

Diagnostic Imaging Reporting User Guide

**FOR THE MINNESOTA DEPARTMENT OF HEALTH, HEALTH
ECONOMICS PROGRAM (HEP) DATA PORTAL**

December 2025

Diagnostic Imaging Reporting User Guide

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Purpose

The purpose of this document is to guide reporting entities on the process for registering and managing a reporting entity account and submitting Annual Reports on the Minnesota Department of Health (MDH) website for the Health Economics Program (HEP).

Technical Requirements

The [HEP Data Portal](#) functions on the following browsers: Google Chrome, Microsoft Edge, and Mozilla Firefox.

Register

Prior to filing a data set, reporting organizations must register a primary contact on the MDH website using the [HEP Data Portal](#). Once a request to register has been submitted, MDH reviews and approves requests. Only the first user registration needs to be approved by MDH. Subsequent users can be added on demand with no approval required. Approved registrants will receive an email through which they can activate their account and set their passwords. Successful activation of an account completes the registration process for a primary contact.

Refer to the [Registration and Account Management Guide \(PDF\)](#) for more information.

Background on Diagnostic Imaging Facility reporting

As of August 1, 2004, the Minnesota Department of Health is required by [Minnesota Statutes 144.565](#) to collect accurate and reliable information about the utilization characteristics of diagnostic imaging facilities in Minnesota and to provide this information to public policymakers, purchasers of health care services, and the public.

[Minnesota Statutes 144.1225](#), require facilities that bill for the Technical Component of Advanced Diagnostic Imaging Services to be accredited by August 1, 2013, to be eligible for reimbursement. Facilities must annually report to the Commissioner of Health demonstration of this accreditation.

[Minnesota Statutes 62J.17](#) was modified during the 2007 legislative session to require the **annual** submission of major capital expenditure commitments. This reporting is included with the Diagnostic Imaging Utilization reporting.

Data are collected from all clinics, imaging facilities, and mobile imaging providers that provide or bill for Diagnostic Imaging services such as MRI, PET, CT, and SPECT.

General Requirements

The requirement to submit diagnostic imaging utilization and services information pertains to all health care facilities (with the exception of hospitals) that provide diagnostic imaging services through the use of ionizing radiation or other imaging technique using fixed, portable, or mobile equipment regardless of whether the equipment used to provide the service is owned or leased. Please note that clinics are no longer exempt from this reporting requirement.

Each diagnostic imaging facility must submit for the prior fiscal year:

- Diagnostic Imaging Facility data
- Accreditation certifications—as required
- Additional information sufficient to allow MDH to complete a retrospective review of each major capital spending commitment in the Capital Expend Project Specific section

All reports for the prior fiscal year are due on **March 1**.

Please review [2025 Diagnostic Imaging Facility Reporting Instructions \(PDF\)](#) summarizing requirements for diagnostic imaging facilities' data reporting under Minnesota Statutes 144.565, 62J.17 and 144.1225. The instructions are intended as a general reference guide only and should not be substituted for the actual text of Minnesota Statutes 144.565, 62J.17, and 144.1225.

Annual Diagnostic Imaging (DI) reports



Create annual report

1. From the Home Page, click on the drop-down “Menu” located in the upper-right of the window and click “Annual Reports” or from the Dashboard under ‘Pending Reports’ locate a new report and click the “Create” annual report button.

PENDING REPORTS			
Actions	Report Type	Report Year	ID
 Create	DIFUR	Fiscal Year 2025	2022

Note: Annual reports will be available for each affiliate that has been added under the organization for the designated report year. Refer to the [Registration and Account Management Guide \(PDF\)](#) for information on adding and managing affiliates.

2. Select a role for report access, then click the “View Report” button. The **Administrator** role will allow the report contact to review and update data values, as well as certify final values. The **Preparer** role will allow the report contact to review and update values; however, the report contact will not be able to certify the report. The **Courtesy Contact** role will allow the report contact to review report data; however, the report contact will not be able to update information or certify the report.

Report Access											
Only report contacts may access this report. If you would like to add yourself as a report contact, please select a role and select 'View Report'											
<table border="1"> <thead> <tr> <th>Role</th></tr> </thead> <tbody> <tr><td><input type="radio"/> Administrator</td></tr> <tr><td><input type="radio"/> Preparer</td></tr> <tr><td><input type="radio"/> Capital Expenditure Contact</td></tr> <tr><td><input type="radio"/> Courtesy Contact</td></tr> </tbody> </table>	Role	<input type="radio"/> Administrator	<input type="radio"/> Preparer	<input type="radio"/> Capital Expenditure Contact	<input type="radio"/> Courtesy Contact	<table border="1"> <thead> <tr> <th>Description</th></tr> </thead> <tbody> <tr> <td>Administrators have the ability to review and update data values and should be authorized to certify final values as complete and accurate on behalf of the reporting organization.</td></tr> <tr> <td>Preparers have the ability to review and update report data values but may not certify final values as complete and accurate on behalf of the reporting organization.</td></tr> <tr> <td>Capital Expenditure Contacts have the ability to review and update report data values but may not certify final values as complete and accurate on behalf of the reporting organization.</td></tr> <tr> <td>Courtesy Contacts have the ability to review report data values but may not update information or certify final values as complete and accurate on behalf of the reporting organization.</td></tr> </tbody> </table>	Description	Administrators have the ability to review and update data values and should be authorized to certify final values as complete and accurate on behalf of the reporting organization.	Preparers have the ability to review and update report data values but may not certify final values as complete and accurate on behalf of the reporting organization.	Capital Expenditure Contacts have the ability to review and update report data values but may not certify final values as complete and accurate on behalf of the reporting organization.	Courtesy Contacts have the ability to review report data values but may not update information or certify final values as complete and accurate on behalf of the reporting organization.
Role											
<input type="radio"/> Administrator											
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Courtesy Contacts have the ability to review report data values but may not update information or certify final values as complete and accurate on behalf of the reporting organization.											
	<div>  View Report  No </div>										

Note: Roles can be updated after the original designation by returning to ‘Section 1 – Contacts’ and editing the role by clicking the ‘Edit Role’ pencil icon. Only Administrators and Preparers can make updates to report contact roles. Refer to the [Registration and Account Management Guide \(PDF\)](#) for information on report access.

3. Under the Diagnostic Imaging Facility Information section, options are available to view organization details by clicking the 'View Organization' button. Users can also edit the number of reporting months and CFO's name by clicking the 'Edit Reporting Months / CFO Name' button. Update information, then click the 'Save Changes' button.

The screenshot shows the 'DIAGNOSTIC IMAGING FACILITY INFORMATION' section. A modal window titled 'Report Information' is open, allowing users to edit the 'Number of Months in Reporting Year' (currently 11) and the 'CFO's Name' (currently John Smit). The modal has 'Cancel' and 'Save Changes' buttons. In the background, the 'View Organization' and 'Edit Reporting Months / CFO Name' buttons are highlighted with yellow boxes.

Note: Data should be provided for the prior fiscal year. The number of months should only be updated if the reporting organization operated for less than 12 months during the prior fiscal year.

4. Section 1 – Contacts

- a. For the "Contacts" section, click the "View Section" button to start. Add additional report contacts if needed by clicking the "Add Contact" button.

The screenshot shows the '1 Contacts' section with the instruction 'Provide contact information.' Below this is the 'Report Contacts' section, which includes an 'Add Contact' button.

- b. For each contact to be added to the report, select a role from the drop-down menu, then click the "Add Selected" button.

The screenshot shows the 'Add Report Contact' form. It includes a table with columns for Name, Title, and Role. The table contains three rows: Jane Smith (manager), John Jones (manager), and Steve Your (Chief). Each row has a 'Select Role' dropdown menu. At the bottom, there is a 'New Contact' button, an 'Add Selected' button, and a 'Cancel' button.

- c. If the desired contact is not available, click the “New Contact” button, enter required information marked “(required)” in green font, then click the “Save Contact” button. Users by default will be ‘Active.’ To add a contact that will have portal access, click on the “Portal Access” status to switch to “Has Access.”

- d. Enter optional Comments/Explanation, then click the “Right Arrow” button to proceed to the next section.

Note: Each section of the annual report data entry screen includes a “Definitions” button at the bottom of the page. Click the “Definitions” button to review information relevant to the current screen. Additionally, validation warnings may be displayed as data is entered. Users should review validation warnings and correct data or include an explanation verifying data as entered.

5. Section 2 – Facility Affiliations

- a. Click the ‘Add Facility Affiliate’ button. Next, enter the affiliate name and select the affiliation type, click the ‘Save’ button.
- b. Click the “Right Arrow” button to proceed to the next section.

6. Section 3 – Accreditation Certifications

- Enter values.
- Submission of accreditation certification is required with this report. Accreditation certificates may be attached in Section 12 - Documents.
- Click the “Right Arrow” button to proceed to the next section.

3 Accreditation Certifications
Minnesota Statutes 144.1225, require facilities that bill for the Technical Component of Advanced Diagnostic Imaging Services to be accredited by August 1, 2013 to be eligible for reimbursement. Submission of accreditation certification is required with this report. Accreditation certificates may be attached in Section 12 - Documents.

American College of Radiology (ACR) Certification
Please indicate your facility's accrediting organization and relevant modalities below along with the certification expiration date of each modality.

☒ MRAP Certification Expiration 12/27/2025 ☐ PETAP Certification Expiration ☐ CTAP Certification Expiration ☐ NMAP Certification Expiration

Intersocietal Accreditation Commission (IAC) Certification
Please indicate your facility's accrediting organization and relevant modalities below along with the certification expiration date of each modality.

☐ ICAMRL Certification Expiration ☐ ICACTL Certification Expiration ☐ ICANL Certification Expiration

RadSite (RS) Certification
Please indicate your facility's accrediting organization and relevant modalities below along with the certification expiration date of each modality.

☐ RS-MRI Certification Expiration ☐ RS-PET Certification Expiration ☐ RS-CT Certification Expiration ☐ RS-SPECT Certification Expiration

The Joint Commission (TJC) Certification
Please indicate your facility's accrediting organization and relevant modalities below along with the certification expiration date of each modality.

☐ MRA Certification Expiration ☐ MRI Certification Expiration ☐ PET Certification Expiration ☐ CT Certification Expiration ☐ CTA Certification Expiration

☐ Nuc Cardiology ☐ Diagnostic Imaging ☐ Imaging Radiology

[Save](#) [Index](#) [Definitions](#) [Jump To](#)

7. Section 4 – Fixed Equipment

- Enter values.
- Click the “Right Arrow” button to proceed to the next section.

4 Fixed Equipment
Provide fixed equipment information for the report.

Utilization - Fixed Equipment
Please enter the number of procedures provided and billed by this facility regardless if the equipment is owned or leased.

	MRI Procedures	PET Procedures	PET/CT Combination Procedures	CT Procedures	SPECT/CT Combination Procedures	SPECT Procedures
Blue Cross Blue Shield						
HealthPartners						
Medica						
PreferredOne						
Ucare MN						
Other Health Plans						
Self Pay						
Workers Compensation						
Auto						
Medicare						
MA/MNAP and MinnesotaCare Total						
MA/MNAP						
MinnesotaCare						
Total	0	0	0	0	0	0

Count of Fixed Equipment
Please enter the number of fixed scanners at this location.

	MRI	PET	PET/CT	CT	SPECT/CT	SPECT
Number of Fixed Scanners						

Ownership of Fixed Equipment
Please identify if the reporting entity owns or leases the equipment for the utilization provided above.

	MRI	PET	PET/CT	CT	SPECT/CT	SPECT
Do you own this equipment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you own this equipment, do you lease this equipment out to others?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Comment / Explanation

[Save](#) [Index](#) [Definitions](#) [Jump To](#)

8. Section 5 – Portable Equipment

- Enter values.
- Click the “Right Arrow” button to proceed to the next section.

5

Portable Equipment

Provide portable equipment information for the report.

Utilization - Portable Equipment

Please enter the number of procedures provided and billed by this facility regardless if the equipment is owned or leased.

	MRI Procedures	CT Procedures	PN/CT Combination Procedures	CT Procedures	SP/CT/CTI Combination Procedures	SP/CTI Procedures
Blue Cross Blue Shield						
HealthPartners						
Medica						
ProformaOne						
Ucare MR						
Other Health Plans						
Self Pay						
Workers Compensation						
Auto						
Medicare						
MA/PMAP and MinnesotaCare Total						
MA/PMAP						
MinnesotaCare						
Total	0	0	0	0	0	0

Count of Portable Equipment

Please enter the number of portable scanners at this location.

	MRI	CT	PN/CTI	CT	SP/CT/CTI	SP/CTI
Number of Portable Scanners						

Ownership of Portable Equipment

Please clarify if the reporting entity owns or leases the equipment for the utilization provided above.

	MRI	CT	PN/CTI	CT	SP/CT/CTI	SP/CTI
Do you own this equipment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you own this equipment, do you lease this equipment out to others?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Comment / Explanation

Submit Report

Save Index Definitions Jump To

9. Section 6 – Mobile Equipment

- Enter values.
- Click the “Right Arrow” button to proceed to the next section.

6

Mobile Equipment

Provide mobile equipment information for the report.

Utilization - Mobile Equipment

Please enter the number of procedures provided and billed by this facility regardless if the equipment is owned or leased.

	MRI Procedures	CT Procedures	PN/CTI Combination Procedures	CT Procedures	SP/CT/CTI Combination Procedures	SP/CTI Procedures
Blue Cross Blue Shield						
HealthPartners						
Medica						
ProformaOne						
Ucare MR						
Other Health Plans						
Self Pay						
Workers Compensation						
Auto						
Medicare						
MA/PMAP and MinnesotaCare Total						
MA/PMAP						
MinnesotaCare						
Total	0	0	0	0	0	0

Count of Mobile Equipment

Please enter the number of mobile scanners at this location.

	MRI	CT	PN/CTI	CT	SP/CT/CTI	SP/CTI
Number of Mobile Scanners						

Ownership of Mobile Equipment

Please clarify if the reporting entity owns or leases the equipment for the utilization provided above.

	MRI	CT	PN/CTI	CT	SP/CT/CTI	SP/CTI
Do you own this equipment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you own this equipment, do you lease this equipment out to others?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Comment / Explanation

Submit Report

Save Index Definitions Jump To

10. Section 7 – Leased Equipment

- Enter values.
- Click the “Right Arrow” button to proceed to the next section.

11. Section 8 – Mobile Equipment Locations

- Enter values.
- Click the “Right Arrow” button to proceed to the next section.

12. Section 9 – Financial or Economic Interest

- Click the ‘Add Individual button. Next, enter the individual’s name, select the credential from the drop-down menu, enter NPI, then click the ‘Save’ button.
- Click the “Right Arrow” button to proceed to the next section.

13. Section 10 – Capital Expenditures

- Indicate whether your facility made any spending **commitments** in excess of \$1M dollars in the prior fiscal year.
- If there was a commitment for a new facility, not yet assigned an ID, please navigate to My Organization and click the Add Affiliate button to add a new Health Care System / Provider. Once added, a Capital Expenditure Retrospective Review Report (CERRR) will be available for the new facility under the Annual Reports page.
- Click the “Right Arrow” button to proceed to the next section.

10 Capital Expenditures
Provide capital expenditures for the report

Commitment Summary

Did your reporting entity have any Major Capital Expenditures Commitments in the reporting year that were over \$1 million dollars each? ☒ Yes ☐ No

Total number of Capital Expenditure projects over \$1 million dollars each: The Commitment number of projects should equal the total project count of \$.

Total Major Capital Expenditures Commitments: \$ The Commitment amount should equal the total project cost of \$.

Commitment Details
For all projects that are over 1 million, report the detail in this section. Note that parts of any project can be reported in more than one category, but should not be double counted. Reporting this information is required by Minnesota Statutes 621.17, subdivision 2 and 144.096, subdivision 1.

	Medical Equipment	Building and Space	Other Capital Expenditures	Total Capital Expenditures
Patient Care Services	\$ 0	\$ 0	\$ 0	\$ 0
Diagnostic Imaging (includes new and replacement equipment)	\$ 0	\$ 0	\$ 0	\$ 0
MRI	\$	\$	\$	\$
CT	\$	\$	\$	\$
PET	\$	\$	\$	\$
Other Imaging	\$	\$	\$	\$

[Save](#) [Index](#) [Definitions](#) [Jump To](#)

14. Section 11 - Capital Expenditures Projects

- Click the “Add Project” button, enter data and click the “Save Project” button. To delete a project, click the ‘Delete Project’ button and ‘Confirm’ to complete the deletion.
- Click the “Right Arrow” button to proceed to the next section.

12 Capital Expenditures Projects
Provide capital expenditures projects for the report.

[Project 1 of 1](#) [Add Project](#) [Delete Project](#)

General Information
Please provide general information about the project.

Title and General Description of the Project (required)

New project

General Purpose of the Project

[Save](#) [Index](#) [Definitions](#) [Jump To](#)

15. Section 12 - Supporting Documents

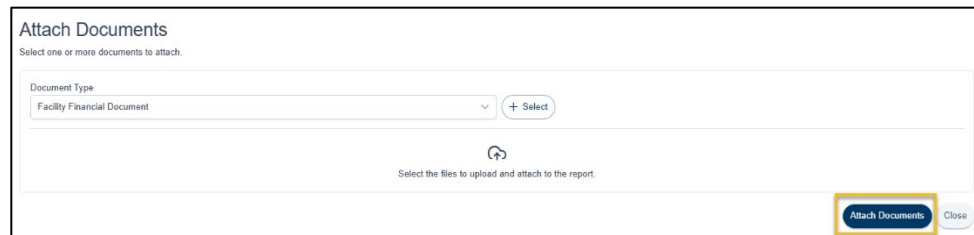
- a. Click the “Attach” button to optionally provide additional supporting documentation for the report.



14 Supporting Documents
 Attach supporting documents for the report. Minnesota Statutes 164.696 and Minnesota Rules Chapter 4056.0115 require all Licensed Outpatient Surgical Centers to provide an Audit Information (Balance sheet detailing assets, liabilities, and net worth, detailed statement of income and expenses). Minnesota Rules, part 4056.0115 requires the submission of a copy requirements of the Social Security Act. If an MCR is not filed with CMS, this requirement may be disregarded.

Action	Document	Document Type
	test.docx	Ownership Diagram Document

- b. Click the “Document Type” from the drop-down menu, then click the “Select” button to locate files from the file directory, then click the “Open” button. Click the “Attach Documents” button to attach documents.



Attach Documents
 Select one or more documents to attach.

Document Type
 Facility Financial Document

+ Select

Select the files to upload and attach to the report.

Attach Documents Close

- c. Proceed to the ‘**Certify and Submit Annual Report**’ instructions below.

Certify and submit annual report

1. Annual Reports must be certified by an administrator user. If the user is a 'Preparer' or 'Courtesy Contact' the Annual Report cannot be certified and submitted. If the user is an Administrator, return to the index page, by clicking the "Back to Index" button. Next, scroll to the bottom of the page and click the certification checkbox.

CERTIFICATION STATEMENT <small>Before a report may be submitted, an administrator must certify that the values and explanations provided in the report are consistent with the company's audited financial statements.</small>	
<input checked="" type="checkbox"/>	<small>As an actuary or financial officer of the company, by checking this box I certify that the financial values reported in the 2024 Diagnostic Imaging Facility Utilization Report (DIFUR) are consistent with the company's 2024 audited financial statements. Where necessary, additional information to reconcile data to financial statements has been included in the Explanations / Comments for the applicable reporting section.</small>
<div style="text-align: center;"> Report Certified <small>By Johnny Smith-Wills on 12/10/2025</small> </div>	

2. Click the "Submit Report" button to submit to the Annual Report to MDH for review, then click the "Confirm" button to finalize.

Confirm Submission

Are you sure you want to submit the report for review?

Confirm

No

3. Once the report is submitted, it will be available under the "Completed" tab of the Annual Reports page. Reports can be modified until MDH has completed their review as indicated by a status of "Review Complete."

Outstanding		Completed	
View	Report Type	Report Year	
View	DIFUR	Fiscal Year 2025	

- If MDH requires additional information, the report will appear under the “Outstanding” tab of the Annual Reports page with a status of “Information Required.” Reports requiring additional information should be updated and resubmitted for MDH review.

Outstanding		Completed			
Actions	Report Type	Report Year	ID	Organization	Report Status
View	DIFUR	Fiscal Year 2023	1975	Scott Test Affiliate	Pending Submission
View	DIFUR	Fiscal Year 2023	2022	Test DI Affiliate	Information Required

Note: Once MDH completes their review of the report, the status will reflect “Review Complete.” After this time, no updates can be made. To update a report that has been submitted but not reviewed by MDH, access the “Completed” tab, locate the report, and click the “View” button.

Request extension

DIs have the option to request additional time to complete their Annual Report(s). Below are instructions for requesting a reporting extension.

1. From the Home Page Dashboard, under Pending Reports select an Annual Report by clicking the “View” or “Create” button. If “Create” is selected, a role must be selected before proceeding.
2. Under the Report Information section of the page, click “Request Extension” for ‘Need additional time?’

The screenshot shows the 'REPORT INFORMATION' section of a web application. It contains a table with the following data:

REPORT YEAR	DUE DATE	STATUS
01/01/2023	02/29/2024	Pending Submission

Below the table, there is a section titled 'Need additional time' with a dropdown menu labeled 'Request Exception'. The 'Request Extension' option is highlighted in the dropdown menu. Below this, there is a section titled 'SURGICAL CENTER FAC.' with a text input field and a 'SUBMIT' button. A note at the bottom states: 'Please verify the information presented here, along with entering the CFO's name and number of months in the reporting year.'

3. Enter “Requested Extension Date” and provide a request reason/justification, then click the “Submit” button. MDH will be notified of the request and will respond with their decision.

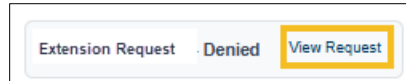
The screenshot shows the 'Request Extension' form. It includes a 'Current Due Date' field with the value '02/29/2024'. The 'Requested Extension Date (required)' field is highlighted and contains the value '03/22/2024'. Below this field, a message states: 'The current extension request is for 22 days.' The 'Request Reason / Justification (required)' field is a large text area. At the bottom right, there is a 'Submit' button and a 'Cancel' button. The 'Submit' button is highlighted.

4. Decisions can be accessed under the Conversations section of the Home Page. Proceed to the ‘**Conversations**’ instructions below.

Denied / resubmitted extension requests

Requests that are denied can be accessed and reviewed. To resubmit an extension request, follow the instructions below.

1. Access the denied request from the Home Page Dashboard under Conversations or under Pending Reports.
2. Under the Report Information section of the page, click “View Request” to view the details of the denied request, then click the “Close” button.



3. To resubmit a new extension request, click the “Request Extension” button under the Report Information section of the page.

Report Information

Report Year Calendar Year 2020	Due Date 04/01/2021	Status Pending Submission	Section Progress 2 of 10 Provided
-----------------------------------	------------------------	------------------------------	--------------------------------------

Need additional time? [Request Extension](#)

4. Enter “Requested Extension Date” and provide a request reason/justification, then click the “Submit” button. MDH will be notified of the request and will respond with their decision.

Request Extension

Please fill out the form below to submit your request.

Current Due Date

02/29/2024

Requested Extension Date (required)

03/22/2024

The current extension request is for 22 days.

Request Reason / Justification (required)

Submit

Cancel

Conversations

DI registered users will receive email notifications when new messages are available in the portal. Messages will be available under the Conversations section of the Home Page Dashboard.

1. From the Home Page Dashboard, under “Conversations” click the “View” button for a conversation.

CONVERSATIONS						
Actions	Subject	Last Message Date	Last Message From	Create Date	Created By	
View	Exception Request - Fiscal Year 2023	12/04/2025 02:15 PM	MDH Staff	12/04/2025 02:15 PM	MDH Staff	
View	FOSC Testing Notice	12/02/2025 05:08 PM	Fosc User	11/28/2025 12:00 PM	MDH Staff	

[Go To Conversations](#)

2. To reply, click the “Add Message” button, enter message reply, then click the “Submit” button.

Conversation

Below are the details for the selected conversation.

CONVERSATION DETAILS

SUBJECT
Exception Request - Fiscal Year 2023

ORGANIZATION
Scott Test Affiliate for User Test

MESSAGES

Fosc User created initial message on 12/02/2025 05:38 PM

Extension request for period Fiscal Year 2023 with excepti

MDH Staff commented on 12/04/2025 02:15 PM

The exception request for Fiscal Year 2023 for Scott Test A

Approved for 3/11/2024 not the requested date of 3/2/2024

Add Conversation Message

Use the form below to add a message to the conversation.

Message Reply (required)

B I U

Thank you for the reply. We have another follow up question...

NOTE: All participants will receive a notification.

[Submit](#) [Cancel](#)

[Add Message](#)

3. To access all conversations, click the “Go to Conversations” button from the Home Page Dashboard. Conversations can be filtered by date range as well as Open / Closed by clicking the “Open Conversations” and “All Conversations” buttons.

Select Date Range: 09/10/202512/09/2025Load Conversations

Open ConversationsAll Conversations

Open Conversations for 9/10/2025 to 12/9/2025

Actions	Organization T1	Subject T1	Last Message DateJP	Messages T1	Status T1
<div>View</div>	Scott Test Affiliate for User Test	Exception Request - Fiscal Year 2023	12/04/2025 02:15 PM1	1	Open
<div>View</div>		Test	12/04/2025 01:12 PM1	1	Open
<div>View</div>	Test FOSC.	FOSC Testing Notice	12/02/2025 05:08 PM1	1	Open

References

- [HEP Data Portal \(https://hepdataportalui.web.health.state.mn.us/signinregister\)](https://hepdataportalui.web.health.state.mn.us/signinregister)
- [Registration and Account Management Guide \(PDF\)
\(https://www.health.state.mn.us/data/economics/uror/docs/regguide.pdf\)](https://www.health.state.mn.us/data/economics/uror/docs/regguide.pdf)
- [Minnesota Statutes 144.565 \(https://www.revisor.mn.gov/statutes/cite/144.565\)](https://www.revisor.mn.gov/statutes/cite/144.565)
- [Minnesota Statutes 144.1225 \(https://www.revisor.mn.gov/statutes/cite/144.1225\)](https://www.revisor.mn.gov/statutes/cite/144.1225)
- [Minnesota Statutes 62J.17 \(https://www.revisor.mn.gov/statutes/cite/62J.17\)](https://www.revisor.mn.gov/statutes/cite/62J.17)
- [2025 Diagnostic Imaging Facility Reporting Instructions \(PDF\)
\(https://www.health.state.mn.us/data/economics/hccis/docs/diinst25.pdf\)](https://www.health.state.mn.us/data/economics/hccis/docs/diinst25.pdf)