordination date from AG. <p>Type of encounter may be any of the following: office, phone, video, or home visit.</p>	S	mm/dd/yyyy or m/d/yyyy	
AJ	Clinic ID from the most recent care coordination encounter	Enter the MNMCM-assigned clinic ID associated with the patient’s most recent care coordination encounter.	S	Number; up to 4 digits	
AK	Date of most recent encounter	<ul style="list-style-type: none"> Enter the most recent ambulatory encounter date, regardless of whether the visit was a care coordination visit. This date can occur any time up until the data is pulled. If patient did not have any subsequent encounters after the initial start/enrollment encounter, enter the date of start/enrollment care coordination date from AG. Type of encounter may be any of the following: office, phone, video, or home visit. 	S	mm/dd/yyyy or m/d/yyyy	

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
AL	Clinic ID from most recent encounter	Enter the MNMCM-assigned clinic ID associated with the most recent ambulatory encounter.	S	Number; up to 4 digits	
AM	Count of care coordination encounters	<ul style="list-style-type: none"> Count of all care coordination encounters between the patient's start date (AG) and most recent care coordination encounter (AI). This count should include the initial start/enrollment date and the most recent care coordination encounter. If patient did not have any subsequent encounters after the initial start/enrollment encounter, enter "1". Type of encounter may be any of the following: office, phone, video, or home visit. 	S	Number; up to 3 digits	

* Both Required (R) and Situational (S) data are relevant to and important for the study. Required data must be submitted and cannot be blank. Situational data is submitted if the clinic collects and can extract or obtain the information from their record system. Submit data for those patients when the information is available (e.g., secondary phone number). If the data was not collected or is not obtainable, the field can be left blank.

File 2: Diagnosis Codes from Patient’s Active Problem List

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
A	Patient ID	Enter the Patient ID that was submitted in File 1. <ul style="list-style-type: none"> • Unique patient identifier for clinic. • DO NOT enter an SSN. 	R	String; up to 50 characters	Blank fields
B	Clinic ID from the start of care coordination enrollment	Enter the MNCM-assigned clinic ID associated with the start of the patient’s care coordination enrollment. This is the same ID entered in the Demographic file, element order AH.	R	Number; up to 4 digits	Blank fields
C-AZ	Diagnosis Codes from Patient’s Active Problem List	Enter all diagnosis codes (e.g., ICD-10) associated with the patient’s active problem list. This includes diagnoses unrelated to the care coordination. <ul style="list-style-type: none"> • All applicable characters, including decimals (e.g., E11.9) • Up to 50 diagnoses may be submitted • One code per field 	R	String; up to 50 characters	Blank fields

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File 3 (NEW): HbA1c Tests

Contains all tests obtained or documented in the medical record from 01/01/2020 through the date of the data pull. One test per row. Tests from outside providers that are documented in the patient record may also be included.

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
A	Patient ID	Enter the Patient ID that was submitted in File 1. <ul style="list-style-type: none"> • Unique patient identifier for clinic. • DO NOT enter an SSN. 	R	String; up to 50 characters	Blank fields
B	HbA1c Date	Enter the date of the HbA1c test.	R	mm/dd/yyyy or m/d/yyyy	Blank fields
C	HbA1c Value	Enter the value of the HbA1c test result. Include decimals. If the result was too high to calculate, leave blank.	S	Number	

* Both Required (R) and Situational (S) data are relevant to and important for the study. Required data must be submitted and cannot be blank. Situational data is submitted if the clinic collects and can extract or obtain the information from their record system. Submit data for those patients when the information is available (e.g., secondary phone number). If the data was not collected or is not obtainable, the field can be left blank.

File 4 (NEW): Blood Pressures

Contains all blood pressures obtained or documented in the medical record from 01/01/2020 through the date of the data pull. Include readings from eligible specialties below. For multiple readings at one encounter, submit all recorded readings, one per row. Results from outside providers that are documented in the patient record may also be included. Blood pressures that are taken by the patient on a digital device in the context of a virtual (online or telephone) visit are acceptable.

Eligible Specialties:

- Family Medicine
- Internal Medicine
- Geriatric Medicine
- Cardiology
- Endocrinology

Do not include results:

- Taken during an acute inpatient stay or an ED visit.
- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed.
- Taken the same day a major diagnostic or surgical procedure.

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
A	Patient ID	Enter the Patient ID that was submitted in File 1. <ul style="list-style-type: none"> • Unique patient identifier for clinic. • DO NOT enter an SSN. 	R	String; up to 50 characters	Blank fields
B	Blood Pressure Date	Enter the date of the blood pressure result.	R	mm/dd/yyyy or m/d/yyyy	Blank fields
C	Systolic Value	Enter the value of the systolic reading.	R	Number	Blank fields
D	Diastolic Value	Enter the value of the diastolic reading	R	Number	Blank fields

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File 5 (NEW): Height and Weight

Contains all heights and weights obtained or documented in the medical record from 01/01/2020 through the date of the data pull. One height and weight per row.

Element Order	Field Name	Details	Required or Situational*	Format/Field Length	Error Causes
A	Patient ID	Enter the Patient ID that was submitted in File 1. <ul style="list-style-type: none"> • Unique patient identifier for clinic. • DO NOT enter an SSN. 	R	String; up to 50 characters	Blank fields
B	Encounter Date	Enter the date of the encounter where height/weight was obtained by clinical staff.	R	mm/dd/yyyy or m/d/yyyy	Blank fields
C	Height	Enter the value of the patient’s height (inches, including decimals if applicable).	S	Number	
D	Weight	Enter the value of the patient’s weight (pounds, including decimals if applicable).	S	Number	

* Both Required (R) and Situational (S) data are relevant to and important for the study. Required data must be submitted and cannot be blank. Situational data is submitted if the clinic collects and can extract or obtain the information from their record system. Submit data for those patients when the information is available (e.g., secondary phone number). If the data was not collected or is not obtainable, the field can be left blank.