MRI QUARTERLY DATA

INSTRUCTION MANUAL

November 1, 2025

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Reporting Requirements

Section 14(4)(b) of the Certificate of Need (CON) Review Standards for Magnetic Resonance Imaging (MRI) Services requires MRI services to participate in the Department of Health and Human Services' (Department) data collection network. The MRI data is to be submitted and approved by the Department on a quarterly basis as outlined in this instruction manual. The MRI quarterly data is due 30 days following the end of the reporting quarter. The quarterly schedule is as follows:

Quarter Dates	Due Date
1st Quarter (January 1 - March 31)	April 30th
2nd Quarter (April 1 – June 30)	July 31st
3rd Quarter (July 1 – September 30)	October 31st
4th Quarter (October 1 – December 31)	January 31st

MRI services are required to report data starting with the first day of operation. A mobile MRI service is required to report data once operational, even if all approved host sites are not operational. The central service coordinator (CSC) will submit the data for the whole mobile route; individual host sites will not submit data separately. Services converting from mobile services to a fixed MRI with approval to utilize a temporary MRI unit will use the date the temporary MRI begins operation as the official date for the start of clinical operations of the new MRI service. The data will be submitted utilizing the MRI service ID number assigned by the Department for the approved fixed magnet.

Failure to comply with submission of the quarterly data or failing to submit the data by the appropriate due date can result in the data not being included in the MRI Utilization Reports. Additionally, the Department has authority to take compliance action on delinquent data under MCL 333.22247.

MRI Service Identification Number

For MRI data purposes, the department will provide each MRI service with an eight digit MRI service identification number. The first six digits represent the MRI service number assigned to each fixed MRI service, mobile route, or specialty unit. This number is the CON number of the original application to initiate the MRI service and is not modified due to any additional CON applications.

The last two digits of the service identification number are the unit ID. For fixed services and specialty units, these two digits are always 01. Each host site on a mobile route will have a unique unit ID.

Fixed MRI Service

A fixed MRI service will use the original CON number for the service number and the unit ID 01. The service number will always stay the same, no matter how many fixed magnets are at that facility. The following is an example of two facilities with fixed MRI units:

Service Number	Unit ID	Facility Name
840227	01	University of Michigan Hospitals
080219	01	Basha Diagnostics, Dearborn

Mobile MRI Service

A mobile MRI service will have one service number, which is the CON number of the original application for the CSC. The service number will remain the same, even if the CSC changes or the route is expanded to more than one unit. Each host site will have a separate and distinct unit identification number made up of any combination of numbers and letters. The following is an example of two host sites from Mobile Route #85:

Service Number	Unit ID	Host Site Name
000105	09	Universal Imaging/Ypsilanti
000105	0A	Genesis Diagnostic Ctr/Lansing

Specialty Units

An Intra-operative MRI unit will have a separate MRI service identification number from the other fixed MRI units at the facility. IMRI units are not included in determining need or to meet the criteria of the CON review standards for MRI. The following is an example of a fixed unit service and the IMRI unit at the same facility:

Service Number	Unit ID	Facility Name
650161	01	Henry Ford Hospital
090276	01	Henry Ford Hospital IMRI

A dedicated pediatric MRI unit will have a separate MRI service identification number from the other fixed MRI units at the facility. The scan completed on a dedicated pediatric unit cannot be counted for volume purposes. The following is an example of a fixed unit service and the dedicated pediatric unit at the same facility:

Service Number	Unit ID	Facility Name
930088	01	Children’s Hospital of Michigan
030082	01	Children’s Hospital of Michigan/Ded Ped Unit

Scan Data File Format

The scan data file is a text file that contains scan specific data compiled on a quarterly basis. The relevant data for each patient's scan(s) will be contained in a single row of the text file. Each row will be 59 characters long and formatted as outlined in greater detail below. In the format examples the number 9 represents a numerical character and an X represents a text character allowing both numerical and alphabetic character to be used.

MRI Service Identification Number

The MRI service identification number is the unique number issued by the Department to the service/host site for data purposes.

Starting at Column Position:	1	Format:	999999XX
Ending at Column Position:	8		
Column Width:	8		

Date of Scan

The scan date must be entered using two digits for the year, two digits for the month, and two digits for the day. Leading zeros must always be used to ensure there are two digits for the year, month, and day. For example, January 1, 2011, would be entered as 110101.

Starting at Column Position:	9	Format:	999999 (YYMMDD)
Ending at Column Position:	14		
Column Width:	6		

Age of the Patient

The age of the patient must be right justified and two digits in length. A leading zero will be used to ensure there are two digits. The two digit number can represent the patient's age in days, months, or years. If the patient is 100 or older, use 99 in the age of the patient field.

Starting at Column Position:	15	Format:	99 Right Justified
Ending at Column Position:	16		
Column Width:	2		

Age Code

The age code coordinates with the age of the patient field to identify the measurement as days, months, years or centenarian (patients 100 years or older). Use D for days, M for months, Y for years, and C for centenarian.

Starting at Column Position:	17	Format:	X
Ending at Column Position:	17		
Column Width:	1		

Sex of the Patient

The sex of the patient identifies the gender of the patient. Use 1 for male patients and 2 for female patients.

Starting at Column Position:	18	Format:	9
Ending at Column Position:	18		
Column Width:	1		

Zip Code of Patient

Starting at Column Position:	19	Format:	XXXXX (No blanks)
Ending at Column Position:	23		
Column Width:	5		

County of Residence

Starting at Column Position:	24	Format:	99 Right Justified
Ending at Column Position:	25		
Column Width:	2		

Code	County	Code	County	Code	County	Code	County
01	Alcona	23	Eaton	45	Leelanau	67	Osceola
02	Alger	24	Emmet	46	Lenawee	68	Oscoda
03	Allegan	25	Genesee	47	Livingston	69	Otsego
04	Alpena	26	Gladwin	48	Luce	70	Ottawa
05	Antrim	27	Gogebic	49	Mackinac	71	Presque Isle
06	Arenac	28	Gd. Traverse	50	Macomb	72	Roscommon
07	Baraga	29	Gratiot	51	Manistee	73	Saginaw
08	Barry	30	Hillsdale	52	Marquette	74	St. Clair
09	Bay	31	Houghton	53	Mason	75	St. Joseph
10	Benzie	32	Huron	54	Mecosta	76	Sanilac
11	Berrien	33	Ingham	55	Menominee	77	Schoolcraft
12	Branch	34	Ionia	56	Midland	78	Shiawassee
13	Calhoun	35	Iosco	57	Missaukee	79	Tuscola
14	Cass	36	Iron	58	Monroe	80	Van Buren
15	Charlevoix	37	Isabella	59	Montcalm	81	Washtenaw
16	Cheboygan	38	Jackson	60	Montmorency	82	Wayne
17	Chippewa	39	Kalamazoo	61	Muskegon	83	Wexford
18	Clare	40	Kalkaska	63	Oakland	90	Indiana
19	Clinton	41	Kent	64	Oceana	91	Ohio
20	Crawford	42	Keweenaw	62	Newaygo	92	Wisconsin
21	Delta	43	Lake	65	Ogemaw	99	All Other
22	Dickinson	44	Lapeer	66	Ontonagon		

Status of Patient

The status of patient indicates if the patient is an inpatient or an outpatient. An inpatient is an individual currently admitted to the licensed hospital at the site of the MRI service/unit, or in the case of an MRI unit that is not located at that licensed hospital site, an admitted patient transported from a licensed hospital site by ambulance to the MRI service. Use 1 for outpatient and 2 for inpatient.

Starting at Column Position:	26	Format:	9
Ending at Column Position:	26		
Column width:	1		

Clinical/Research Status

The clinical/research status notes if the visit was for clinical purposes, research purposes, or was contained both clinical and research scans. Use 1 for all clinical scans, 2 for all research scans, and 3 for a visit that had at least one of each scan type.

Starting at Column Position:	27	Format:	9
Ending at Column Position:	27		
Column width:	1		

Referring Healthcare Professional License Number

Referring licensed healthcare professional" means:

(i) the doctor of record who ordered the MRI procedure(s) and either to whom the primary report of the results of an MRI procedure(s) is sent, or in the case of a teaching facility, the attending doctor who is responsible for the house officer or resident that requested the MRI procedure; or

(ii) a non-physician licensed healthcare professional acting within the scope of their practice.

Michigan doctors are assigned the following four digit prefix codes by the Michigan Department of Licensing and Regulatory Affairs:

Doctor Type	Code
Chiropractor	2301
Dentist	2901
Medical Doctor	4301
Osteopath	5101
Podiatrist	5901

Michigan Doctor licensed numbers and non-doctor license numbers must be entered as a full ten digits, no blanks are allowed. If the license number is shorter than 10 characters, then right justify the number/characters and place leading zeros until the number is 10 digits in length. If the license number is longer than 10 characters, enter only the right-most 10 characters.

Starting at Column Position:	29	Format:	9
Ending at Column Position:	38		
Column width:	10		

1st Scan Region

The first scan region must always have a non-zero scan region value entered. The scan regions are:

Code	Region	Code	Region
0	No Scan	A	Head/Neck Angio
1	Head	B	Chest/Heart Angio
2	Cervical Spine	C	Extremity Angio
3	Thoracic Spine	D	Abd./Pelvis Angio
4	Lumbar Spine	E	Breast
5	Chest	F	fMRI
6	Upper Abdomen	H	Cardiac MRI
7	Pelvis	I	MRI-guided interventions
8	Extremities	X	*Intra-Operative
9	Other	Y	*Diagnostic

*To be used only by Intra-operative MRI approved service.

Starting at Column Position:	38	Format:	9
Ending at Column Position:	38		
Column width:	1		

1st Sedation/Special Needs Patient

The sedation/special needs patient denotes information of the status of the patient for methodology purposes.

Sedated patient means a patient that meets all of the following:

- Level of consciousness is either conscious-sedation or a higher level of sedation, as defined by the American Society of Anesthesiologists, the American Academy of Pediatrics, the Joint Commission on the Accreditation of Health Care Organizations, or an equivalent definition.
- Is monitored by mechanical devices while in the magnet.
- Requires observation while in the magnet by personnel, other than employees routinely assigned to the MRI unit, who are trained in cardiopulmonary resuscitation.

Special needs patient means a non-sedated patient, either pediatric or adult, with any of the following conditions: down syndrome, autism, attention deficit hyperactivity disorder (ADHD), developmental delay, malformation syndromes, hunter's syndrome, multi-system disorders, psychiatric disorders, and other conditions that make the patient unable to comply with the positional requirements of the exam.

Re-sedated patient means a patient, either pediatric or adult, who fails the initial sedation during the scan time and must be extracted from the unit to rescue the patient with additional sedation.

General anesthesia or deep sedation as defined by the American Society of Anesthesiologists.

Use 1 for conscious sedation, 2 for no sedation, 3 for re-sedation, 4 for special needs patients, and 5 for general anesthesia or deep sedation.

Starting at Column Position:	39	Format:	9
Ending at Column Position:	39		
Column width:	1		

1st Scan Contrast Media Used

The scan contrast media notes use of any contrast for the patient. Use 1 for a scan with and without contrast, 2 for a scan without contrast, and 3 for a scan with contrast.

Starting at Column Position:	40	Format:	9
Ending at Column Position:	40		
Column width:	1		

1st Scan Completed

Use 1 for a completed scan and 2 for incomplete scans.

Starting at Column Position:	41	Format:	9
Ending at Column Position:	41		
Column width:	1		

2nd Scan Region

If a 2nd scan is completed, use the guidance contained in 1st scan region. If a 2nd scan was not completed, enter zero in this field and leave the 2nd sedation/special needs, contrast media used, and scan completed blank.

Starting at Column Position:	42	Format:	9
Ending at Column Position:	42		
Column width:	1		

2nd Sedation/Special Needs Patient

Starting at Column Position:	43	Format:	9
Ending at Column Position:	43		
Column width:	1		

2nd Scan Contrast Media Used

Starting at Column Position:	44	Format:	9
Ending at Column Position:	44		
Column width:	1		

2nd Scan Completed

Starting at Column Position:	45	Format:	9
Ending at Column Position:	45		
Column width:	1		

3rd Scan Region

If a 3rd scan is completed, use the guidance contained in 1st scan region. If a 3rd scan was not completed, enter zero in this field and leave the 3rd sedation/special needs, contrast media used, and scan completed blank.

Starting at Column Position:	46	Format:	9
Ending at Column Position:	46		
Column width:	1		

3rd Sedation/Special Needs Patient

Starting at Column Position:	47	Format:	9
Ending at Column Position:	47		
Column width:	1		

3rd Scan Contrast Media Used

Starting at Column Position:	48	Format:	9
Ending at Column Position:	48		
Column width:	1		

3rd Scan Completed

Starting at Column Position:	49	Format:	9
Ending at Column Position:	49		
Column width:	1		

4th Scan Region

If a 4th scan is completed, use the guidance contained in 1st scan region. If a 4th scan was not completed, enter zero in this field and leave the 4th sedation/special needs, contrast media used, and scan completed blank.

Starting at Column Position:	50	Format:	9
Ending at Column Position:	50		
Column width:	1		

4th Sedation/Special Needs Patient

Starting at Column Position:	51	Format:	9
Ending at Column Position:	51		
Column width:	1		

4th Scan Contrast Media Used

Starting at Column Position:	52	Format:	9
Ending at Column Position:	52		
Column width:	1		

4th Scan Completed

Starting at Column Position:	53	Format:	9
Ending at Column Position:	53		
Column width:	1		

5th Scan Region

If a 5th scan is completed, use the guidance contained in 1st scan region. If a 5th scan was not completed, enter zero in this field and leave the 5th sedation/special needs, contrast media used, and scan completed blank.

Starting at Column Position:	54	Format:	9
Ending at Column Position:	54		
Column width:	1		

5th Sedation/Special Needs Patient

Starting at Column Position:	55	Format:	9
Ending at Column Position:	55		

Column width: 1

5th Scan Contrast Media Used

Starting at Column Position: 56 Format: 9
Ending at Column Position: 56
Column width: 1

5th Scan Completed

Starting at Column Position: 57 Format: 9
Ending at Column Position: 57
Column width: 1

Expected Source of Payment

The expected source of payment codes are as follows:

Code	Payment Source
01	Medicare
02	Medicaid
07	All Other Insurance & Research
08	Self-Payment (Partial or Full)
11	No Charge

No Charge means an MRI visit where the patient is not charged a fee for the visit by the MRI service. This does not include inpatient or other visits where the MRI visit is included in a larger fee being paid by a third part payer such as a DRG (Diagnosis-Related Group) payment.

Starting at Column Position: 58 Format: 99
Ending at Column Position: 59
Column width: 2

AIMD/Foreign Body Status

The AIMD/Foreign Body media notes any AIMD/Foreign Body inside the patient. Use 0 for no AIMD/Foreign Body, 1 a Low Complexity AIMD/Foreign Body Scan, 2 for a Medium Complexity AIMD/Foreign Body Scan, 3 for a High Complexity AIMD/Foreign Body Scan, and 4 for a patient implanted with Multiple AIMD's, and/or an MRI Procedure performed "off-label". (See definitions below.)

DEFINITIONS:

Active Implant Medical Device (AIMD): an implanted device that requires an external power source to operate. Active implants often require the MRI unit to operate at a lower energy level and/or over a longer period to compensate for the whole-body specific absorption rate (SAR) or b1+rms imaging limits as defined in the implant's FDA labeling for MRI imaging. Examples include cardiac implantable electronic devices (CIEDs), stimulators, cochlear devices, and implanted infusion pumps.

Foreign Body: an abnormal metallic object that is present within the human body as a result of an injury. Metal foreign bodies may also be present if they are ingested, inhaled, or inserted. These are not considered medical devices or implants but are subject to an MRI examination safety evaluation.

MRI examination safety evaluation: a patient evaluation where an implant and/or metallic foreign body is assessed for safety by a certified MRI technologist, licensed physicist, radiologist, or other appropriately trained healthcare professional. This includes identification and verification of implant components from appropriate sources (e.g., surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MRI conditional status of individual components and systems, and consulting published professional guidance with a written report.

"Off-Label" Imaging of an Active Implant: defined as imaging under conditions that contradict or exceed the FDA-approved labeling for MRI imaging or imaging an active implant when labeling does not exist. This should be performed if deemed appropriate after considering the risks and benefits of the procedure.

Specific Absorption Rate (SAR): the dosimetric term used to estimate the rate of absorption of radiofrequency (rf) energy by human tissue in MRI. The most commonly used SAR metric presented by the scanner is the whole body averaged value. It is expressed in watts per kilogram (w/kg) on an MRI system.

b1+rms (root-mean-square): the value of the transmitted radiofrequency (rf) magnetic field delivered to human tissue within a given MRI imaging sequence averaged over 10 seconds. It is measured in micro-tesla (μt).

High Complexity AIMD/Foreign Body Scan: an MRI visit involving a patient implanted with an active implant that has undergone an MRI examination safety evaluation and can be imaged when operating the MRI unit at a lower energy level to meet the implant's FDA labeling for MRI imaging. Applies when maximum whole-body SAR is 0.1 – 1.0 w/kg or b1+rms is 2.0 μt or below and a total imaging time limit exists, and/or at least one of the following roles are required to assist to ensure safe imaging: onsite or remote physician specialist, onsite or remote physicist, onsite or remote vendor field rep, an onsite advanced cardiovascular life support (ACLS) or other appropriately trained personnel.

Medium Complexity AIMD/Foreign Body Scan: an MRI visit involving a patient implanted with an active implant that has undergone an MRI examination

Safety evaluation and can be imaged when operating the MRI unit at a lower energy level to meet the implant's FDA labeling for MRI imaging. Applies when the whole-body SAR is 1.1 – 2.0 w/kg or b1+rms is 2.1 – 3.2 µt, and/or a total imaging time limit exists.

Low Complexity AIMD/Foreign Body Scan: an MRI visit involving a patient implanted with an active implant that has undergone an MRI examination safety evaluation and can be scanned under normal operating mode and/or a patient imbedded with a metallic foreign body from prior injury that has been deemed low risk.

Starting at Column Position:	60	Format:	9 Right Justified
Ending at Column Position:	60		
Column width:	1		

Sample Scan Data File

```
970357W425110125Y24900939114301081100421132110   0   0   020
970357W425110125Y249009391143010811004211321122110   0   021
970357W425110125Y24900939114301081100421132110   0   0   022
970357W425110125Y249009391143010811004211321122110   0   023
970357W425110125Y24900939114301081100421132110   0   0   024
```

Scan Data File Format Summary

Description	Starting Column Position	Ending Column Position	Column Width	Format
MRI Service ID Number	1	8	8	999999XX
Date of Scan	9	14	6	999999
Age of the Patient	15	16	2	99
Age Code	17	17	1	X
Sex of Patient	18	18	1	9
Zip Code of Patient	19	23	5	X
County of Residence	24	25	2	99
Status of the Patient	26	26	1	9
Clinical/Research Status	27	27	1	9
Referring Healthcare Professional License No.	28	37	10	(10)X
1st Scan Region	38	38	1	9
1st Sedation/Special Needs PT	39	39	1	9
1st Scan Contrast Media	40	40	1	9
1st Scan Completed	41	41	1	X
2nd Scan Region	42	42	1	X
2nd Sedation/Special Needs PT	43	43	1	9
2nd Scan Contrast Media	44	44	1	9
2nd Scan Completed	45	45	1	9
3rd Scan Region	46	46	1	X
3rd Sedation/Special Needs PT	47	47	1	9
3rd Scan Contrast Media	48	48	1	9
3rd Scan Completed	49	49	1	9
4th Scan Region	50	50	1	X
4th Sedation/Special Needs PT	51	51	1	9
4th Scan Contrast Media	52	52	1	9
4th Scan Completed	53	53	1	9
5th Scan Region	54	54	1	X
5th Sedation/Special Needs PT	55	55	1	9
5th Scan Contrast Media	56	56	1	9
5th Scan Completed	57	57	1	9
Expected Source of Payment	58	59	2	99
AIMD/Foreign Body Status	60	60	1	9

Referring Physician Data File Format

The referring physician data file is a text file that contains specific data about the referring physicians of the MRI scans compiled on a quarterly basis. Each row will be 176 characters long and formatted as outlined in greater detail below. In the format examples the number 9 represents a numerical character and an X represents a text character allowing both numerical and alphabetic character to be used.

MRI Service ID Number

The MRI Service ID Number is the specific identification number issued by the Department to the service for data purposes.

Starting Column Position:	1	Format:	(8)X
Ending Column Position:	8		
Column Width:	8		

Referring Licensed Healthcare Professional License Number

Michigan doctors are assigned the following four digit prefix codes by the Michigan Department of Licensing and Regulatory Affairs:

Doctor Type	Code
Chiropractor	2301
Dentist	2901
Medical Doctor	4301
Osteopath	5101
Podiatrist	5901

Non-Michigan Doctor licensed numbers and non-doctor license numbers must be entered as a full ten digits, no blanks are allowed. If the license number is shorter than 10 characters, then right justify the number/characters and place leading zeros the field to 10 digits. If the license number is longer than 10 characters, enter only the right-most 10 characters.

Starting Column Position:	9	Format:	(10)X
Ending Column Position:	18		
Column Width:	10		

Referring Licensed Healthcare Professional Last Name

Starting Column Position:	19	Format:	(20)X - All Caps
Ending Column Position:	38	Justification:	Left Justified
Column Width:	20		

Referring Licensed Healthcare Professional First Name

Starting Column Position:	39	Format:	(20)X – All Caps
Ending Column Position:	58	Justification:	Left Justified
Column Width:	20		

Referring Licensed Healthcare Professional Middle Name

Starting Column Position:	59	Format:	(10)X – All Caps
Ending Column Position:	68	Justification:	Left Justified
Column Width:	10		

Suffix (SR, JR, I, II, MD, etc.)

Starting Column Position:	69	Format:	XXX – All Caps
Ending Column Position:	71	Justification:	Left Justified
Column Width:	3		

Address Number

Starting Column Position:	72	Format:	(10)X – All Caps
Ending Column Position:	81	Justification:	Left Justified
Column Width:	10		

Address Number Suffix (A, 2, etc.)

Starting Column Position:	82	Format:	(6)X
Ending Column Position:	87	Justification:	Left Justified
Column Width:	6		

Address Line #1

Starting Column Position:	88	Format:	(28)X – All Caps
Ending Column Position:	115	Justification:	Left Justified
Column Width:	28		

Suffix Type (ST, BLVD, etc.)

Starting Column Position:	116	Format:	(4)X – All Caps
Ending Column Position:	119	Justification:	Left Justified
Column Width:	4		

Address Line #2

Starting Column Position:	120	Format:	(25)X – All Caps
Ending Column Position:	144	Justification:	Left Justified
Column Width:	25		

City Name

Starting Column Position:	145	Format:	(20)X – All Caps
Ending Column Position:	164	Justification:	Left Justified
Column Width:	20		

State

Starting Column Position:	165	Format:	XX – All Caps
Ending Column Position:	166		
Column Width:	2		

Zip Code

Starting Column Position:	167	Format:	5)X
Ending Column Position:	171		
Column Width:	5		

Zip Code Extension

Starting Column Position:	172	Format:	(4)X Leave blank if not known.
Ending Column Position:	175		
Column Width:	4		

State of Referring Healthcare Professional Licensure

The state of doctor's licensure will identify Michigan doctors to verify that the first four digits of the license number. Use 1 for Michigan doctors, 2 for non-Michigan doctors, and 0 for non-doctor medical staff.

Starting Column Position:	176	Format:	9
Ending Column Position:	176		
Column Width:	1		

Referring Physician Data File Format Summary

Description	Starting Column Position	Ending Column Position	Column Width	Format
MRI Service ID Number	1	8	8	(8)X
Healthcare Professional License Number	9	18	10	(10)X
Healthcare Professional Last Name	19	38	20	(20)X
Healthcare Professional First Name	39	58	20	(20)X
Healthcare Professional Middle Name	59	68	10	(10)X
Suffix	69	71	3	(3)X
Address Number	72	81	10	(10)X
Address Number Suffix	82	87	6	(6)X
Address Line #1	88	115	28	(28)X
Suffix Type	116	119	4	(4)X
Address Line #2	120	144	25	(25)X
City Name	145	164	20	(20)X
State	165	166	2	(2)X
Zip Code	167	171	5	(5)X
Zip Code Extension	172	175	4	(4)X
State of Healthcare Professional	176	176	1	9

Creating a Text File from an Excel File

1. Open the original Excel document containing the scan or referring physician data.

2. Remove any column headings. Verify the width of each column in the Excel matches the specifications of the referring physician and scan data file format outlined in previous sections of this manual.

3. If you find that the data will not display in the required width, change the font size. The font size is not exported, and this will allow you to see all of your data.

4. After the changes are made, save the file in Excel.

5. Now you will do a Save As to a formatted text space delimited (.prn) format. Close out Excel, you do not want it to save the changes as this will modify the format of the original Excel document.

6. Open the .prn file with Notepad or another text reader, do a Save As to a text file (.txt) with the proper file naming format. See naming format below:

   Ref file name = Ref######_YY_Q.TXT
   Scan file name = Scan######_YY_Q.TXT

   After Ref/Scan insert the six digit MRI service ID, followed by last two digits of the reporting period year, followed by the quarter number (e.g., 1, 2, 3 or 4). Please note you must use underscore in the file names. Example for the 3rd quarter of 2009 for MRI Service ID 030189 would be Ref030189_09_3.TXT and Scan030189_09_3.TXT.

7. Open the .txt file. Verify the results.

Format for Naming Data Files

The scan data and the referring physical data files must have a structured naming format to be acknowledged by the Validator. This naming format must be followed; otherwise, the files will not be accepted. The filename format is as follows:

Scan file name = Scan######_YY_Q.TXT
Ref file name = Ref######_YY_Q.TXT

After Ref/Scan insert the six digit MRI service ID, followed by last two digits of the reporting period year, followed by the quarter number (e.g., 1, 2, 3 or 4). Please note you must use underscore in the file names.

Example: 3rd quarter of 2011 for MRI Service ID 030189 would be:

Ref030189_11_3.TXT
Scan030189_11_3.TXT

MOVEit - MiFTS1 File Transfer Service

The MOVEit system allows users to securely upload MRI quarterly data files to the MRI Validator System. The MOVEit system is a transfer application and is housed and maintained through the State of Michigan. This system has replaced the DCH File Transfer application. To access this system, you must have a user account.

New Users- to utilize MOVEit, the following steps must be completed:

1. Email MRIQuarterlyData@michigan.gov and ask for a new user account for the MOVEit system.

- Please include the facility name, facility number, facility address, and MRI ID for the MRI service you will be uploading for.

- Provide any other details (e.g., if you are replacing someone who may already have access to MOVEit and who should no longer have access to the MOVEit.)

- Please note that only one user can be assigned to one MRI service for uploading files. So, please clarify if you want to be assigned as a new user who will be uploading quarterly MRI files or if you just want us to add your contact information to only receive correspondence (e.g., accepted/rejected emails).

- Once you receive the email notification that a user account has been created, follow the link within the email to set up the account and create a password. MOVEit enforces strong password-complexity requirements, and it may reject passwords containing repeated characters.

  Password guidelines:

  - Must be at least 16 characters.
  - Must not contain or resemble Username.
  - Must contain at least one letter and one number.
  - Must not contain dictionary words.
  - Must contain both upper- and lower-case letters.
  - Must contain at least one non-alphanumeric character.
  - Must not match any of the previous 10 passwords

Utilizing MOVEit

1. Log into MOVEit at https://MiFTS1.state.mi.us

   Recommended Web Browsers

   - Microsoft Edge (Preferred Browser)
   - Chrome
   - Mozilla Firefox
   - Safari

2. Click on “Go to Folder” and make sure you are in the **“CON MRI DATA”** folder. This folder is the only folder where files will be automatically uploaded to the CON Evaluation Section. If you upload files to any other folder, the files will not be uploaded.

3. Upload Files under the **“CON MRI DATA”** folder.

Additional instructions can be found in the MOVEit system. To locate the user guide, look to the left-hand side and select “Go to folder”. Then select “General information to all users” from the drop-down menu and click “Go”. If additional assistance is needed, please email the CON Evaluation Section at MRIQuarterlyData@michigan.gov.

Rejection and Acceptance Notices from the Validator

The uploaded MRI quarterly data is processed by a software application called the Validator. The Validator checks the data to verify that the data conforms to the specifications outlined in the scan and referring physician file format. The Validator processes received data at 5:30 a.m., 12 noon, and 3 p.m. Monday through Friday. Upon processing the data, the Validator emails the MRI service data contacts with either an acceptance or rejection notice.

The acceptance notice provides you a summary of the data uploaded. For fixed units, it gives the number of visits by month. For mobile routes, it gives the number of visits by month by individual host site. It is very important that you review this information and make sure that you uploaded the correct volume. The Department will not republish an MRI Utilization Report due to any data errors of accepted data for an MRI service.

Sample Acceptance Notices

Date: 06/05/2012
REFERRING DOCTOR VALIDATION LOG for 010031 for year 12 for quarter 1
NO ERRORS IN REFERRING DOCTORS DATA FILE.

MRI VALIDATION ERROR LOG for 010031 for year 12 for quarter 1
NO ERRORS IN SCAN DATA FILE.

MRI ID	UNIT ID	UNIT NAME	SITE NAME	MONTH	VISITS
010031	01	Lakeland Medical Ctr-St. Joseph	Jan		280
010031	01	Lakeland Medical Ctr-St. Joseph	Feb		246
010031	01	Lakeland Medical Ctr-St. Joseph	Mar		317

Date: 04/20/2012
REFERRING DOCTOR VALIDATION LOG for 900223 for year 12 for quarter 1
NO ERRORS IN REFERRING DOCTORS DATA FILE.

MRI VALIDATION ERROR LOG for 900223 for year 12 for quarter 1
NO ERRORS IN SCAN DATA FILE.

MRI ID	UNIT ID	UNIT NAME	SITE NAME	MONTH	VISITS
900223	0G	Mobile #34	St. Mary's Standish Comm Hosp	Jan	6
900223	0U	Mobile #34	Allegan General Hospital	Jan	38
900223	0U	Mobile #34	Allegan General Hospital	Feb	40
900223	0U	Mobile #34	Allegan General Hospital	Mar	32
900223	12	Mobile #34	Beaumont Med Ctr/Lake Orion	Jan	130
900223	12	Mobile #34	Beaumont Med Ctr/Lake Orion	Feb	119
900223	12	Mobile #34	Beaumont Med Ctr/Lake Orion	Mar	148
900223	15	Mobile #34	Clear Imaging	Jan	134
900223	15	Mobile #34	Clear Imaging	Feb	119
900223	15	Mobile #34	Clear Imaging	Mar	115
900223	16	Mobile #34	Horizon Imaging-Berkley	Jan	83
900223	16	Mobile #34	Horizon Imaging-Berkley	Feb	117
900223	16	Mobile #34	Horizon Imaging-Berkley	Mar	83
900223	17	Mobile #34	Silver Pine Imaging	Jan	189
900223	17	Mobile #34	Silver Pine Imaging	Feb	86

The rejection notices identifies errors within the data files separately within the notice. The Validator gives the line number and gives specifics about the error. It gives you the date of service and age of the patient so that you can search for these 8 digits together within your data file to find the error if you do not have the ability to search by line number. If you are getting multiple pages of errors, that is an indication of a format error within your file. Review the position of the data and the justification settings.

When the corrections have been made, upload both the scan and the referring physician files to the Validator again. You must always upload both files, even if you didn't make any changes to one of the data files.

Sample Rejection Notices

```
Date: 05/18/2012
REFERRING DOCTOR VALIDATION LOG for 010031 for year 12 for quarter 1
NO ERRORS IN REFERRING DOCTORS DATA FILE.
-------------------------------------------------------------------------------------------------
MRI VALIDATION ERROR LOG for 010031 for year 12 for quarter 1
The first scan completed field has an empty value on line #: 102 For Scan Date: 120224 Age: 79
The first scan completed field has an empty value on line #: 158 For Scan Date: 120224 Age: 25
The first scan completed field has an empty value on line #: 242 For Scan Date: 120217 Age: 84
The first scan completed field has an empty value on line #: 284 For Scan Date: 120224 Age: 18
The first scan contrast media field has an empty value on line #: 476 For Scan Date: 120124 Age: 61
The first scan region has invalid value on line #: 484 For Scan Date: 120306 Age: 63
The first scan region has invalid value on line #: 488 For Scan Date: 120306 Age: 83
The first scan region has invalid value on line #: 503 For Scan Date: 120307 Age: 75
The first scan region has invalid value on line #: 540 For Scan Date: 120312 Age: 74
The first scan region has invalid value on line #: 555 For Scan Date: 120314 Age: 77
The first scan region has invalid value on line #: 562 For Scan Date: 120317 Age: 61
The first scan region has invalid value on line #: 566 For Scan Date: 120315 Age: 74
The first scan region has invalid value on line #: 596 For Scan Date: 120319 Age: 87
The first scan region has invalid value on line #: 614 For Scan Date: 120326 Age: 86
The first scan region has invalid value on line #: 706 For Scan Date: 120329 Age: 66
Date of Scan has out of range value on line #: 728 For Scan Date: 120401 Age: 68
Date of Scan has out of range value on line #: 729 For Scan Date: 120401 Age: 68
The first scan region has invalid value on line #: 748 For Scan Date: 120225 Age: 34
The first scan region has invalid value on line #: 754 For Scan Date: 120227 Age: 52
The first scan region has invalid value on line #: 768 For Scan Date: 120301 Age: 52
The first scan region has invalid value on line #: 783 For Scan Date: 120228 Age: 42
The first scan region has invalid value on line #: 830 For Scan Date: 120305 Age: 83
The first scan region has invalid value on line #: 841 For Scan Date: 120306 Age: 16
The following referring doctor's license number field not found in the referring doctor database
LICENSE NO Scan Date
-------- ------------
4301074195 120130


Date: 04/11/2012
REFERRING DOCTOR VALIDATION LOG for 660027 for year 12 for quarter 1
  City field contains empty or improperly justified value in row: 164
  Zip Code field contains empty or invalid value in row: 164
MRI VALIDATION ERROR LOG for 660027 for year 12 for quarter 1
The second scan contrast media field is empty on line #: 32 For Scan Date: 120113 Age: 73
The second scan contrast media field is empty on line #: 271 For Scan Date: 120203 Age: 48
```

Correcting Previously Submitted Data

The Department will allow an MRI service to correct previously submitted data for any quarter that will be utilized in the upcoming MRI Utilization List. The entire quarter of data must be uploaded, not a portion of the data as the Validator saves any newly approved data over top of the previously approved data. Thus, the previously data is eliminated. Please follow the followings steps when submitting corrective data:

1. Send an email to mriquarterlydata@michigan.gov identifying the MRI service and the quarters that are going to be updated and provide a brief reason for the necessity to correct the data.

2. Upload both the scan and ref files through the MOVEit system.

3. Review the acceptance/rejection notice from the Validator. If the data is rejected, make corrections and upload both data files again. If the data is accepted, review the acceptance log to verify that the monthly totals are correct.

Questions and Department Contact Information

If you have any questions about the MRI Validator or submitting MRI quarterly data, please contact the following or send email to mriquarterlydata@michigan.gov:

Cliffaney Wilkinson, Specialist Reviewer wilkinsonC3@michigan.gov
Amanda Curtis, Department Analyst curtisa6@michigan.gov
Christopher Tyranski, Department Analyst tyranskic@michigan.gov
Tulika Bhattacharya, Manager bhattacharyat@michigan.gov
Michigan Department of Health and Human Services
CON Evaluation Section
333 South Grand Avenue
Lansing, MI 48933

If you have questions about completing an LOI or an application for MRI services, please contact:

CON Project Coordinator
Michigan Department of Health and Human Services
CON Evaluation Section
333 South Grand Avenue
Lansing, MI 48933

Email: MDHHS-CONProjects@michigan.gov

If you have questions about the MRI Standards, please contact:

Cliffaney Wilkinson, Specialist Reviewer
Michigan Department of Health and Human Services
CON Evaluation Section
333 South Grand Avenue
Lansing, MI 48933

Email: wilkinsonC3@michigan.gov