

MIIX On-Boarding Process Summary

1. A facility contacts the Immunizations Interoperability Team expressing an interest in either attesting for Meaningful Use or establishing an electronic interface between their EHR and MIIX.
2. The facility is sent documents to complete. Some information required on the documents may require information from the facility's EHR vendor.
3. Once **ALL** required documents are returned to the Immunizations Interoperability team, the facility may attest for Meaningful Use, if desired. The facility will be placed on the Interoperability Team's facility project list.
4. When the facility is next for on-boarding, all involved parties will be contacted to set up a Kick-Off Call. During the Kick-Off Call, the EHR will be demonstrated, next steps will be given, and follow-up emails with HL7 username and password will be sent.
5. The facility will enter testing for HL7 message structure, verification, and correction if necessary. This testing validates that your EHR can send the required HL7 segments and fields in the proper order.
6. The facility's messages will then be checked for data quality. During testing, the facility/EHR will send real patient data. In this testing, the interoperability team is monitoring the HL7 feed for correct codes are used for fields that require codes and fields that are required by MIIX and/or CDC are correctly entered.
7. Once the facility messages are within the standards of CDC and/or MIIX;
 - a. If the facility is **NOT** a VFC facility, skip to step 8.
 - b. If the facility is a VFC facility, they will be moved into a parallel testing phase. During this testing phase the facility will be closely monitored by the Immunizations VFC department to ensure correct lot numbers are provided for accurate vaccine inventory management. This testing will take a minimum of two weeks. If inventory testing cannot be completed successfully within this time, the facility will be moved back to testing until issues are resolved. Accurate inventory management provides easier reconciliation of inventory prior to placing vaccine orders and minimizes the impact on the facility staff of inventory reconciliation. During the parallel phase the facility **MUST** enter all immunizations in both their EHR system and the MIIX production environment in a timely manner.
8. The facility can be moved into the MIIX production environment upon successful completion of the parallel phase, if the facility is a VFC provider. If the facility is not a VFC provider, they may be moved into production once message structure and data content are satisfactory. Once moved to production, the facility is no longer required to perform dual data entry of immunizations. Immunizations may now be entered in the facility's EHR system for electronic transfer to MIIX. Should the electronic interface become unavailable at any time or reason, the facility will be required to enter immunizations into MIIX manually until the interface functionality is restored. The facility's messages will be regularly monitored for structure and data quality.

****ALL BIRTHING FACILITIES ARE REQUIRED TO SUBMIT, IN WRITING, THEIR PROCESS FOR****

****UPDATING A BABY BOY/GIRL NEWBORNS NAME IN MIIX ****

For questions, please call the Interoperability Team at 601-576-7751