

# Form and Manner for Required Reporting of Data and Information for Acadia St. Paul JV LLC, d/b/a Capitol Park Mental Health Hospital

JULY 2025

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## Overview

This Form and Manner document sets forth provisions for reporting requirements concerning data and other information to the Minnesota Department of Health (MDH). These reporting requirements – comprising certain monthly, quarterly, and annual data submissions – are designed so that MDH can meet its statutory obligation to monitor implementation of the hospital moratorium exception for the Capitol Park Mental Health Hospital, including by assessing hospital case mix, payer mix, patient transfers, patient diversions, and other issues relevant to access and quality of inpatient mental health care in Minnesota.<sup>1</sup>

This document addresses the following:

- The registration process and timelines to report data and information to MDH.
- The classification of data submitted.
- The process for submitting required data and other information.
- The format and content for reporting.

This form and manner guidance is distinct from the attestation requirement that is a component of acquiring and renewing licensure for this hospital. Questions about licensure and the requirement to submit an attestation should be submitted to MDH's Health Regulation Division at: 651-201-4200 or [Health.HRD-FedLCR@state.mn.us](mailto:Health.HRD-FedLCR@state.mn.us).

## Registration

**Prior to submitting data and information to the secure MDH CloudDrive**, authorized individuals from Capitol Park Mental Health Hospital must register on the [MDH website \(https://www.health.state.mn.us/data/economics/moratorium/index.html\)](https://www.health.state.mn.us/data/economics/moratorium/index.html). To register, the entity must provide the following information:

- 1) Entity name (organization)
- 2) Hospital name (if different)
- 3) Business address
- 4) Business phone number
- 5) The name and title of individuals authorized by the entity to submit data to MDH and receive communications from MDH regarding compliance with Minnesota Statutes, section 144.551, and the following information for the authorized individuals:
  - a. Role (primary, secondary)
  - b. Business mailing address
  - c. Business email address
  - d. Business phone number

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<sup>1</sup> [Minnesota Statutes, section 144.551](https://www.revisor.mn.gov/statutes/cite/144.551) subdivision 1, paragraph (b), item (33) and subdivision 1a, paragraph (e), <https://www.revisor.mn.gov/statutes/cite/144.551>.

Entities must add at least two individuals when registering to ensure continuity of access and prevent delays. Authorized individuals must update the registration each time there is a change to any of the information specified above. Questions about the registration process or submission of data and information may be sent to: [health.pir@state.mn.us](mailto:health.pir@state.mn.us).

## Entity Reporting

Authorized individuals must submit to MDH timely, accurate and complete data or datasets in accordance with the information provided in this guidance. The hospital must also have in place quality assurance processes that will guarantee the accuracy and comprehensiveness of information, including by removing duplicate records, conducting face-validity checks, aligning reporting to MDH with reporting under other federal and state requirements.

### Monthly and Annually Reporting of Hospital Discharge and Transfer Requests Data

Beginning 90 days after the official opening date, and the first Monday of each subsequent month, MDH requires that facility staff submit discharge data defined later in this document for all hospitalizations (hospital admissions and discharges) and transfer requests for two time periods: monthly and annually.

Monthly discharge data (or datasets) are based on dates of service for admissions through discharges covering one month.

Annual discharge data (or datasets) for hospitalizations (discharges, including demographic, code, and billing tables) and transfer requests must be submitted to MDH with dates of service spanning an entire calendar year (i.e., January 1, 2025 – December 31, 2025) annually beginning on Monday, **April 6, 2026**, and the first Monday in April annually thereafter.<sup>2</sup>

### Quarterly Reporting of Hospital Staffing Data

Beginning 90 days, or the first Monday, after the end of a full quarter following the official opening date, and every first Monday following the end of a subsequent quarter, MDH requires facility staff submit quarterly hospital staffing data defined in state law<sup>3</sup>. Staffing data are to be reported to MDH by unit, consistent with data collection requirement established by the Minnesota Hospital Association (e.g., adult psychiatric high acuity).<sup>2,4</sup>

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<sup>2</sup> Facility staff may choose to work with the Minnesota Hospital Association to submit data to MDH according to the timelines specified.

<sup>3</sup> Staffing data reported under [Minnesota Statutes, section 144.7055](https://www.revisor.mn.gov/statutes/cite/144.7055), (<https://www.revisor.mn.gov/statutes/cite/144.7055>) are necessary for MDH to conduct a study on inpatient mental health access and quality.

<sup>4</sup> Examples of publicly reported nurse staffing data can be found on the [Minnesota Hospital Association website](https://www.mnhospitals.org/data-reporting/nurse-staffing/) (<https://www.mnhospitals.org/data-reporting/nurse-staffing/>).

## Classification of Data

Data of a confidential nature that is submitted to MDH under section 144.551 subdivision 1, paragraph (b), item (33) and subdivision 1a, paragraph (b), item 5 will not be disclosed, as provided in section 144.58.

## Method of Submission

Required data and information defined in this document **must be submitted by an authorized user identified in the registration** to the secure [MDH Cloud Drive \(https://clouddrive.web.health.state.mn.us/\)](https://clouddrive.web.health.state.mn.us/).

1. Blank Microsoft Excel templates should be downloaded from the [MDH website \(https://www.health.state.mn.us/data/economics/mhbedmonitoring/index.html\)](https://www.health.state.mn.us/data/economics/mhbedmonitoring/index.html). These templates must be used by required entities to submit data.
2. An authorized user must have already been registered with MDH and use a single, unique email addresses to upload files, since CloudDrive allows only one email address per account.<sup>5</sup> To establish a password, click on the "Forgot Password" link located at the lower right corner of the login screen. This sends a password reset to the authorized user's email. The temporary password doesn't expire.
3. Files to be uploaded must adhere to the following naming convention: "timeframe\_tablename\_yyyymmdd," where:
  - a. "timeframe" is the dates or service i.e., monthly, quarterly, or annually.
  - b. "tablename" is the name of the table described in the "Data Elements" section below (i.e., DEMOGRAPHIC, CODES, BILLING, TRANSFER\_REQUESTS, or HOSPITAL\_STAFFING).
  - c. "yyymmdd" is submission date.
4. Once logged in, users select the designated bucket (i.e., folder) for submission of data and within the bucket create folders for each data year for which monthly, quarterly and/or annual data are submitted.
5. Files must be dragged and dropped into the CloudDrive upload area.
6. Users must check the folder in CloudDrive to verify that the file is uploaded.
7. Users must send an email notification to MDH staff at [health.pir@state.mn.us](mailto:health.pir@state.mn.us) specifying which data was submitted.
8. Users may direct any questions or issues to [health.pir@state.mn.us](mailto:health.pir@state.mn.us).

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<sup>5</sup> The registration process identifies a primary authorized users and two secondary authorized users. Send an email to [health.pir@state.mn.us](mailto:health.pir@state.mn.us) to notify MDH when there is a change in the primary authorized user.

## Data Elements

Minnesota Statutes require that MDH monitor and assess certain aspects of the operation of the Capitol Park Mental Health Hospital. To enable this, authorized staff are required to submit data and information that is routinely tracked by hospitals such as the dates of service, patient acuity, reason for admission, care delivered, the final setting or location of the patient when they are discharged (released) from a hospital, staffing hours, transfer requests, and other information.

All data submitted are required to meet content and file layout requirements described below. These tables define pre-adjudicated discharge data, transfer request data, and quarterly staffing data.

## Discharge Data (Demographic, Codes, and Billing Tables)

### Demographic Table (DEMOGRAPHIC)

Field #	Data Element Name	Format	Description/Notes
1	Encounter record number	AN (12)	A unique number assigned to patient encounter (hospital stay)
2	Patient control number <sup>6</sup>	AN (12)	The unique number assigned to each patient within the hospital that distinguishes the patient from all others in that institution that does not include personal identifiers
3	Admission date	YYYYMMDD	Date of admission
4	Discharge date	YYYYMMDD	Date of discharge
5	Point of origin	AN (1)	1=Direct physician referral; 2=hospital clinic referral; 4=transfer from acute care hospital; 5=transfer from skilled nursing facility, intermediate care facility, assisted living facility, or other nursing facility; 6=transfer from other health care facility; 8=court/law enforcement; D=transfer within hospital to distinct unit; E=transfer from ambulatory surgery center; F=transfer from hospice facility; G=transfer from designated disaster alternative care site
6	Transferring hospital	AN (6)	Number assigned to unique hospital transferring patient to the facility (if applicable). If not applicable, leave blank.
7	Emergency department flag	N (1)	1=emergency department transfer; 0=else
8	Discharge disposition	AN (2)	01=Home or self-care (routine discharge); 02=Short-term (acute care) hospital; 03=Skilled nursing facility (SNF);

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<sup>6</sup> The assignment of a patient control number must adhere the following two guidelines: (1) the number must not be derived from or related to the individual and is not otherwise capable of being translated to identify the individual; and (2) the number is not used or disclosed as a means of record identification for any other purpose and does not disclose the mechanism for assigning a number.

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Field #	Data Element Name	Format	Description/Notes
			04=Intermediate care facility (ICF); 05=Another type of facility; 06=Home health care (HHC); 07=Left Against Medical Advice (AMA); 20=Died
9	Patient age	N (3)	Age in years, whole number with no decimals
10	Patient sex	A (1)	Male=M; Female=F; Unknown=U
11	Patient resident ZIP code	AN (5)	First five digits of postal (ZIP) code
12	Patient race	AN (2)	R1=American Indian/Alaska Native; R2=Asian; R3=Black/African American; R4=Native Hawaiian/Other Pacific Islander; R5=White/Caucasian; R9=Some other race/multiple races; 7=Unknown
13	Patient ethnicity	AN (2)	E1=Hispanic/Latino; E2=Non-Hispanic/Non-Latino; E3=Unknown/Decline to Answer
14	Language	A (20)	Short description (e.g., Hmong, Oromo, Somali)
15	Principal diagnosis	AN (7)	ICD-10-CM; The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.
16	Principal procedure	AN (7)	ICD-10-PCS; The ICD procedure code that is usually the procedure most related to the principal diagnosis and performed for definitive treatment of the principal diagnosis rather than for diagnostic or exploratory purposes, or necessary to treat a complication of the principal diagnosis
17	Principal external cause diagnosis code	AN (7)	ICD-10-CM; Code used to categorize events and conditions describing the external cause of injuries, poisonings, and adverse effects. The Principal External Cause code shall describe the mechanism that caused the most severe injury, poisoning, or adverse effect.
18	Previous admission for mental health condition	N (1)	1=< 31 days; 2=> 30 but < 61 days; 3=> 60 but < 91 days; 4= > 90 but < 181 days; 5=> 180 days; 6=No previous hospitalization
19	Bill type	N (3)	111=Inpatient (including Medicare Part A) admit through discharge; 112= inpatient (Medicare Part B) admit through discharge; 131=outpatient admit through discharge
20	Primary payment source (including pending)	AN (1)	A=Self-pay; B=Worker's Compensation; C=Traditional Medicare; D=Medicaid (fee-for-service); E=Commercial Insurance; F=Medicare Advantage; G=Medicaid Managed Care (including Medical Assistance and MinnesotaCare); I=CHAMPUS/TRICARE; J=Other Government Payment; K=Title V; L=No Charge or free care; M=Other
21	Secondary payment source (including pending)	AN (1)	Same as above for primary payment source
22	Total charges	N (14.2)	Total billed charges

## Codes Table (CODES)

Field #	Data Element Name	Format	Description/Notes
1	Encounter record number	AN (12)	A unique number assigned to patient encounter
2	Admission date	YYYYMMDD	Date of admission
3	Code type	AN (1)	A=Admitting diagnosis; D=diagnosis code; P=procedure code
4	ICD code	AN (7)	ICD-10-CM diagnosis or ICD-10-PCS procedure code (exclude decimal point); sex of patient must agree with diagnosis code; may include ICD external cause code (V00-Y99)
5	Sequence	N (2)	Sequential order of codes where 1=primary, 2=secondary, etc.
6	Present on admission	AN (1)	Applicable for all diagnosis codes; Y=Present at time of admission; N=Not present at time of admission; U=Unknown; W=Clinically undetermined

## Billing Table (BILLING)

Field #	Data Element Name	Format	Description/Notes
1	Encounter record number	AN (12)	A unique number assigned to patient encounter
2	Admission date	YYYYMMDD	Date of admission
2	Revenue code	AN (4)	Specific codes set by the National Uniform Billing Committee
3	Revenue center charges	N (14.2)	Line-item charge amount for accommodations
4	Units	N (7)	Units of service by revenue code
5	Line item	N (4)	Line-item counter of service

## Hospital Transfer Requests Table (TRANSFER\_REQUESTS)

Field #	Data Element Name	Format	Description/Notes
0	Transfer request record ID	AN (12)	Number assigned for a unique transfer request
1	Encounter record number	AN (12)	A unique number assigned to patient encounter (if applicable)
2	Patient control number	AN (11)	The unique number assigned to each patient within the hospital that distinguishes the patient from all others in that institution (if applicable)
3	Transferring hospital	AN (6)	Number assigned hospital transferring patient to the facility (if applicable); if not applicable, leave blank
4	Self-referral transfer request	N (1)	0=No; 1=Yes
5	Acute care hospital transfer request	N (1)	0=No; 1=Yes

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Field #	Data Element Name	Format	Description/Notes
6	Clinic, crisis team, or outpatient transfer request	N (1)	0=No; 1=Yes
7	Nursing facility transfer request	N (1)	0=No; 1=Yes
8	Court or law enforcement transfer requests	N (1)	0=No; 1=Yes
9	Request status	N (1)	1=Denial of request; 2=Requested patient admitted; 3=Requested patient granted admission, but no longer seeking admission (e.g., alternative placement, deciding to forego treatment, wanted a facility closer to home, etc.)
10	Private room or quiet room not available	N (1)	1=Primary reason for denial due is to private room or quiet room not available; 0=Else
11	Unable to meet medical needs	N (4)	1= Primary reason for denial is due to lack of appropriate treatment of co-occurring medical needs; 0=Else
12	Specialized unit required	N (1)	1=Primary reason for denial due specialized unit not available; 0=Else
13	Lack of appropriate staffing	N (1)	1=Primary reason for denial is due to lack of appropriate staffing; 0=Else
14	Aggression exceeds ability	N (1)	1=Primary reason for denial is due to aggression exceeding ability to manage; 0=Else
15	Sexually acting out behavior	N (1)	1=Primary reason for denial is due to evidence of sexually acting out behavior; 0=Else
16	Other denials	N (1)	1=Other primary reason for denial; 0=Else

## Hospital Staffing Data Table (HOSPITAL\_STAFFING)<sup>7</sup>

Field #	Data Element Name	Format	Description/Notes
1	Year	N (4)	Year of data collection for actual data
2	Quarter	AN (2)	Quarter of actual data (i.e. January-March="1Q", April-June="2Q", July-September="3Q", and October-December="4Q")
3	Unit name	A (40)	Name of hospital unit
4	Unit description	A (40)	Description of type of unit (e.g., dual diagnosis)
5	Planned nurse hours	N (14.2)	Total number of <i>planned</i> registered nurse and licensed practical nurse budgeted direct work hours per 24-hour period
6	Actual nurse hours	N (14.2)	Total number of <i>actual</i> registered nurse and licensed practical nurse budgeted direct work hours per 24-hour period

<sup>7</sup> For more information on definitions pertaining to Minnesota nurse staffing reporting law, please visit the Minnesota Hospital Association Nurse Staffing website: <https://www.mnhospitals.org/data-reporting/nurse-staffing/>.

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Field #	Data Element Name	Format	Description/Notes
7	Planned other assistive personnel <sup>8</sup> hours	N (14.2)	Total number of <i>planned</i> budgeted direct work hours per 24-hour period for nursing assistants, nursing aides, patient care technicians, and patient care assistants who perform nonmanagerial direct patient care functions for more than 50% of their scheduled hours
8	Actual other assistive personnel hours	N (14.2)	Total number of <i>actual</i> budgeted direct work hours per 24-hour period for nursing assistants, nursing aides, patient care technicians, and patient care assistants who perform nonmanagerial direct patient care functions for more than 50% of their scheduled hours
9	Planned patient days	N (14.2)	Planned number of patient days per 24-hour period (average per quarter)
10	Actual patient days	N (14.2)	Actual number of patient days per 24-hour period (average per quarter)

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To obtain this information in a different format, call: 651-201-4520.

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<sup>8</sup> Assistive personnel includes nursing assistants, nursing aides, patient care technicians, and patient care assistants, who perform nonmanagerial direct patient care functions for more than 50% of their scheduled hours on patient care unit per 24 hours.