CHIROFIRST

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

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

   Registration Continued:

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

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

Repeat New Password

Change Password

Cancel

> 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.

OK

Cancel

Step 4: Medical Group Registration:

Welcome Matt Holida   Help   Log Out

Data Portal

Home

Submissions | MLab Group | MLab

My MLab Group

Edit 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

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Data Portal

Home

Submissions | MLab Group | MLab Clinics | Results | Resources

Mlab Clinic Sites

Add New MLab Clinic Site

All Sites

Clinic Site	Edit	MNCM ID	County	Status	Contacts

Click on MLab Clinics tab on the home screen.

CHIROFIRST

Step 5: Clinic Registration Continued

Welcome **Matt Holida** **Help** **Log Out**

Data Portal

Home

| Submissions | MLab Group | MLab Clinics | Results | Resources |

Mlab Clinic Sites

Add New MLab Clinic Site

All Sites ▼

Clinic Site	Edit	MNCM ID	County	Status	Contacts
ChiroCenter - Golden Valley	Edit	800013		Active	0 Edit

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Data Portal

Home

| Submissions | MLab Group | MLab Clinics | Results | Resources |

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.

Step 5: Clinic Registration continued

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Data Portal

Home

| Submissions | MLab Group | MLab Clinics | Results | Resources |

Mlab Clinic Sites

Add New MLab Clinic Site

All Sites

Clinic Site		Edit	MNCM ID	County	Status	Contacts
ChiroCenter -	Clinic Name	Edit	800013		Active	0 Edit

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Data Portal

Home

| Submissions | MLab Group | MLab Clinics | Results | Resources |

Mlab Clinic Sites > Clinic Name

Contacts

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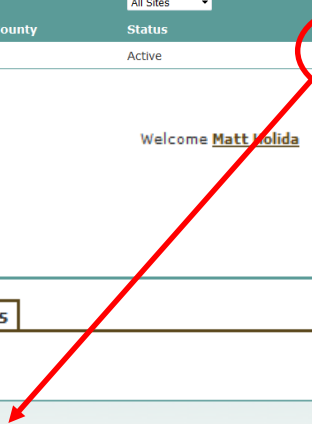
- Please enter one contact of each type
- You must identify one contact person as your primary data contact
- Click 'Add New Contact' if the contact you wish to add is not available in the Contact Name list

Primary	Contact Type	Name	Action

Assign Contact

Contact Type
Select...

Contact Name
Select...   Add New Contact

Assign

Finished

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

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

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

Review the BAA and click the agreement box then click OK

Step 6: Pre-Submission Documents (Direct Data Submission (DDS))
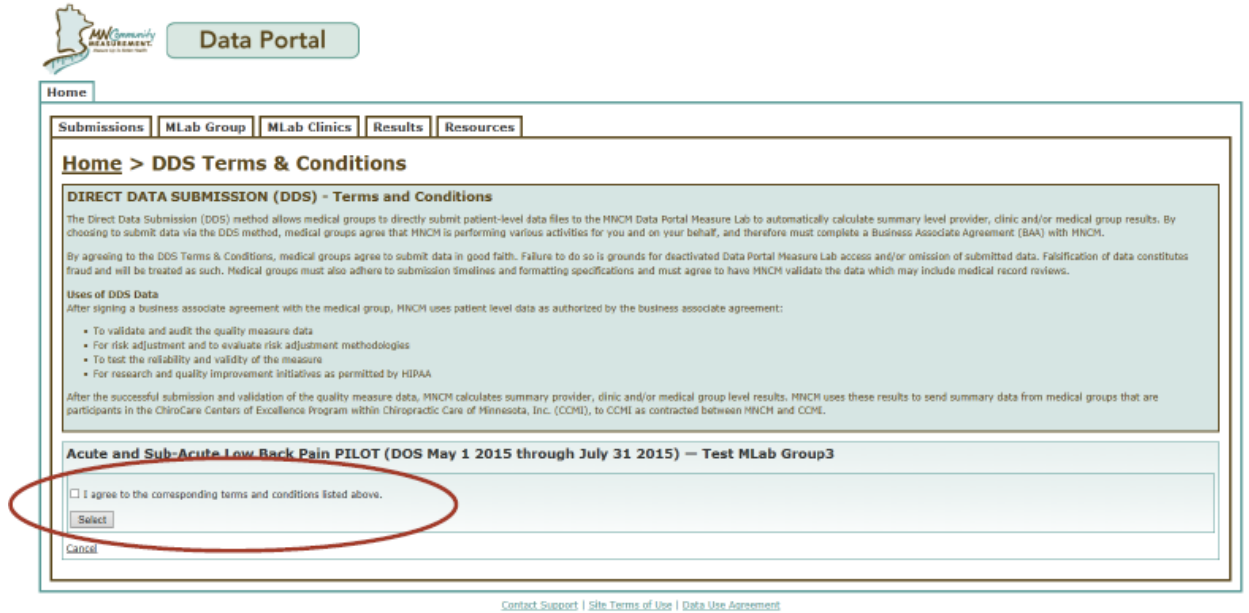
Step 6: Pre-Submission Data Certification: This document must be included with each submission and includes your contact information, an attestation to data integrity, adherence to data submission timelines, identifies the patient data you are submitting, the source of the information and other items. 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
Name, title and contact information of data preparer: Enter name and title, phone number, email address
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.

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