## Michigan Care Improvement Registry (MCIR) HL7 Provider Site Roles and Responsibility Information Form

This form must be completed prior to going live in MCIR Production. Email a copy of the completed form to <a href="MDHHS-MU-MCIRHelp@michigan.gov">MDHHS-MU-MCIRHelp@michigan.gov</a> and to your Regional MCIR Coordinator. Visit <a href="MCIR Regional Coordinator">MCIR Regional Coordinator</a> for your coordinator contact information.

## **Site Responsibilities:**

- 1. Enter immunization data <u>correctly</u> and <u>timely</u> into the EHR.
- 2. Review and <u>correct errors</u> at least three times per week to meet the <u>72-hour reporting</u> requirement to MCIR.
- 3. Ensure connectivity through an approved Sub-State Health Information Exchange (SSHIE) is maintained. Connectivity problems are resolved between the SSHIE, EHR Vendor, and Health Care Organization. MCIR is not the first point of contact for connectivity issues.
- 4. Ensure the Manufacturer, Lot Number and Financial Vaccine Eligibility Status for all newly administered vaccines are correctly entered into the EHR.
- 5. Ensure HL7 messages are programmed for Production submission. Follow requirement standards outlined in the MCIR HL7 Specification Guide.
- 6. Send updates of this form to: <a href="mailto:MDHHS-MU-MCIRHelp@michigan.gov">MCIR Regional Coordinator</a>. Coordinator.



M	CIR Provider Site Name:		
M	CIR Provider Site ID:		
M	CIR HL7 Facility ID:		
Ele	ectronic Health Record (EHR) Name:		
	EHR Product Name:		
	• EHR Version:		
HL	7 Version:		
Me	essages sent: real-time Datch		
	If batched, what is the frequency:		
1.	Name of Sub-State Health Information Exchange	e (SSHIE) site is affiliated with:	
2.	Who (name, position, phone, E-mail address) is responsible to make this change prior to going live? The Processing Id in MSH 11.1 must show a value of P (production) on or before the go-live date. If this change does not occur, MCIR will be unable to accept the messages.		
	<u>Primary</u>	MCIR User ID	
	Name:	Position:	
	Phone:	Email:	
	Backup:	MCIR User ID	
	Name:	Position:	
	Phone:	Email:	



**Complete Site Information** 

3. Who (name, position, phone, E-mail address) at this site is responsible for monitoring the data feed through their Sub-State HIE? This includes resolving connectivity problems and reviewing acknowledgement (ACK) messages to resolve problems that caused messages to be rejected or returned with errors from MCIR.

Describe how the electronic HL7 error logs (AE's, exception errors) are viewed within the EHR, and who has the privileges to view them:

Primary	MCIR User ID

Name: Position: Phone: Email:

Backup: MCIR User ID

Name: Position: Phone: Email:

4. Who (name, position, phone, E-mail address) at this site is responsible for regularly reviewing the MCIR HL7 Transfer Report to fix appropriate Errors?

<u>Primary</u> MCIR User ID

Name: Position: Phone: Email:

Backup: MCIR User ID

Name: Position: Phone: Email:

## Access MCIR HL7 Transfer Report

Sites that are live in MCIR Production may access the HL7 Transfer Report in the MCIR application. Generating an HL7 Transfer Report is found by visiting MCIR HL7 Transfer Report Tip Sheet.

5. How will errors from the Summary Report be corrected in MCIR?

Staff should be knowledgeable about how their EHR handles edits prior to going live. The practice is responsible to make sure that their electronically sent messages are not creating duplicate vaccine records or duplicate person records in MCIR. If additional training is needed, contact your EHR Vendor or Health Care Organization. Erroneous data is not permissible.



EIG	will do most of their corrections through their EHR.
	As long as the proper order of the Add/Delete/Add records is maintained, the correct transactions will take place. The "Delete" record MUST match the original "Add" record. The subsequent "Add" record with the corrected information will be added to the MCIR record. Appropriate Inventory adjustments will be made with the transactions. Users should not use the manual edit method if they are sending proper "Delete" records from their EHR as it may cause duplication errors.
	<u>Manual Edits</u> : User MUST log into MCIR and hand-enter corrections if the EHR system does not send "Delete" records.
6.	How will historical immunizations be reported to MCIR?
	Documented immunity must be based on official medical documentation, not self-reported immunity.
	Entered into the EHR and reported to MCIR through the HL7 data feed: $\Box$
	Hand-entry into MCIR:
7.	How will documented immunity to Varicella be reported to MCIR?  Documented immunity must be based on official medical documentation, not self-reported immunity.
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7.	Documented immunity must be based on official medical documentation, not self-reported immunity.  Entered into the EHR and reported to MCIR through the HL7 data feed:
	Documented immunity must be based on official medical documentation, not self-reported immunity.  Entered into the EHR and reported to MCIR through the HL7 data feed:  Hand-entry into MCIR:  NOTE: Hand-entry into MCIR is required at this time for documented immunity for other diseases (Hepatitis B, Measles, Mumps, Rubella,
	Documented immunity must be based on official medical documentation, not self-reported immunity.  Entered into the EHR and reported to MCIR through the HL7 data feed:  Hand-entry into MCIR:  NOTE: Hand-entry into MCIR is required at this time for documented immunity for other diseases (Hepatitis B, Measles, Mumps, Rubella, Rabies, and Hepatitis).
	Documented immunity must be based on official medical documentation, not self-reported immunity.  Entered into the EHR and reported to MCIR through the HL7 data feed:  Hand-entry into MCIR:  NOTE: Hand-entry into MCIR is required at this time for documented immunity for other diseases (Hepatitis B, Measles, Mumps, Rubella, Rabies, and Hepatitis).  How will non-Administered vaccines (patient refusals) be entered into MCIR?
	Documented immunity must be based on official medical documentation, not self-reported immunity.  Entered into the EHR and reported to MCIR through the HL7 data feed:  Hand-entry into MCIR:   NOTE: Hand-entry into MCIR is required at this time for documented immunity for other diseases (Hepatitis B, Measles, Mumps, Rubella, Rabies, and Hepatitis).  How will non-Administered vaccines (patient refusals) be entered into MCIR?  Entered into the EHR and reported to MCIR through the HL7 data feed:
8.	Documented immunity must be based on official medical documentation, not self-reported immunity.  Entered into the EHR and reported to MCIR through the HL7 data feed:  Hand-entry into MCIR:   NOTE: Hand-entry into MCIR is required at this time for documented immunity for other diseases (Hepatitis B, Measles, Mumps, Rubella, Rabies, and Hepatitis).  How will non-Administered vaccines (patient refusals) be entered into MCIR?  Entered into the EHR and reported to MCIR through the HL7 data feed:  Hand-entry into MCIR:   Hand-entry into MCIR:



10. If newly licensed vaccines are used at this site, who (name, position, organization, phone, E-mail address) is responsible for adding new vaccine (CVX) codes into the EHR to ensure the codes are included in the MCIR HL7 data feed?				
Name:	Position:			
Organization:				
Phone:	Email:			
11. Is this a VFC site? YES NO				
If yes, it is especially critical that this site's immunization data is entered into the EHR on a timely basis, that it meets the 72 hour reporting requirement, and gets transported to MCIR for accurate inventory accounting and balancing in the VIM (Vaccine Inventory Module).				
VFC PIN NUMBER: (6 digits)				
Who, (name, position, phone, E-mail address), is responsible for <u>reviewing the VIM Transactions</u> Report & reconciling mismatched lot numbers ("No VIM Transaction") in the EMR and MCIR:				
<u>Primary</u>	MCIR User ID			
Name:	Position:			
Phone:	Email:			
<u>Backup</u> :	MCIR User ID			
Name:	Position:			
Phone:	Email:			

