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 waiting list.

4. When the facility is next for on-boarding you will be contacted. At this point you will be given your HL7 user name and password for testing with MIIX.

5. The facility will enter single-phase testing for HL7 message structure verification and correction if necessary. This phase 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. In this part of the testing phase, the facility/EHR will be sending only real patient data. In this testing, the interoperability team is checking to see that the proper codes are used for fields that require codes and fields that are required by MIIX and/or CDC are correctly filled by staff within the facility.

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 phase of testing will take a minimum of two weeks but could last for one month. If inventory testing cannot be completed successfully within this time period 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 on a daily basis. Immunizations may now be entered in the facility's EHR system only for electronic transfer to MIIX. Should the electronic interface become unavailable at any time for any 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 PLAN/PROCESS FOR UPDATING A BABY BOY/GIRL NEWBORNS NAME IN MIIX **

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