Quality Reporting

Denominator

Data Specifications and Requirements

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Supported Data Formats

Data Type	Description	Denominator
837 Claims Files	ANSI X12 837 is the standard file format used for submitting medical claims to Medicare and most insurance companies. 837 files contain all the data Mingle Health needs to calculate eligible instances for quality measures.	✓
Claims Data (PM)	Practice Management (PM) data generated from Practice Management Systems and includes Patient Demographics and visit information such as DOS, CPT, POS, ICD using a Mingle Health specification. PM data is used to identify patients eligible for each quality measure and to estimate applicable Medicare payment adjustments	✓
CMS Claim Line Feed (CCLF)	CMS provides ACOs CCLF files. CCLF files include claims data for attributed beneficiaries. Like 837s and PM data files, they can be used to identify eligible patients for reporting Web Interface measures.	✓
QRDA III – EHR Measure Summary	Quality Reporting Document Architecture (QRDA) III files are generated from your Certified EHR Technology (CEHRT). QRDA Category III files provide aggregated data for electronic Clinical Quality Measures (eCQMs, AKA "EHR measures"). CEHRTs calculate quality measure data using annually updated eCQM measures specifications.	✓

Claims Data Specification

X12 837 claim files are Mingle Health's preferred source for denominator data to determine eligible instances for each measure. The good news is that your system is almost certainly already producing these files. Read more about 837 claim files. Talk to your Quality Program Consultant about getting started using 837 claims files.

If 837 claims files are not available, this specification defines the content and format for Practice Management (PM) data to identify patients eligible for Quality Performance measures and to estimate applicable Medicare payment adjustments.

Requirements for MIPS Quality Performance Category Reporting

- The MIPS Quality performance category requires reporting visit data for all insurers.
- MIPS requires at least one Medicare visit for at least one Quality measure to earn a neutral or small positive payment adjustment.
- MIPS Quality reporting is based on visit data for the full calendar year. Some measures must include visits as far back as two years.

Saving the file

Comma-separated (.csv) and Text (.txt) is the **preferred** PM file format. Excel (.xlsx) files are also accepted with the caveat the data is formatted correctly.

- Be aware the amount of data may exceed Excel row limits resulting in data loss.
- Column and row headers should be unfrozen.
- All columns should be unhidden.
- All extra, blank, or formatted rows should be removed.
- Avoid dragging numeric values (to autofill cells as the value will also auto-increment).
- Report formats (*e.g.* .rpt or .pdf) cannot be processed.
- Cannot use word wrapping

Extra fees may apply if files require modification by Mingle Healthcare Solutions. You will be notified before any modifications are performed.

After saving the file, confirm Encounter codes have retained any leading and trailing zeros, and that any patient identifiers (such as a medical record number) and TIN have retained leading zeros, if applicable. If leading or trailing zeros are not included, use a different file format. The correct data format can be especially problematic with Excel files.

- Large files can be zipped using WinZip to reduce upload times.
- Password protected files cannot be processed.
- Nested zips cannot be processed.

- 7zip files are not supported and cannot be processed.

Transferring files to Mingle Health

Files must be uploaded using our secure, HIPAA-compliant File Upload tool*. DO NOT email or fax. Log in to the Mingle Health portal, from the Modules menu, select File Upload.

What the file should contain

- Column headers: files without headers cannot be processed
- The file can include more columns than listed below.
- Multiple files can be uploaded if necessary to include all the required data.
- Extra fees may apply if files require modification by Mingle Health. You will be notified before any modifications are performed.

Table 1 - Time Periods to include

Type of File	Purpose	Time Period to Include
Test	Confirm that required data can be sent in an appropriate format.	One month or other short test period for the reporting year
Year-to-Date	Analysis to determine measure and incentive eligibility.	Year-to-date for the reporting year
Full Year	Determine final measure eligibility for submission to CMS.	The entire reporting year, or data for any months not previously sent. Note: Eligibility for some measures requires data for visits in prior years. *Contact your Quality Program Consultant for a list of these measures.*

* Mingle Health File Upload and import tools maintain data in an encrypted form throughout the process. The tools, the transport protocols, servers and databases containing PHI maintain AES 256-bit encryption at all times, meeting and exceeding HIPAA and HiTrust compliance standards.

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Table 2 - Data to include in your file

Field	Format	Additional Information Ask your Quality Program Consultant if you have questions.
TIN	numeric (9 digits)	**Required**: The Tax Identification Number under which the visit was billed.
NPI	numeric (10 digits)	**Required**: The National Provider Identifier of the **Billing** Provider for the visit – not the group NPI.
Patient Identifier	alphanumeric	**Required**: A unique patient identifier • In order of preference: 1. Medical Record Number (MRN) 2. Any unique patient ID internal to the information system ***For clients providing clinical data, this unique identifier must match the unique identifier provided with the clinical data to match eligible patients in this file with their clinical data.*** ***For clients providing clinical data, Patient First Name, Patient Last Name and DOB must also be included.*** Optional: If multiple patient identifiers are included, each should be in its own correctly labeled column. Unique patient identifiers allow for correct identification of distinct patients. Patient Identifiers must be unique by patient, not unique by encounter.
Patient First Name	text	**Strongly Recommended**: Patient's given first name • For verification that the patient identifier correctly identifies unique patients. ***For clients providing clinical data, patient first name is required.***
Patient Last Name	text	**Strongly Recommended**: Patient's last name • For verification that the patient identifier correctly identifies unique patients. ***For clients providing clinical data, patient last name is required.***
Patient Date of Birth	mm/dd/yyyy	**Required**: Patient date of birth, or patient age on the visit date • Alternate acceptable formats for date of birth: yyyy/mm/dd and yyyymmdd. • Two-digit years (*e.g.* mmddyy) cannot be processed. ***For clients providing clinical data, date of birth [not age] is required.***

Field	Format	Additional Information Ask your Quality Program Consultant if you have questions.
Patient Gender	M / F / U Male / Female / Unknown	**Strongly Recommended:** ***Eligible instances for all measures that include gender in the eligibility criteria cannot be calculated if gender is not included, or Unknown.***
Visit Date	mm/dd/yyyy	**Required**: The date service was provided • Alternate acceptable formats: yyyy/mm/dd, and yyyymmdd. • Two-digit years (*e.g.* mmddyy) cannot be processed.
Encounter Code	alphanumeric	**Required**: Each CPT or HCPCS code billed for the visit • One code per row. • **Files must preserve any leading or trailing zeros.** Incomplete data cannot be correctly processed. ***If data cannot be provided in this format, additional columns containing one code per column may be processed.*** Optional: Quality Data Codes (QDC) (also known as CPT Category II or G-codes) can be included in this column for analysis.
Diagnosis Code	alphanumeric	**Required**: Each ICD-10 code billed for the encounter code • Multiple ICD codes associated with a single encounter can be in multiple columns or in multiple rows. (See tables below for examples.) ***Reporting only the primary diagnosis for an encounter will affect eligible instances analysis for all measures that include a diagnosis in the eligibility criteria.***
Modifier(s)	alphanumeric	**Strongly Recommended**: Each modifier associated with the encounter code • Multiple modifiers associated with a single encounter can be in multiple columns or in a single column ***Eligible instances for all measures that include a modifier in the eligibility criteria cannot be calculated if modifiers are not provided.***
Place of Service	numeric	**Recommended**: The two-digit POS code associated with the encounter code • Alternate acceptable format: textual (e.g. "office"), if the value exactly matches the Medicare POS code set ***Eligible instances for all measures that include POS in the eligibility criteria cannot be calculated if POS codes are not provided.***
Primary Insurer	Alphanumeric	**Required**

Field	Format	Additional Information Ask your Quality Program Consultant if you have questions.
Secondary Insurer	Alphanumeric	**Recommended:** *Incentive Analyzer estimates may be lower and a required Medicare visit per measure may not be met if omitted*
Tertiary Insurer	Alphanumeric	**Optional**

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Table 3 - Example 1: Diagnosis codes in separate columns

TIN	NPI	MRN	First Name	Last Name	DOB	Gender	Visit Date	CPT	ICD 1	ICD 2	ICD 3	Modifiers	POS	Primary Insurer	Secondary Insurer	Tertiary Insurer
157348736	1154372167	1001	Joe	Schmoe	03/31/1955	M	08/10/2016	G9172	R47.1	Z021	S12.200A	GN	11	Blue Cross	Medicare Part B	
111111111	1154372167	3867	Jane	Doe	02/27/1938	F	03/05/2016	92507	R49.0	Z3759		26 RT	11	Aetna	CHAMPVA	Cigna
157348736	1345678905	0452	Ellen	King	03/01/1980	F	03/17/2016	99211	I21.19			25	11	Medicare Part B	AARP	
111111111	1154372167	9813	Ron	Schwan	07/08/1937	M	03/29/2016	95816	I50.23	N075	I21.19	GW 26	21	Anthem	Transamerica	

Table 4 - Example 2: Diagnosis codes in separate rows, encounter code repeated as needed

TIN	NPI	MRN	First Name	Last Name	DOB	Gender	Visit Date	CPT	ICD	Modifiers	POS	Primary Insurer	Secondary Insurer	Tertiary Insurer
157348736	1154372167	1001	Joe	Schmoe	03/31/1955	M	08/10/2016	G9172	R471	GN	11	Blue Cross	Medicare Part B	
157348736	1154372167	1001	Joe	Schmoe	03/31/1955	M	08/10/2016	G9172	Z021	GN	11	Blue Cross	Medicare Part B	
157348736	1154372167	1001	Joe	Schmoe	03/31/1955	M	08/10/2016	G9172	S12.200A	GN	11	Blue Cross	Medicare Part B	
111111111	1154372167	3867	Jane	Doe	02/27/1938	F	03/05/2016	92507	R49.0	26 RT	11	Aetna	CHAMPVA	Cigna
111111111	1154372167	3867	Jane	Doe	02/27/1938	F	03/05/2016	92507	Z37.59	26 RT	11	Aetna	CHAMPVA	Cigna

Data Validation Process for Denominator Data