



PIPE DEMOGRAPHIC FILE OFFICE HOURS

MN COMMUNITY MEASUREMENT
JULY 16, 2024



Thanks for joining us today!



All webinar participants are in “listen-only” mode. To ask a question, please type your question into the “Q&A” box at the bottom of your screen at any time during the webinar.



MNCM will send a link to the presentation slides and the recording to webinar attendees later this week.



Please visit our Knowledge Base (<https://helpdesk.mncm.org/helpdesk/KB>) for links to the newest PIPE specifications and other onboarding resources.

MNCM PIPE Implementation Team



Lexie Adams
Measurement Analyst

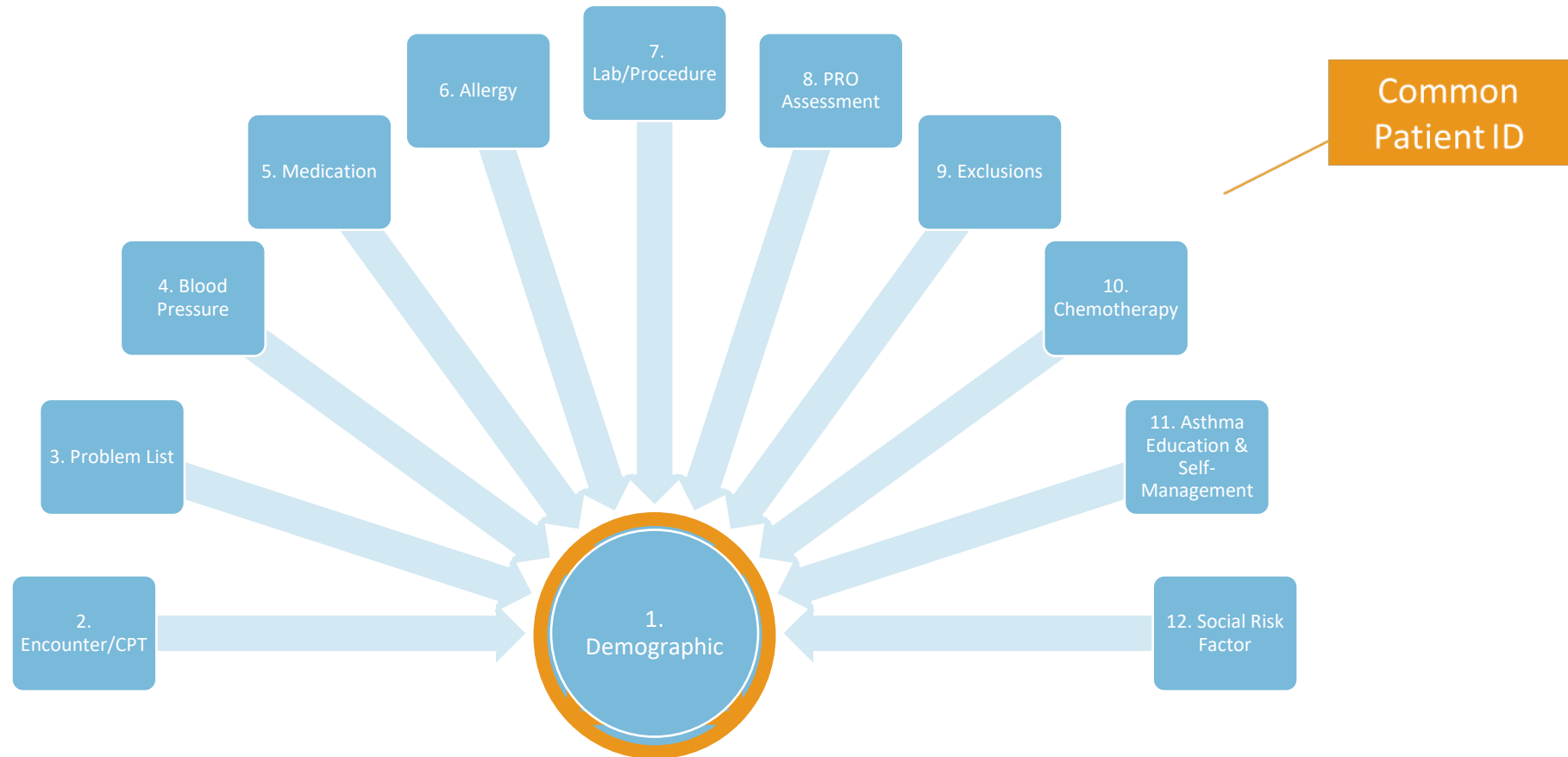


Elijah Gallenberg
Project Management Lead

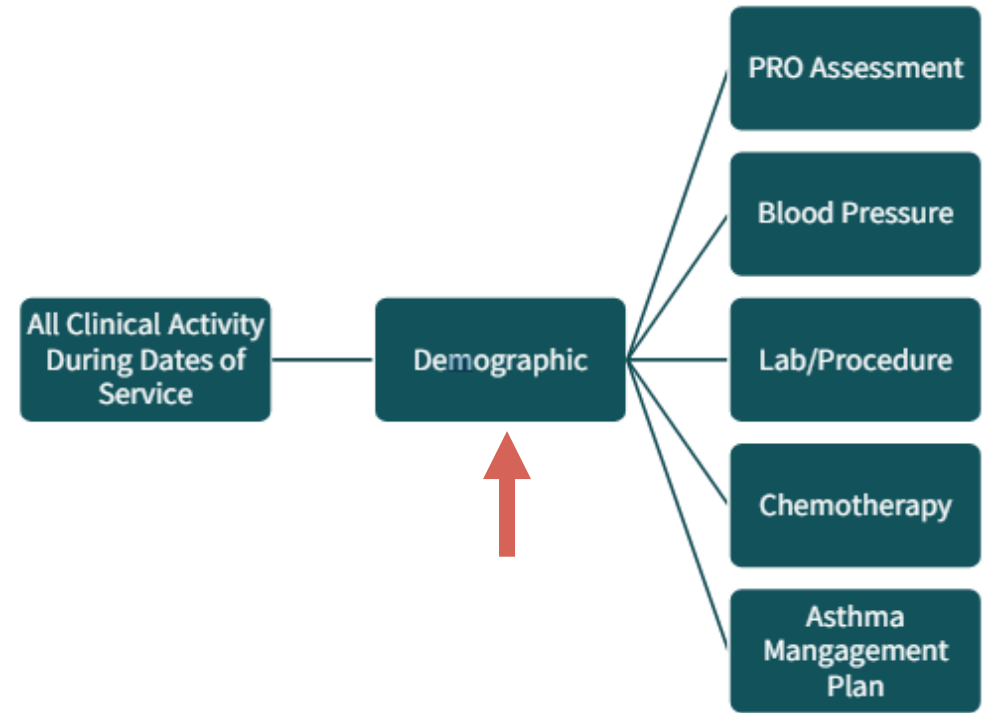
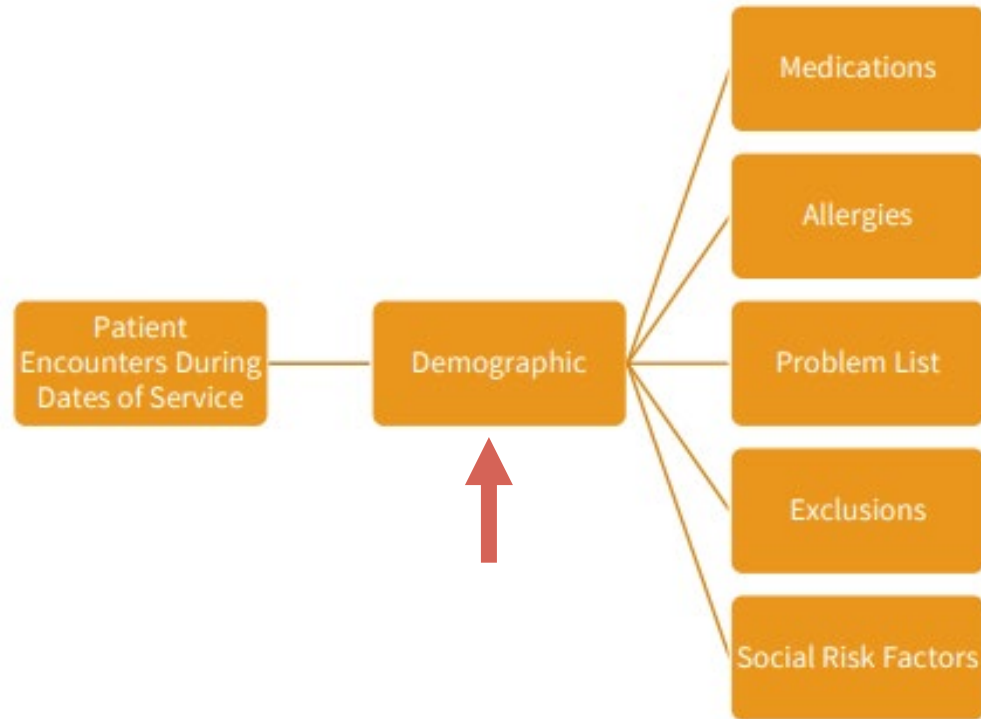


Maegi Yang
Governance Manager

PIPE Data Standard



File Extract Guidance



1	Patient ID	<ul style="list-style-type: none"> • Unique patient identifier. • Identifier must be used consistently across all data files and all submissions. • DO NOT use SSN. • If identifiers must change between submissions, contact MNCM at support@mncm.org. 	R	String; up to 250 characters	Blank fields. Values outside allowable range.
2	Patient Date of Birth (DOB)		R	mm/dd/yyyy or m/d/yyyy	Blank fields. Values outside allowable range.
3	Patient Sex at Birth	<p>F = Female M = Male U = Unknown/Undefined</p>	R	Text; 1 character	Blank fields. Values outside allowable range.


6	Race1	<p>Enter the code that corresponds to the patient reported race. For patients who report more than one race, enter one code per field for each reported race, up to five. Do not submit the same code in multiple fields.</p> <p>1 = Indigenous</p> <p>2 = Asian</p> <p>3 = Black</p> <p>5 = Native Hawaiian/Other Pacific Islander</p> <p>6 = White</p> <p>7 = Some other race/Patient does not identify with any of the race categories provided.</p> <p>97 = Patient actively chose not to disclose/declined</p> <p>98 = Patient reports that race is unknown.</p> <p>If patient was not asked for their race or if race was left blank by patient, leave the fields blank.</p>	S	Number; up to 2 digits	Values outside allowable range.
7	Race2		S	Number; up to 2 digits	
8	Race3		S	Number; up to 2 digits	
9	Race4		S	Number; up to 2 digits	
10	Race5		S	Number; up to 2 digits	
11	Ethnicity	<p>Enter the code that corresponds to the patient-reported ethnicity</p> <p>4 = Hispanic/Latinx</p> <p>8 = Not Hispanic/Latinx</p> <p>97 = Patient actively chose not to disclose/declined</p> <p>98 = Patient reports that ethnicity is unknown</p> <p>If patient was not asked for their ethnicity or if ethnicity was left blank by patient, leave the field blank.</p>	S	Number; up to 2 digits	Values outside allowable range.

12	Preferred Language	<p>Enter the code that corresponds to the patient-reported preferred language. Please refer to a separate supplemental document entitled <u><i>RELC Data Elements, Field Specifications & Codes</i></u> for coding table. Additional options include:</p> <p>97 = Patient actively chose not to disclose/declined</p> <p>98 = Patient reports that preferred language is unknown.</p> <p>99 = Patient reported preferred language does not match one of the available codes. Enter name of preferred language in <i>Preferred Language Other</i> field.</p> <p>If patient was not asked for their preferred language or if preferred language was left blank by patient, leave the fields blank.</p>	S	Number; up to 2 digits	Values outside allowable range.
13	Preferred Language Other	If Element Position 12 = 99, submit preferred language.	S	String; up to 250 characters	

14	Country of Origin	<p>Enter the code that corresponds to the patient-reported country of origin. Please refer to a separate supplemental document entitled <i>RELC Data Elements, Field Specifications & Codes</i> for coding table. Additional options include:</p> <p>997 = Patient actively chose not to disclose/declined</p> <p>998 = Patient reports that country of origin is unknown.</p> <p>999 = Patient reported country of origin does not match one of the available codes. Enter name of country of origin in <i>Country of Origin Other</i> field.</p> <p>If patient was not asked for their country of origin or if country of origin was left blank by patient, leave the fields blank.</p>	S	Number; up to 3 digits	Values outside allowable range
15	Country of Origin Other	If Element Position 14 = 999, submit country of origin.	S	String; up to 250 characters	

16	Street Address	Primary Residence		S	String; up to 250 characters	
17	City			S	String; up to 250 characters	
18	State		<u>Standard two-character state abbreviation.</u>	S	String; 2 characters	
19	ZIP Code		Minimum of five digits. If the zip code field in the patient record is blank or the zip code is less than five digits (e.g., other country), enter 99999	R	String	Blank fields

20	PCP NPI	<ul style="list-style-type: none"> • National Provider Identifier for assigned Primary Care Provider (PCP). • 10 digits • If patient's PCP is outside medical group, leave BLANK 	S	Number; 10 digits	
21	Primary MNCM Clinic ID of PCP	MNCM Clinic ID for primary service location of PCP	S	Number; up to 4 digits	Values outside allowable range

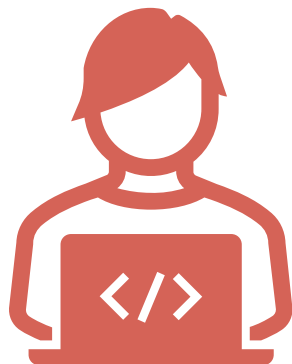
22	Primary Insurance	<p>Please refer to a separate supplemental document entitled <u><i>Insurance Coverage Data Elements, Field Specifications & Codes</i></u> for field specifications.</p> <p>For Secondary Insurance, use corresponding Primary Insurance field specifications.</p> <p>Data should be current as of the last day of the dates of service being submitted.</p> <p> For insurance types of Medicare (8), Uninsured (29), Self-Pay (16), and HITECH restricted (37) that have no associated Insurance Member ID, submit 999 in the Member ID field.</p>	R	Number; up to 2 digits	Blank fields Values outside allowable range
23	Primary Insurance Other		S	String; up to 250 characters	
24	Primary Insurance Member ID		R	String; up to 250 characters	Blank fields, unless allowed by insurance type
25	Secondary Insurance		S	Number; up to 2 digits	Values outside allowable range
26	Secondary Insurance Other		S	String; up to 250 characters	
27	Secondary Insurance Member ID		S	String; up to 250 characters	

The following data fields are collected for special projects as authorized by the submitting organization.					
28	Research Consent	If patient has opted out of research, map opt-out to status 1 <ul style="list-style-type: none"> • Opt-out = 1 • If blank and clinic group is participating in an authorized research project, patient is opted in 	S	Number; 1 Digit	Values outside allowable range
29	Research Consent – Date	Enter the date the patient opted out of research. <ul style="list-style-type: none"> • Research Consent opt-out date • If blank and field Research Consent is populated with a 1, PIPE data ingestion date will be used 	S	mm/dd/yyyy or m/d/yyyy	
30	Patient Full First Name	Enter the full first name of the patient.	S	String; up to 250 characters	
31	Patient Middle Name	Enter the patient’s middle name or initial if it is recorded in the medical record.	S	String; up to 250 characters	
32	Patient Last Name	Enter the last name of the patient.	S	String; up to 250 characters	
33	Primary Phone Number	Minimum of 10 digits. Do not include spaces, hyphens, or characters; numeric values only.	S	Number	
34	Primary Phone Number Type	Enter the code that corresponds to the patient primary phone number type in element 33. 1 = Mobile/Cell Phone 2 = Other	S	Number; 1 Digit	Values outside allowable range
35	Secondary Phone Number	Minimum of 10 digits. Do not include spaces, hyphens, or characters; numeric values only.	S	Number	
36	Secondary Phone Number Type	Enter the code that corresponds to the patient secondary phone number type in element 35. 1 = Mobile/Cell Phone	S	Number; 1 Digit	Values outside allowable range

The following data fields are collected to support data analysis related to gender identity and sexual orientation.					
37	Patient Gender Identity	Enter the code that corresponds to the patient's expressed gender identity. 1 = Male 2 = Female 3 = Female-to-Male (FTM)/Transgender Male/Trans Man 4 = Male-to-Female (MTF)/Transgender Female/Trans Woman 5 = Genderqueer, neither exclusively male nor female 99 = Additional gender category or other 97 = Patient chose to not disclose/ decline 98 = Patient reports gender identity is unknown	S	Number; Up to 2 digits	Values outside allowable range
38	Patient Sexual Orientation	Enter the code that corresponds to the patient's expressed sexual orientation. 1 = Lesbian, gay or homosexual 2 = Straight or heterosexual 3 = Bisexual 99 = Something else, other 97 = Patient chose to not disclose/ decline 98 = Patient reports sexual orientation is unknown	S	Number; Up to 2 digits	Values outside allowable range



*Please type your questions into the
“Q&A” box at the bottom of your screen*



<https://helpdesk.mncm.org/>



support@mncm.org