Maine Department of Health and Human Services
Maine CDC
Maine Center for Disease Control and Prevention

ImmPact
MAINE IMMUNIZATION INFORMATION SYSTEM

# Maine Immunization Information System

## Immunization Onboarding

Immunization onboarding is the process of working with Maine Immunization Program (MIP) staff to set up and test ongoing immunization data from an Electronic Health Record to Maine's Immunization Information System, ImmPact. During the onboarding process, transport for the immunization messages will be put in place and the HL7 immunization messages will be reviewed by the MIP staff to ensure correct format and quality. Once the messages have been reviewed and approved, your organization will be allowed to send data to ImmPact production. When you go live to production MIP requests that you do a historical load with all patient immunization information currently in your EMR.

## Onboarding Expectations

After receipt of your data exchange application, MIP staff will meet with your team to discuss a project plan and expectations. If your organization cannot commit to the following outline, you'll be moved back to the queue until a project plan can be completed.

## General Onboarding Plan

### A. Complete and review Data Exchange Onboarding Application

Your organization will review the Immunization Information System (IIS) Rules and the data exchange documents at https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/immpact.shtml. Download the Data Exchange Onboarding Application and return the completed application as directed on the form. MIP will review the application and reach out to arrange a kick-off call.

### B. Review and Refine Onboarding Plan (Kickoff Call)

MIP staff and your organization's team will establish an agreed upon kickoff call date. Attendees on the kick-off call must include representatives from the provider organization, the EMR/EHR Vendor and MIP staff.

1. MIP staff will meet with the organization's team to discuss a project plan and expectations. Your organization will need to agree to:
   a. Review pertinent documentation as described in A above.
   b. Provide sufficient resources to meet the schedule of activities.
   c. Be responsible for timely communication and work on testing for onboarding.
   d. Meet due dates established in the project plan or negotiate reasonable schedule changes as necessary. Schedule changes must be arranged before due dates have passed.
   e. Prior to Go-Live, have appropriate staff attend ImmPact error mitigation training. (Zoom)
   f. At Go-Live or soon after, do a historical load of EMR immunization data that is not in ImmPact.
   g. Not send real patient data to ImmPact TRN during testing.
   h. Not send fake (test) patients to ImmPact PRD after Go-Live.
2. Once the project plan is agreed upon and written confirmation is sent to MIP, you'll move to the next step.

## C. Set up Data Transfer to ImmPact Training (TRN)

MIP staff will:

1. Set up the test profile in ImmPact TRN.
2. Provide TRN Webservices Log in credentials and endpoint URL for the test transport.
3. Provide MSH-4 org id (TRN) for the sending facility (vendor).
4. Provide MSH-22/RXA-11.4 org ids (TRN) for each location to be tested.
5. If participating in dose level exchange, provide a list of inventories based on each location's actual vaccine administration.
6. Provide a list of existing test patients if testing for bi-directional (QBP/RSP).

## D. VXU Message Review

Technical - This step is to verify that your system can create VXU messages that meet format and coding standards.

1. Your organization sends HL7 messages to the ImmPact test region (TRN).
    a. Your test EMR should be a very close representation of your production EMR.
    b. Transmission will be real-time unless MIP agrees to an exception.
    c. If you do not have a test EMR you must scramble production data before sending to ImmPact TRN.
    d. MIP only allows test messages with FAKE patients for assessment.
    e. General expectation is test messages will be sent until MIP is satisfied that your EMR can meet our requirements.
2. MIP staff will review the HL7 messages to ensure the format of the messages is correct. For example:
    a. All messages have full client name, date of birth and address.
        i. If patient is unnamed "NOFIRSTNAME" or "NOLASTNAME" will be sent.
        ii. Patient address should include county. Format is either FIPS code or full county name.
    b. All messages have appropriate sending Facility ID and Responsible Org ID.
    c. All messages have race and ethnicity codes when available.
    d. All administered vaccinations have active and specific CVX codes.
    e. All historic vaccinations have historically correct CVX codes.
    f. All dose-level vaccinations must have VFC eligibility codes (Note 1: each eligibility must be tested.) (Note 2: At this time, eligibility is waived for COVID-19 vaccines.)
    g. All immunizations have Lot number and expiration date when available.
    h. All administered vaccinations have a VIS date.
    i. All patients should include a next of kin. If SELF, address must match patient address.
    j. Demonstrate ability to send Allow Reminder recall. PD1=02 OR empty
    k. Demonstrate ability to send Allow sharing. PD1-12=N OR empty
    l. Demonstrate ability to Not send to IIS for opt out patients
3. If the HL7 messages meet the established standard, then the provider will proceed to quality review.

Quality - This step verifies the quality of the messages received into ImmPact. For dose level reporting; Lot numbers, CVX codes, VFC eligibility codes, expiration dates and administration dates are being accurately represented and decrement from the ImmPact inventory. We will identify any issues with the messages and send it to you to review.

4. MIP staff will review test messages and send feedback to the project group.
    a. If needed, a call can be set up to discuss any issues.
    b. Your organization fixes the indicated issues, then submits new messages. [go back to 1].
    c. If no further issues are found, Error Mitigation Training should be scheduled for the Practice Staff.

## E. QBP Message Review

This step is to verify that your system can create VXU messages that meet format and coding standards.

1. Your organization sends HL7 Z34 and/or Z44 messages to the ImmPact test region (TRN).
2. Verify your system can receive and process the RSP files sent back by ImmPact (TRN).

## F. Move to production

The purpose of this step is to connect your organization's production system to ImmPact's production system.
MIP staff will:

1. Set up the profile in ImmPact production (PRD), if needed.
2. Provide PRD Webservices Log in credentials and endpoint URL.
3. Provide MSH-4 org id (PRD) for the sending facility (vendor).
4. Provide MSH-22/RXA-11.4 org ids (PRD).

## G. Production Monitoring

This is a monitoring phase to ensure that the production system continues to meet format, coding standards and error correction in the ImmPact production environment. During this phase you submit production messages representing actual entries into your production electronic health record system. The production data will be sent to ImmPact's production environment.

1. If messages continue to meet the established standard, then you will achieve ongoing submission.
2. We will require at least one Post Production call.
3. If issues with submitting immunization messages arise, then please contact the Data Exchange team at MEIIS.DEXCDC@maine.gov or call the ImmPact Help Desk at **207-287-3006.**