



# Promoting Interoperability (PI) Incentive Program Readiness Checklist for IIS

*Updated January 2019*

Checklist Item	Your IIS Status	Work Remaining/Level of Effort/ Notes
<b>TECHNICAL Checklist</b>		
<p><b>NIST 2015 Submission (VXU) Test Messages:</b> Effective January 1, 2019, providers wishing to receive incentive payments through the Promoting Interoperability incentive program must use Electronic Health Record Systems (EHRs) that meet 2015 Certified EHR Technology (CEHRT). To meet 2015 CEHRT criteria, EHRs are required to generate 6 VXU message test cases that conform to HL7 2.5.1 release 1.5 Immunization Messaging Implementation Guide<sup>1</sup> and Addendum<sup>2</sup> (also referred to as the HL7 IG). IIS should be prepared to accept messages that resemble these test cases. They cover:</p> <ul style="list-style-type: none"> <li>• Child administration</li> <li>• Adult Administration</li> <li>• Patient does not consent</li> <li>• Update to an immunization</li> <li>• Deletion of an immunization</li> <li>• Refusal of an immunization</li> </ul> <p>Note: The AIRA Aggregate Analysis Reporting Tool (or AART)<sup>3</sup> can assist IIS in ensuring their system is processing HL7 messages in accordance with standards. Meeting (or having a plan to meet) all AART measures and tests for submission and query is not required, but rather encouraged, when declaring readiness for incentive programs.</p>		
<p><b>Accept National Drug Codes (NDC) for Administered Vaccines:</b> Promoting Interoperability requires the use of NDC for administered vaccines. Historical vaccines continue to use CVX codes.<sup>4</sup> IIS need to be able to accept and process NDC<sup>5</sup> for administered vaccines. CDC maintains tables for these code sets, along with crosswalk tables between CVX and NDC, and NDC Unit of Use (UoU) and NDC Unit of Sale (UoS). For more guidance on UoU and UoS NDCs, refer to CDC's Updated Guidance for Documenting Vaccine NDCs and Lot Numbers in IISs and EHRs.<sup>6</sup></p>		

<sup>1</sup> <http://repository.immregistries.org/resource/hl7-version-2-5-1-implementation-guide-for-immunization-messaging-release-1-5/>

<sup>2</sup> <http://repository.immregistries.org/resource/hl7-version-2-5-1-implementation-guide-for-immunization-messaging-release-1-5-addendum/>

<sup>3</sup> <http://app.immregistries.org/aart/home>

<sup>4</sup> <https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx>

<sup>5</sup> [https://www2a.cdc.gov/vaccines/iis/iisstandards/ndc\\_crosswalk.asp](https://www2a.cdc.gov/vaccines/iis/iisstandards/ndc_crosswalk.asp)

<sup>6</sup> <https://www.cdc.gov/vaccines/programs/iis/2d-vaccine-barcodes/downloads/guidance-documenting-ndc.pdf>

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<p><b>Acknowledgment Messages (ACK) Conform to HL7 2.5.1 Release 1.5:</b>            There are three considerations here:  <b>Conformance:</b> Acknowledgment messages have increased in importance with Promoting Interoperability as EHRs are required to have the ability to display acknowledgement messages. NIST certification contains 4 test cases devoted to ACK messages. IIS must be returning conformant acknowledgment messages. For more information on conformance, refer to the AIRA Acknowledgement Guidance.<sup>7</sup>  <b>Messages follow ACK Guidance and are meaningful:</b> IIS must ensure the acknowledgment message returned to the EHR are representative of the processing performed by the IIS on the submitted VXU. That is, the IIS should not automatically acknowledge a message and process it after the fact. IIS are expected to set the appropriate value in ERR-4 of E, W, I and in MSA-1 of AA, AE, and AR that accurately reflect the status of the message and data submitted to the IIS.  <b>Return to sender:</b> If an HIE (or other intermediary) is in between the EHR and the IIS it should ensure the IIS ACK is returned to the EHR and to the responsible provider organization who can take action.</p>		
<p><b>NIST 2015 Query (QBP) Supported:</b>            EHRs are required to generate 4 Query message test cases. IIS should be prepared to accept messages that resemble these messages. Although there are two messaging profiles in the HL7 IG, all the test messages are related to Query Profile (Z44) and cover the following scenarios for both Query and Response.            Query for a child            Query for an adult            Query for a patient that does not exist in the IIS            Query for a patient which returns multiple patients</p>		

<sup>7</sup> <http://repository.immregistries.org/resource/guidance-for-hl7-acknowledgement-messages-to-support-interoperability/>

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<p><b>Query Response Messages Conform to HL7 2.5.1 Release 1.5:</b>            Similarly, there are two response profiles in HL7 IG. Promoting Interoperability includes only one profile (Z42). The Z42 profile is the response which must include the clinical decision support (e.g., forecaster). EHRs are required to display the response from the IIS including the clinical decision support. IIS must return conformant messages for EHRs to parse and display for the provider. Further, IIS should ensure that all consolidated data is returned per jurisdictional policy. Returning limited data can be confusing to providers, and is discouraged overall. For more information on conformance, refer to the AIRA Response Guidance,<sup>8</sup> as well as specific guidance on message structure and the use of LOINC codes.<sup>9</sup></p>		
<p><b>Limit Constraints to HL7 2.5.1 Release 1.5:</b>            Constraints – requiring something the HL7 IG does not require – are allowed, but should be limited whenever possible. All constraints should be reviewed periodically to determine if they are truly needed.</p>		
<p><b>No Conflicts to HL7 2.5.1 Release 1.5:</b>            Conflicts – breaking the rules of the base HL7 standard – are not allowed. The IIS should work to fix these situations. These may exist in both the Submission/Acknowledgement process (VXU/ACK) and the Query/Response process (QBP/RSP).</p>		
<p><b>SOAP/Web Services and the CDC WSDL:</b>            While not required for Promoting Interoperability, SOAP/Web Services and the use of the CDC WSDL is an IIS community-selected standard.<sup>10</sup> Universal use of this transport method as one transport method offered across all IIS will speed up EHR-IIS connectivity. SOAP/Web Services may be one of multiple transport options offered by an individual IIS.</p>		

<sup>8</sup> <http://repository.immregistries.org/resource/guidance-for-hl7-rsp-messages-to-support-interoperability/>

<sup>9</sup> <http://repository.immregistries.org/resource/guidance-on-detailed-message-structure-and-the-use-of-specific-loinc-codes/>

<sup>10</sup> <https://www.cdc.gov/vaccines/programs/iis/technical-guidance/soap/services.html>

## OPERATIONAL Checklist

### Declare Readiness:

Must be declared publicly, typically on the jurisdiction's website, ideally no later than July 1, 2018 for the January 1, 2019 start of Promoting Interoperability, or as soon as possible after that date. Note that your IIS does not have to BE ready on July 1, but rather, the IIS would declare that they anticipate BEING ready by January 1, 2019.

### Onboarding:

Create a procedure for "Re-Onboarding" as needed. Sites are not required by Promoting Interoperability to reregister; however, IIS may opt to require reregistration to assist in tracking participating organizations.

### Preparation for Auditing:

Determine what documentation is necessary for IIS to support future CMS audits of EP/EH/CAH participation for Promoting Interoperability, and create a procedure to track efficiently. At a minimum, your site should track:

An immediate dated confirmation/receipt of intent to register for new registrants (for the purpose of a pre-payment audit)

A EP/EH/CAH's original registration date (noting that they don't need to re-register for Promoting Interoperability)

The dates the IIS reached out to request action on the part of the EP/EH/CAH

The dates the EP/EH/CAH responded (or didn't within 30 days, and potentially got bumped out of "active engagement")

The date (if applicable) that the EP/EH/CAH started actively sending VXUs/QBPs into production

### Coordination with other Public Health (PH) programs:

Ensure that the immunization program has good communication and potential checkpoints with other PH programs such as surveillance, cancer, labs, etc. Determine what communication channels might also need to exist with the jurisdiction's Medicaid program.