



## Direct Data Portal Registration Process

### Overview:

This document includes the necessary steps to navigate and successfully register with Minnesota Community Measurement's (MNCM) Direct Data Portal. This is required process to complete in order to submit ChiroFirst data to MN Community Measurement (MNCM).

You are encouraged to register as soon as possible as it is an easy first step to beginning work with ChiroFirst.

### Pre-Submission Requirements:

1. Registration: Each clinic will need to register with MNCM prior to submitting data.

Step 1: Visit and register <https://data.mncm.org/login>

**Welcome to the MNCM Data Portal!**

**Log In**

Please Log In

E-mail Address

Password [I forgot my password.](#)

**GO >>**

**Registration**

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

Click "register" or "Click Here" to begin registration process

Need Help? Have Questions? [Contact Support](#)

### Registration Continued:

**Register for an Account**

First Name:

Last Name:

E-Mail Address:

Phone:

Click here if you are registering for Ambulatory Surgical Center (ASC) access

Please use the name of your organization, even if you are a survey vendor registering on the portal for the purpose of working with a specific medical group.

Organization:

Cancel Submit

Your registration request will be reviewed by a member of our staff, and you will be contacted about your account as soon as possible.

Fill out the requested information and click submit when ready. MNCM will respond ASAP.



Step 2: Once MNCM sends you an approval email, follow the link and instructions. After clicking the link in the email you will be prompted to change your email address.

**My Account**

You must now reset your password.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Medical Group  
TEST Medical Group

E-mail Address: \_\_\_\_\_

**New Password:** \_\_\_\_\_

**Repeat New Password:** \_\_\_\_\_

Your password must be between 8-15 characters and include at least one uppercase letter, one lowercase letter, and one number.

Password Strength: \_\_\_\_\_  
Please Enter Password

Create a new password for your account using MNCM password requirements. Re-enter the password and click "Change Password".

Step 3: Upon first entering the Data Portal you will need to agree to the Site Terms of Use.


MNCM's portal, data transfer process and data storage are all HIPAA compliant

### Site Terms of Use Agreement

Welcome to the MN Community Measurement (MNCM) Data Portal. Individuals using this data portal must represent an appropriate health entity identified by MNCM. By using this data portal, you agree to engage in data submission on applicable measures in good faith. If you do not agree to these terms of use, you may not access or otherwise use the data portal.

I have read and understood MNCM's Attestation. I agree to all of the above terms of use.

Step 4: Medical Group Registration:



Data Portal

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**My MLab Group**

First, click on MLab Group

Then click on Edit My MLab Group



### Step 4: Medical Group Registration Continued

**My Medical Group**

**Edit My Medical Group**

Required for Data Submission

Group Name  
Provider

Medical Group ID  
953

Phone  
XXXXXXXXXX

Toll Free (Optional)

Address Line 1  
1234 West Main St

Address Line 2  
Suite 200

City  
Anytown

State  
MN

Zip Code  
55555

Website (Optional)

**Save**

Save

Fill in your clinic's information for each of the spaces available and then click SAVE on the bottom of the page

### Step 5: Clinic Registration

Minnesota Community Measurement  
Data Portal

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**MLab Clinic Sites**

Add New MLab Clinic Site

| Clinic Site | Edit | MNCM ID | County | Status | Contacts |
|-------------|------|---------|--------|--------|----------|
|-------------|------|---------|--------|--------|----------|

Click on MLab Clinics tab on the home screen.

# CHIROFIRST

## Step 5: Clinic Registration Continued



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### MLab Clinic Sites

[Add New MLab Clinic Site](#)

| Clinic Site                 | Edit | MNCM ID | County | Status | Contacts                               |
|-----------------------------|------|---------|--------|--------|--|
| ChiroCenter - Golden Valley | Edit | 800013  |        | Active | <a href="#">0</a> <a href="#">Edit</a> |



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### MLab Clinic Sites

#### Edit Clinic

Clinic Site Name

Provider Name

Address Line 1

1234 Main St West

Address Line 2

City

Anytown

State

MN

Zip Code

55555

County

Fax

Phone

xxxxxxxxxx

MNCM ID

800013

Status

Active


[Save](#)

[Cancel](#)

Fill in/Verify data in fields is accurate for each clinic listed.

# CHIROFIRST

## Step 5: Clinic Registration continued

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### Mlab Clinic Sites

[Add New MLab Clinic Site](#)

| Clinic Site               | Edit                 | MNCM ID | County | Status | Contacts                               |
|---------------------------|----------------------|---------|--------|--------|--|
| ChiroCenter - Clinic Name | <a href="#">Edit</a> | 800013  |        | Active | <a href="#">0</a> <a href="#">Edit</a> |

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### Mlab Clinic Sites > Clinic Name

#### Contacts

**Instructions**

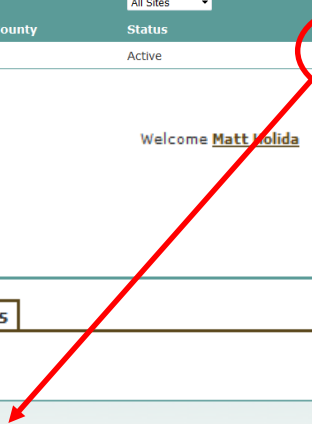
- Please enter one contact of each type
- You must identify one contact person as your primary data contact
- Click 'Add New Contact' if the contact you wish to add is not available in the Contact Name list

| Primary | Contact Type | Name | Action |
|---------|--------------|------|--------|
|---------|--------------|------|--------|

**Assign Contact**

Contact Type:

Contact Name:  [Add New Contact](#)





Step 6: Pre-Submission Documents (must be completed prior to first data submission)

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### Measure Lab


#### Data Submission

##### Acute and Sub-Acute Low Back Pain — PILOT (DOS May 1 2015 through July 31 2015)

1. [BAA Agreement](#) **Medical Group has not signed current BAA**
2. [CDS Terms & Conditions To Do](#)
3. [Pre-Submission Data Certification To Do](#)
4. **Please complete the steps in red above before submitting data** Deadline: December 11, 2015

Click on the blue text for each item to complete the task

Step 6: Pre-Submission Documents (Business Associate Agreement (BAA))



Data Portal

### BAA Confidentiality Agreement

**BUSINESS ASSOCIATE AGREEMENT**  
This Business Associate Agreement ("Agreement") is made by and between MN Community Measurement, a Minnesota nonprofit corporation, ("Minnetonka") (the "Effective Date").

**RECITALS**  
WHEREAS, Business Associate provides health care quality, performance, data aggregation, reporting and related services for and on behalf of health c  
WHEREAS, Covered Entity desires to use Business Associate's health care quality, performance, data aggregation, reporting and related services;  
WHEREAS, Business Associate performs such services for and on behalf of Covered Entity in accordance with Business Associate's Data Portal website "  
WHEREAS, in connection with the above services Business Associate provides, Covered Entity may disclose Protected Health Information ("PHI") to the  
and  
WHEREAS, the HIPAA Rules (as defined below) require Covered Entity and Business Associate to enter into a contract containing specific requirements  
received on behalf of, Covered Entity;  
NOW THEREFORE, in consideration of the recitals above and mutual covenants and conditions below, Covered Entity and Business Associate enter into

**SECTION 1- DEFINITIONS**

(d) Not Use or Disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set forth in Section 3 above which applied prior to termination; and  
(e) Return to Covered Entity or, if agreed to by Covered Entity, destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

**SECTION 7 - MISCELLANEOUS**

7.1 **Regulatory References.** A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.  
7.2 **Amendment.** Business Associate and Covered Entity agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.  
7.3 **Survival.** The respective rights and obligations of Business Associate under Sections 6 and 7 shall survive the termination of this Agreement.  
7.4 **Interpretation.** Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

I have read and understand the BAA Confidentiality Agreement. I understand that I am accepting this agreement on behalf of my entire Medical Group.

OK

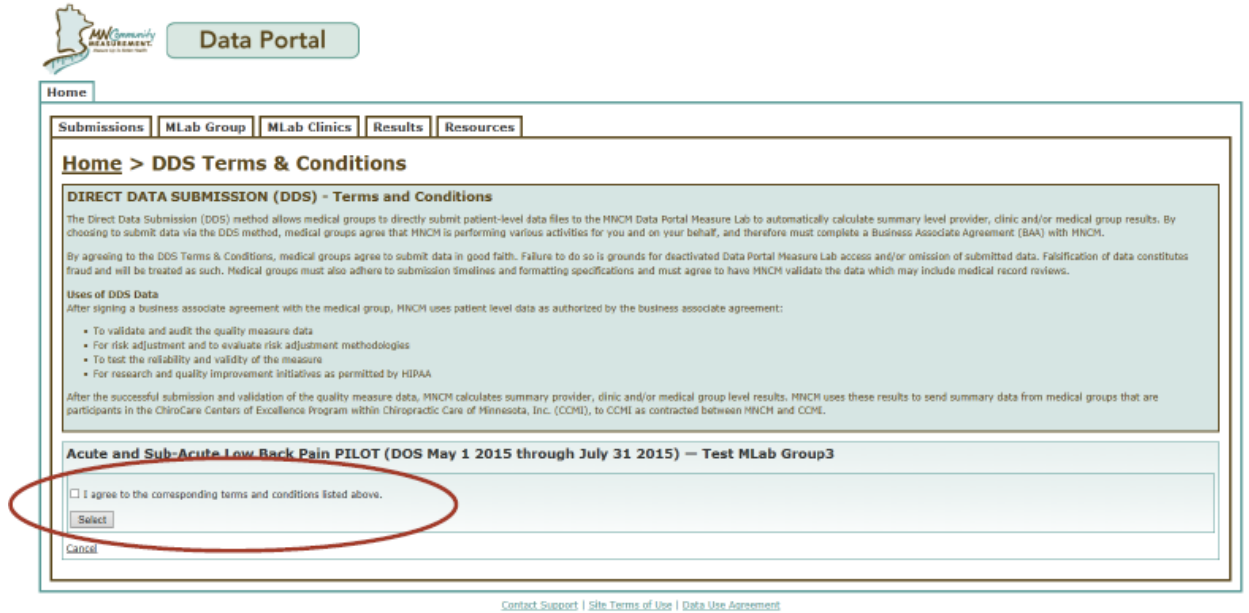
Cancel

What happens if I click Cancel?  
By choosing "Cancel" you will be allowed to continue working in the portal. However, this confidentiality agreement will appear in the list of items on your Home Page as not signed until you or someone from your medical group agrees to its terms.

Need Help? Have Questions? Contact Support



Step 6: Pre-Submission Documents (Direct Data Submission (DDS))



Step 6: Pre-Submission Data Certification: This document must be included with each submission and includes your contact information, an attestation to data integrity, adherence to data submission timelines, identifies the patient data you are submitting, the source of the information and other items. This is an AUDITABLE item.

2015 Pre-Submission Data Certification | Acute and Sub-Acute Low Back Pain



What is pre-submission data certification? What information does my group submit? Pre-submission data certification is an important step in the process prior to ultimately submitting data to MN Community Measurement (MNCM). Medical groups must describe the methods they use to identify the Initial Patient Population and/or Measure Denominator, and may also be requested to provide information about how other clinical and demographic data will be collected. MNCM reviews this documentation to verify accuracy and completeness of the data. All medical groups must complete this step prior to collecting or submitting data. The information in this document will help guide medical groups in creating the necessary documentation and submitting it to MNCM for review. Please note: MNCM will review each group's method; however, groups are ultimately responsible for interpreting and applying the measure specifications correctly in their queries. No patient data is submitted with this documentation.

What are the criteria to identify eligible patients? Please refer to the measure specifications for details.

| (1) CONTACT INFORMATION  |
|--|
| Medical group: Enter medical group name<br>Name, title and contact information of data preparer: Enter name and title, phone number, email address<br>Name, title and contact information of quality improvement director or other leader: Enter name and title, phone number, email address |
| (2) ATTESTATION OF DATA INTEGRITY  |
| Please read the following statements carefully and sign below as evidence that your medical group understands the expectations documented below and attests to the integrity of the data your medical group will submit to MNCM.   |



## Data Portal

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- MLab Group
- MLab Clinics
- Results
- Resources

### Home > Denominator Certification

**INSTRUCTIONS: Please upload one or more files showing:**

1. Your query (source code) or methodology used to produce the denominator list
2. Documentation on how patients were attributed to specific clinic locations

**Acute and Sub-Acute Low Back Pain PILOT (DOS May 1 2015 through July 31 2015) — Test MLab Group3**

Please upload one or more documents for denominator certification

Upload A Document:

 Browse...  


Upload your completed Pre-Submission Data Certification for review by MNMCM

[Contact Support](#) | [Site Terms of Use](#) | [Data Use Agreement](#)

Congratulations! You have completed your registration with the Direct Data Portal and are now ready to submit Data.