STAY SAFE MN

Instructions for Reporting Long-term Care COVID-19 Point-of-Care Antigen Testing Results

FILE KEY FOR MDH COVID-19 LAB RESULTS REPORTING FILE TEMPLATE

Introduction

This document is intended for use by long-term care (LTC) facilities submitting all point-of-care (POC) COVID-19 antigen test results to the Minnesota Department of Health (MDH). As described below, there are three versions of the *MDH COVID-19 Lab Results Reporting File Template* to choose from for reporting your test results, based on the type of testing equipment you use. **Test results must be reported on the appropriate *MDH COVID-19 Lab Results Reporting File Template*, and must be submitted only via a special, secure provider portal (see below).** Note: The test results contain Protected Health Information (PHI) and must be submitted through the secure portal described below. Do not send test results to MDH via email.

The appropriate reporting file template should be submitted only for new test results. To prevent duplicates, do not submit new test results with previous results that have already been submitted.

Test reporting templates

Test reporting templates vary according to the type of test equipment used, and it is important to submit the correct template. There are three versions of the *MDH COVID-19 Lab Results Reporting File Template* depending on which testing equipment is being used:

- MDH COVID-19 Lab Results Reporting File Template QSA
  for Quidel Sofia Antigen testing equipment

- MDH COVID-19 Lab Results Reporting File Template BVA
  for BD Veritor Antigen testing equipment

- MDH COVID-19 Lab Results Reporting File Template ABN
  for Abbott BinaxNow COVID-19 Ag Card

Long-term Care Testing: COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html)

This document explains how to complete the appropriate reporting file template, including the values and other information to record in each field of the template.

LTC facilities may report POC COVID-19 test results to MDH through a daily batch comma separated values (csv) or Excel file. Laboratory findings only need to be reported using this format for results run in-house or at your facility. If results are sent out to another laboratory, it is the responsibility of that laboratory to report the findings of all results.

MDH has an automated procedure for processing files. For this reason, please use only the appropriate lab reporting file template according to the instructions below. This can be done either by exporting data from your system or by typing it into an Excel file.

When you have finished recording your test results in the appropriate reporting file template, please submit the template through the secure COVID-19 Provider Portal (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D). This link can also be used to access a user guide for the portal, with explanations of how to use the portal.

When submitting results via the portal, please make sure to choose the first option, "Upload a daily batch of COVID-19 test results from your laboratory in a csv or Excel file." The portal will also ask you for the reporter's name, facility name that is reporting, and a contact phone number in case we have questions about your file.

Reporting to MDH fulfills the United States Health and Human Services (HHS) reporting guidance at COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115 (www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf). HHS guidance is designated in the "HHS" column of the variable table.

If you have questions, please contact Health.ELRmeaningfuluse@state.mn.us. (As noted above, submit completed file reporting templates to only the secure COVID-19 Provider Portal (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D). **Do not submit the reporting templates to the Health.ELRmeaningfuluse@state.mn.us email address.** Do not send PHI to the email address unless it is encrypted.)

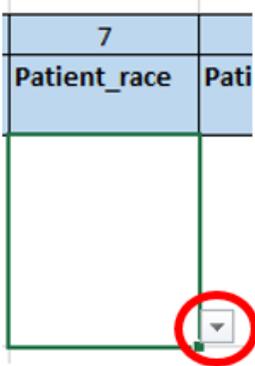# File template general instructions

- This document has been adapted from a more general document to meet needs of long-term care facilities (LTC) submitting POC COVID-19 antigen test results to the MDH. Please review and become familiar with all the information in this document before recording or submitting COVID-19 POC antigen test results.

- As noted above, there are three versions of the *MDH COVID-19 Lab Results Reporting File Template*. Please make sure you are using the correct reporting file template version for your testing equipment.

  - MDH COVID-19 Lab Results Reporting File Template QSA
   for Quidel Sofia Antigen testing equipment

- MDH COVID-19 Lab Results Reporting File Template BVA
  for BD Veritor Antigen testing equipment

- MDH COVID-19 Lab Results Reporting File Template ABN
  for Abbott BinaxNow COVID-19 Ag Card

- As noted above, submit the appropriate file template only for new test results. Do not submit new test results with previously submitted results.

- Please fill all fields as instructed below. If you are not able to fill a field, leave the field blank.

- Many fields in the file reporting template are already prepopulated and have been protected so they cannot be changed. Some fields will also auto-populate when you click on a pull-down menu option in another field.

- If you make a mistake and need to re-enter data, **do not use the "clear contents" option**. Use the backspace or delete keys to clear a cell.

- We encourage you to prepopulate additional fields where possible. For example, you may be able to import specific employee data (name, address, etc.) from your HR or payroll systems to prepopulate those fields in the file reporting template in advance.

- The "Variables" section below lists the fields in the reporting template and the data to be recorded for each field. The "Usage" column in the Variables section provides guidance on the usage of each field, as shown in the following table below. (Note: Most usage is "R" or "RE" as described below.)

- Usage and meaning

  - R = Required. Field must always be populated. Required fields are marked in <mark style="background-color: yellow">bright yellow</mark>.

  - RE = Required, but can be left empty if the data is not available or if the usage condition is false (if the criteria for entering a field value are not met). If the data is available, it must be sent. If the data is not available, the field can be left blank. RE items are marked in <mark style="background-color: cyan">pale blue</mark>.

  - C(R/X) = Conditional (Required). If the condition is true (if the criteria are met) then the usage for the element is "R" (Required - the data must be provided). If the condition is false (if the criteria are not met), then the usage for this element is "X" (Not Supported). Please make sure that if the usage is "X" to leave the field blank. C(R/X) items are marked in <mark style="background-color: #00ff00">light green</mark>.

  - **For LTC facilities submitting POC COVID-19 antigen test results only:** Any field named with white letters on a black background can be left blank. (Do not delete the column). An example would be the `Testing_lab_specimen_ID`. A note of "May be left blank" will be in the Instructions column in the "Variables" section below.

- Take advantage of pull-down options. As shown below, cells with a pull-down option will show a small triangle in the lower right corner of the cell when you click on the cell.

- Several fields require clicking on one choice from a limited set of pre-set options. For example, the allowed response for the "patient_gender" field is only one of the following: Male, Female, Other, Unknown, Ambiguous. In those cases, the *MDH COVID-19 Lab Results Reporting File Template* has pull-down menus to choose from, as illustrated below.

Instructions and example screenshots

When you click on a cell with pull-down menus you will see a small triangle attached to the lower left corner of the cell.

7	
Patient_race	Pati

Click on the triangle for options to select.

9	
Patient_gender	Pati

Male
Female
Other
Unknown
Ambiguous
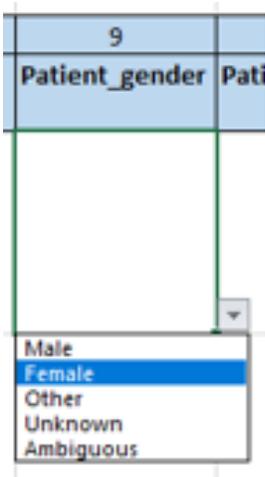
Click on the desired option and it will automatically be recorded in the cell.

9	
Patient_gender	
Female	
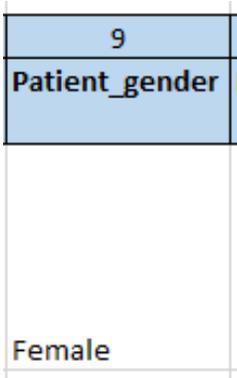
Variables

Complete the appropriate *MDH COVID-19 Lab Results Reporting File Template* using the instructions for each field in the template below.

Column	Header Name	Variable Name	Instructions	HHS	Usage
A	Testing_lab_name **For LTC facilities:** Organization/ facility name	Name of the Testing Facility	Performing facility name – your organization name	Must	R
B	Testing_lab_specimen_ID	Specimen ID assigned by the testing lab	**For labs:** This is the primary key for deduplication from the same testing lab – MUST BE UNIQUE for the lab. Do not re-use over time. **For long-term care facilities (LTC) submitting point-of-care COVID-19 antigen test results: May be left blank.** Note: HHS requires a value for this field. If an LTC facility leaves this field blank, MDH will insert a generic substitute placeholder entry to meet the HHS requirement that a value be provided for this field.	Must	For labs: R LTC antigen tests: May be left blank
C	Patient_ID	Patient identifier	This should uniquely identify the patient over time, ideally the medical record number (MRN). If testing an employee and there is not an MRN, please place "STAFF" in this field. If testing visitors or essential caregivers, please place "VISITOR" or "ESSENTIAL CAREGIVER" in this field. Preferred IDs are from the submitter.		R
D	Patient_last_name	Patient last name			R

Column	Header Name	Variable Name	Instructions	HHS	Usage
E	Patient_first_name	Patient first name			R
F	Patient_middle_name	Patient middle name or initial			RE
G	Patient_race	Patient race	Click on the pull-down menu and select one of the options.	Must	RE
H	Patient_DOB	Patient date of birth	MM/DD/YYYY	Must	RE
I	Patient_gender	Patient sex	Click on the pull-down menu and select one of the options.	Must	RE
J	Patient_ethnicity	Patient ethnicity	Click on the pull-down menu and select one of the options.	Must	RE
K	Patient_language	Patient's primary language			RE
L	Patient_street1	Patient residence street address line 1	Enter the address of the residence (e.g., house number, street); for residents of care facilities, put care facility address here.		RE
M	Patient_street2	Patient residence street address line 2	(e.g., apartment number)		RE
N	Patient_city	Patient residence city	For residents of care facilities, put care facility address here.		RE
O	Patient_county	Patient residence county		Must	RE
P	Patient_state	Patient residence state	Two-character abbreviation MN. This is the primary element used for routing to the correct state public health, so you MUST follow these conventions and		R

Column	Header Name	Variable Name	Instructions	HHS	Usage
			every effort should be made to provide it.		
Q	Patient_zip_code	Patient residence zip	Zip code as 5-digit or 9-digit notation (with dash). Expected format: nnnnn nnnnn-nnnn For residents of care facilities, put care facility address here.	Must	RE
R	Patient_home_phone	Patient phone number	Expected format: nnn-NNNNNNN		RE
S	Patient_cell_phone		Expected format: nnn-NNNNNNN		RE
T	Ordering_provider _name	Ordering Provider name	First and last name of ordering provider	Must	RE
U	Ordering_provider _street	Ordering provider street address		Should	RE
V	Ordering_provider _city	Ordering provider city		Should	RE
W	Ordering_provider _state	Ordering provider state	Two-character abbreviation MN	Should	R
X	Ordering_provider _zip_code	Ordering provider zip	Zip code as 5-digit or 9-digit notation (with dash). Expected format: nnnnn nnnnn-nnnn	Must	RE
Y	Ordering_provider _phone	Ordering provider phone number	Expected format: nnn-NNNNNNN	Should	RE
Z	Ordering_facility_n ame	Ordering facility name	Name of the ordering facility If left blank, will be populated with the "Testing_lab_name" in column A of the		R

Column	Header Name	Variable Name	Instructions	HHS	Usage
			reporting template. For LTC facilities, this is the organization/facility name.		
AA	Order_test_date	Date test ordered	Date the test was ordered. Expected format: MM/DD/YYYY		RE
AB	Test_performed_description	Test performed description	This field is pre-populated. You do not need to enter anything for this field.		RE
AC	Test_performed_code	Test performed code	This field is pre-populated. You do not need to enter anything for this field.	Must	R
AD	Test_result_coded	Test result coded	**You do not need to enter anything for this field.** It will auto-populate when you select an option in the next field (field AE).	Must	C(R/X)
AE	Test_result_description	Test result description	Click on the pull-down menu and select one of the options. For facilities that will be verifying antigen results that are positives with a PCR test, please click on the pull-down choice of "Presumptive Positive" and add a comment in field AM.		RE
AF	Test_result_number	Test result number	Condition: If serology testing is being done and there is a numeric result, place it here. **For antigen testing, leave blank.**	Must	C(R/X)
AG	Test_date	Test date	The date the result was determined – it may or may not be the same date/time the result was reported. Expected format: MM/DD/YYYY	Must	RE
AH	Date_result_released	Date result released	This is the date the results are being reported. Expected format: MM/DD/YYYY		R
AI	Specimen_collection_date	Specimen collection date	Specimen collection date. Expected format: MM/DD/YYYY	Must	R

Column	Header Name	Variable Name	Instructions	HHS	Usage
AJ	Specimen_received_date	Date specimen received	Date when specimen was received at the lab. Expected format: MM/DD/YYYY		RE
AK	Specimen_type_description	Specimen type description	For **BD Veritor** and **Abbott BinaxNOW COVID-19 Ag Card** testing equipment: This field is already pre-populated. For **Quidel Sofia testing equipment:** Choose the appropriate option from the drop-down menu.		RE
AL	Specimen_type_code	Specimen type code	This field is already pre-populated for BD Veritor and Abbott BinaxNOW COVID-19 Ag Card testing equipment. For Quidel Sofia testing equipment: This field auto-populates based on the choice selected for field AK.	Must	R
AM	Comments	Comments	Use this field to provide any other information that may be critical. If verifying antigen positive results, put a comment along the lines of "Results being confirmed by RT-PCR."		RE
AN	First_test	Was this the patient's first test for this disease?	Click on the pull-down menu and select one of the options.	Must	RE
AO	Employed_in_healthcare	Does the patient currently work in a healthcare setting with routine access to patients?	The main focus is on patients who work in a high-risk setting with patients who could be a superspreader (first responders, front line clinicians, environmental staff, therapists, in direct contact with patients or in their location). Click on the pull-down menu and select one of the options.	Must	RE
AP	Symptomatic_for_disease	Does the Patient	Did the patient have symptoms for the disease as defined here:	Must	RE

Column	Header Name	Variable Name	Instructions	HHS	Usage
		currently have symptoms consistent with suspected reportable condition/illness?	Symptoms of Coronavirus (www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) Click on the pull-down menu and select one of the options.		
AQ	Illness_onset_date	If the patient had symptoms, what was the date when symptoms for the disease began?	Condition: Required only if known, if the answer to Symptomatic_for_disease = Yes. If answer above is No or Unknown, leave blank. Expected format: MM/DD/YYYY	Must	RE
AR	Hospitalized	Was the patient hospitalized because of this condition?	Patient has been hospitalized for the reportable illness/condition that this order has been placed for (suspected or diagnosed). Note: when the test is ordered during ER visit the answer would be N. Click on the pull-down menu and select one of the options.	Must	RE
AS	ICU	Has the patient has been admitted/transferred to the ICU for this condition?	Patient has been admitted/transferred to the ICU at any time during the encounter for the reportable illness/condition that the order has been placed for (suspected or diagnosed). Click on the pull-down menu and select one of the options.	Must	RE
AT	Resident_congregate_setting	Does the patient normally reside in a congregate care setting?	Congregate care settings include nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care	Must	RE

Column	Header Name	Variable Name	Instructions	HHS	Usage
			homes, homeless shelters, foster care or other settings. Click on the pull-down menu and select one of the options.		
AU	Pregnant	Is the patient currently pregnant?	This applies to female patients only, so if not applicable, leave blank. Click on the pull-down menu and select one of the options.	Must	RE
AV	Patient_died	Is patient deceased?	Click on the pull-down menu and select one of the options.		RE
AW	Patient_death_date	Date patient died	Condition: Required only if known if the answer to Patient_died = Yes. If answer above is No or Unknown, leave blank. Expected format: MM/DD/YYYY – please do not populate with text; only date.		RE
AX	Test_kit_EUA_ID	EUA based test kit identification	This field is pre-populated. You do not need to enter anything for this field.	Should	RE
AY	Test_kit_model_name	Model name based test kit identification	For long-term care (LTC) facilities submitting point-of-care COVID-19 antigen test results: May be left blank.	Should	LTC antigen tests: May be left blank
AZ	Test_kit_model_ID	Device identifier based test kit identification	For long-term care (LTC) facilities submitting point-of-care COVID-19 antigen test results this field may be left blank.	Should	LTC antigen tests: May be left blank
BA	Instrument_model_name	Model name based instrument identification	For long-term care (LTC) facilities submitting point-of-care COVID-19 antigen test results this field may be left blank.	Should	LTC antigen tests: May be left blank
BB	Instrument_model_ID	Device identifier-based	For long-term care (LTC) facilities submitting point-of-care COVID-19	Should	LTC antigen tests:

Column	Header Name	Variable Name	Instructions	HHS	Usage
		instrument identification	antigen test results this field may be left blank.		May be left blank
BC	Test_kit_instance_ID	Instance based test kit identification	For long-term care (LTC) facilities submitting point-of-care COVID-19 antigen test results this field may be left blank.	Should	LTC antigen tests: May be left blank
BD	Instrument_instance_ID	Instance based instrument identification	For long-term care (LTC) facilities submitting point-of-care COVID-19 antigen test results this field may be left blank.	Should	LTC antigen tests: May be left blank

Resources

- MDH COVID-19 Lab Results Reporting File Templates available at Long-term Care Testing: COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html):

  - MDH COVID-19 Lab Results Reporting File Template QSA
    for Quidel Sofia Antigen testing equipment

  - MDH COVID-19 Lab Results Reporting File Template BVA
    for BD Veritor Antigen testing equipment

  - MDH COVID-19 Lab Results Reporting File Template ABN
    for Abbott BinaxNow COVID-19 Ag Card

- COVID-19 Provider Portal (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D)
  Submit the completed file templates above via the portal. Includes link to COVID-19 Provider Portal User Guide (instructions for submitting completed file templates via the Provider Portal).

- CDC: How to Report COVID-19 Laboratory Data (www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html)

- HHS: COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115 (www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf)

- HHS: COVID-19 Lab Data Reporting Implementation Specifications (www.hhs.gov/sites/default/files/hhs-guidance-implementation.pdf)

- Minnesota Communicable Disease Reporting Rule (www.health.state.mn.us/diseases/reportable/rule/index.html)

Questions?

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Contact health.communications@state.mn.us to request an alternate format.

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