



PIPE Data Submission Certification questions

2023MY

- To begin this form, please enter the PIPE Data Submission Certification password:
- Please let us know who is completing the form:
 - First name
 - Last name
 - Email
 - Company
- Is your medical group a parent organization?
- Does a parent organization pull your PIPE data or write reports that are used to pull your PIPE data?
 - Which groups rely on your organization to complete submissions?
 - Who is your parent organization?
- Registration changes: Do you anticipate making changes to your medical group or clinic registration that may impact your 2023MY clinical quality measure results? Changes include the following: Clinic closures, Clinic openings, Acquisitions, Mergers
 - Yes. We made changes that may impact our results.
 - Yes. We anticipate making changes prior to submitting clinical quality data.
 - No. We made no changes and have no plans to make changes.
 - Please confirm which change(s) applies to your medical group registration:
 - We will close a clinic.
 - We will open a new clinic.
 - We will register a clinic site acquired from another medical group.
 - Another group will acquire one of our clinics.
 - We have other medical group registration change(s) that may impact our results.
 - Please confirm the approximate date of this change.
 - Please describe the change. Include all applicable medical group and clinic IDs.
- EMR updates: Has your organization implemented an EMR change or significant update that requires a change to any PIPE queries within the past year?
 - Confirm the old EMR and EMR version
 - Confirm the new EMR and EMR version
 - What is the approximate date of this EMR change?
 - Describe your EMR Change
- Query revisions: Have you revised or do you anticipate revising PIPE queries (other than dates of service)?
 - Query revision description
- Patient ID change: Have you changed or do you anticipate changing your patient ID format?
 - Patient ID Format Change - Description



- RELC collection changes: Race, Ethnicity, Language, Country of Origin data. Have any clinics within your medical group changed or plan to change the way Race, Ethnicity, Preferred Language or Country of Origin (RELC) data is collected?
 - RELC Collection Change – Description. Please describe the change in RELC collection and the approximate date of this change.
 - Does this change your Best Practice Status? Are you newly eligible for Best Practice status for collecting race, ethnicity, preferred language or country of origin data?
 - RELC Supporting Documentation - Best Practice Status Change
- Patient Reported Outcome Tools
 - Blank PRO Tool Upload
- Staff changes: Please confirm that you have reviewed and updated the contacts and users listed in your PIPE portal to reflect staff changes that have occurred since your previous annual submission.
- Upload Site user changes: Please confirm if your medical group had changes in staff that have access to upload.mncm.org and are responsible for uploading data for your medical group?
 - Discontinued Upload site users
- Additional Events: Please describe any other significant events related to your medical group that may affect data submission to PIPE. MNMCM will determine whether additional validation is necessary. If none, leave this question blank.
- What feedback do you have about PIPE? What would you like to see added or improved within the system or the PIPE submission process.

*Survey logic may prevent you from answering all questions.