

PIPE Assessment & Readiness Confirmation



MNCM requests that medical groups complete an online survey to assess their readiness to onboard into PIPE. Below are the assessment questions. MNMCM logs response including EHR vendor, product, and version. This document includes questions that may be asked. The assessment includes logic that may skip questions that are not relevant to your group based on your previous answers.

***This is intended as a reference only and should not be used to submit your answers. Please submit all answers in the [Typeform](#).**

MNCM: Welcome to PIPE onboarding!

1. What is the survey password? If you do not know the password, please email support@mncm.org.
2. What is the name of your medical group?
3. Please enter your contact information below.
 - a. First name:
 - b. Last name:
 - c. Phone number:
 - d. Email:
 - e. Company:
4. Will you be the primary contact for your organization?
 - a. It is recommended that the primary contact complete this assessment.
 - i. Primary Contact: Medical Group employee that manages the PIPE onboarding project for the medical group and is the main point of contact for the group.
5. (If you are not the primary contact), please provide contact information for the staff member that will be the primary contact for your group.
 - a. First name:
 - b. Last name:
 - c. Phone number:
 - d. Email:
 - e. Company:
6. Do you have any of the following qualifications (Select all that apply).
 - a. EMR Vendor/ EMR Expert
 - b. Clinical Expert
 - c. Previous DDS experience
 - d. Access to all clinical/ EMR data
 - e. Access to billing data
 - f. Medication/Pharmacy expert
 - g. Report Writer
 - h. None apply/ not applicable
 - i. Other (write in)
7. I confirm that my organization thoroughly reviewed the PIPE resources (<https://helpdesk.mncm.org/helpdesk/KB/Category/468822-pipe-resources>).
 - a. I confirm.
8. I confirm that we understand the breadth of data submitted in PIPE. We have considered the technical resources needed for extracting and validating the data.
 - a. I confirm.
 - b. Other (write in).
9. I confirm that we will build our extract queries and review them with MNMCM prior to implementation. We will participate in all validation check points as outlined in the PIPE Implementation Plan and others as needed. *(Please select Other to alert us if you have concerns about pulling data electronically.)*
 - a. I confirm.
 - b. Other (write in).

PIPE Assessment & Readiness Confirmation



10. I confirm that our system collects and stores all clinical and billing data electronically. We will be able to extract the data for PIPE in electronic form. *(Please explain if you identify any element that is not documented in a discrete field).*

11. I confirm that we will notify MNCM about any query changes prior to uploading data to the production site and in future incremental submissions.
12. I confirm that we will review our extract queries with MNCM prior to importing data. We will participate in all validation check points as outlined in the PIPE Implementation Plan and others as needed.
13. I confirm that we understand that if we are unable to achieve the specified milestones at any time during onboarding, MNCM may relinquish our spot and prioritize other organizations. (Please sign your name below).
14. Does another organization build queries to pull your data?
15. Please list the name of this organization:
16. Please have the following information ready for the next questions: EHR vendor name, product, version, date of go-live (approximate is okay), and anticipated schedule of next upgrade and which version (if known).
 - a. I understand.
17. Please select the EHR vendor for your organization. (If vendor is not listed, select “Other” at the bottom and enter the name. If your organization uses more than one EHR, please select all that apply.)
 - a. 75Health
 - b. AdvancedMD
 - c. Allmeds
 - d. AllscriptsMysis,LLC
 - e. Athenahealth
 - f. CareCloud
 - g. Cerner Corporation
 - h. ChartWare
 - i. CPSI
 - j. Credible
 - k. eClinicalWorks
 - l. Eclipsys Practice Solutions
 - m. e-MDs
 - n. Epic Systems Corporation
 - o. Evident
 - p. GE Healthcare
 - q. Greenway
 - r. Healthland
 - s. IKnowMed
 - t. InteGreat Concepts, Inc.
 - u. Integrity Medical Systems
 - v. LSS Data Systems, a MEDITECH company
 - w. McKesson Provider Technologies
 - x. MDIntellesys
 - y. choice 25
 - z. Other
18. Please enter the product name of your current EHR.
19. Please enter the version of your current EHR.
20. Please enter the date that your current EHR went live. An approximate date is acceptable.
21. Do you know an anticipated date for the next scheduled EHR upgrade?
 - a. Yes
 - b. Unknown/Not Scheduled

PIPE Assessment & Readiness Confirmation



- i. Please enter the date of the next scheduled EHR upgrade
 - ii. Please enter the version of the next EHR upgrade (if known).
22. Has your organization updated or changed this EMR since Jan 1, 2019?
23. (If yes): Will you have access to data prior to this EMR update/date?
24. Will your organization write queries or pull data for another organization(s)?
25. Please list the medical group name and medical group ID for all organization(s) that will use your queries.
26. Please tell if any of the following apply to your medical group:
 - a. We offer orthopedic or neurosurgery procedures in house:
 - b. We offer oncology services.
 - c. We are integrated with a hospital.
 - d. The patient IDs that will be submitted in PIPE will not align with the patient IDs previously submitted in DDS (MNCM will contact your organization).
 - e. None apply.
 - f. Other
27. Are there additional staff that will participate in onboarding?
 - a. Yes
 - b. No
28. For all additional contacts who will be available during onboarding for your organization, please select their role in data submission and clinical quality:
 - a. Additional Contact 1:
 - b. Additional Contact 2:
 - c. Additional Contact 3:
 - d. Additional Contact 4:
 - e. Additional Contact 5:
 - f. Additional Contact 6:
 - g. Additional Contact 7:
 - i. Select from the following roles for each contact:
 1. Report Writer
 2. EMR expert
 3. Clinical expert
 4. Previous DDS experience
 5. Access to clinical & billing data
 6. Medication expert
29. Please enter the contact information for the additional contact(s):
30. Are there more additional staff that will participate in onboarding?
 - a. Yes
 - b. No
31. Please enter the contact information for the additional contact(s):

(additional contacts entered, up to seven)

Thank you for completing the assessment! We look forward to working with you!