



# Maryland Immunization Information System (ImmuNet)

*Interface Scoping Guide*

Meaningful Use Stage 3 – September 2019

# Background

Please use this guide as you interface with ImmuNet. The questions and answers of this checklist are compiled with the requirements of MU Stage 3 in mind.

While a specific secondary contact is not required, we encourage providing a means to contact the registry if the primary technical project management contact is not available.

## Registry Information

Location	Maryland IIS (ImmuNet)
Contact	Rashid Malik ( <a href="mailto:rashid.malik@maryland.gov">rashid.malik@maryland.gov</a> )
Secondary Contact	ImmuNet Helpdesk ( <a href="mailto:mdh.mdimmunet@maryland.gov">mdh.mdimmunet@maryland.gov</a> )
State Specifications	<a href="https://www.mdimmunet.org/ir_docs/hl7_251_realtime_gts.pdf">https://www.mdimmunet.org/ir_docs/hl7_251_realtime_gts.pdf</a>

The below section details the method of transport and specifications the registry requires for MU Stage 3. If an EHR is connected to the registry via an outdated specification or connectivity method, we will encourage you to work with the registry to update the connection to meet the transport and specifications required for MU3.

## Transport and Specification Scoping Questions

What specifications should messages be sent in?	<input type="checkbox"/> 2.3.1 <input type="checkbox"/> 2.5.1 r 1.4 <input checked="" type="checkbox"/> 2.5.1 r 1.5
Should connectivity be established Globally, per client? (Globally is one set of credentials for all clients)	<input checked="" type="checkbox"/> Globally <input type="checkbox"/> Per Client <input type="checkbox"/> Other
What method of connectivity is required by the registry?	<input checked="" type="checkbox"/> Web Services <input checked="" type="checkbox"/> sFTP (not preferred) <input checked="" type="checkbox"/> Manual upload via UI (not preferred)

# Message Scoping

The below section scopes the VXU message requirements needed to submit vaccines to the registry to meet MU3.

## (VXU) Vaccine Submission Scoping Questions

Are site-specific IDs sent in the MSH-4, RXA-11.4, or both?	<input type="checkbox"/> MSH-4 <input type="checkbox"/> RXA-11.4 <input checked="" type="checkbox"/> Both
Additional Notes regarding site-specific IDs:	Please contact the state for site-specific IDs.
Accepted administered code set for vaccines (RXA-5)	<input checked="" type="checkbox"/> NDC (preferred but not required) <input checked="" type="checkbox"/> CVX (required) <input type="checkbox"/> NDC required <input type="checkbox"/> CVX required
Accepted route of administration code set (RXR-1)	<input checked="" type="checkbox"/> NCIT <input checked="" type="checkbox"/> HL70162
Does the registry accept historical immunization data? (RXA-9 = 01)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Can the registry accept an update to a previously submitted vaccine? (RXA-21 = U)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Can the registry accept a delete to a previously submitted vaccine? (RXA-21 = D)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the registry require observations about contraindications in the OBX segment?	<input type="checkbox"/> Yes, accepted but not required <input checked="" type="checkbox"/> Yes, accepted and is required <input type="checkbox"/> No
Does the registry require observations about immunity to vaccine-preventable disease in the OBX segment?	<input checked="" type="checkbox"/> Yes, accepted but not required <input type="checkbox"/> Yes, accepted and is required <input type="checkbox"/> No
Can the registry accept multiple VIS Published and Presented Dates for a vaccine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

The below section scopes the message requirements needed to submit QBP messages and request forecasting information from registries to meet MU3.

## (QBP/RSP) Bidirectional Scoping Questions

Capable of accepting vaccine query messages?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Capable of returning vaccine histories?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Capable of returning forecasting information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what profile ID is required in the MSH-21/QPD-?	<input checked="" type="checkbox"/> Z34 <input checked="" type="checkbox"/> Z44

## Vaccines for Children Scoping

The below sections scope the requirements for the registry's support of any state or jurisdictional VFC programs

### VFC Program Scoping Questions

VFC Funding Source codes accepted *Please select all that apply	<input checked="" type="checkbox"/> PHC70 (Private Funds) - <b>PVF</b> <input type="checkbox"/> VXC1 (Federal Funds) <input type="checkbox"/> VXC2 (State Funds) <input type="checkbox"/> PHC68 (Military Funds) <input type="checkbox"/> VXC3 (Tribal Funds) <input checked="" type="checkbox"/> VXC50 (Public) - <b>PBF</b> <input type="checkbox"/> VXC51 (Public VFC) <input type="checkbox"/> VXC52 (Public non-VFC) <input type="checkbox"/> OTH (Other) <input type="checkbox"/> UNK (Unspecified)
	Only values in <b>bold</b> are currently accepted
Does the registry require additional State or Jurisdiction-required funding Source Codes? If yes, please note them here	No
VFC Eligibility Status codes accepted *Please select all that apply	<input checked="" type="checkbox"/> V01 (Not VFC Eligible) <input checked="" type="checkbox"/> V02(VFC eligible Medicaid/Medicaid Managed Care) <input checked="" type="checkbox"/> V03 (VFC eligible- Uninsured) <input checked="" type="checkbox"/> V04 (VFC eligible- American Indian/Alaskan Native) <input checked="" type="checkbox"/> V05 (VFC eligible-Federally Qualified Health Center Patient (under-insured)) <input type="checkbox"/> V07 (Local-specific eligibility)
Does the IIS require additional State or Jurisdiction-required Eligibility codes? If yes, please note them here	No
Do VFC vaccines have to be reported within a certain timeframe?	Daily

What is the impact if reporting is not completed within the timeframe?	Non-compliance with requirements
--	----------------------------------

## Public Vaccination Scoping Questions

	Messages for children < 19 years old	Messages for children > 19 years old
Funding Source required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VFC Status Code required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Private Vaccination Scoping Questions

Funding Source required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VFC Status code required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Additional Notes or Testing Plans:

### Test Patients

Immunizations Test Patients				
Last Name	First Name	Date of Birth	Gender	Immunizations
Testpatient	John	1/1/2006	M	Yes
Mouse	Mickey	10/5/1971	F	Yes
Testlast	Testfirst	2/9/1977	F	Yes
Avery	Adele	12/1/1997	F	Yes
CRISP	Immunization	1/1/1980	M	No