

Instructions for Data Exchange with Virginia Department of Health/Division of Immunization for the Virginia Immunization Information System (VIIS).

Thank you for considering data exchange with VIIS. VIIS is a free, web-based computerized system used for combining information regarding vaccinations for individuals of all ages into one definitive, accurate record. VIIS (which is accessible to licensed healthcare professionals only) receives data from a number of sources including local health departments, private providers, healthcare plans, schools, health systems and FQHC/RHCs. Data can be submitted electronically in either flat file or HL7 file format. VIIS users can also access and/or upload data through the user interface of the system.

Data Exchange Steps

1. Contact from Provider/EHR/Health Plan of interest
2. Ensure Provider/EHR/Health Plan has File Specifications. In addition to the required fields, we have noted preferred fields that contribute more information that prevents duplicate records in VIIS. It is strongly recommended that you send these fields as well as those that are required.
3. Complete Registration Process and MOA
 - a. Review and Consent to Information Systems Security Access Agreement
 - b. Review and Consent to VIIS Security Policy and User Confidentiality Agreement
 - c. Review, sign and fax MOA to **VIIS Staff: 804-864-8190**
4. VDH will review MOA with Provider/EHR/Health Plan
5. Provider/EHR/Health Plan supplies non-personal health information sample file for VDH to approve format of file
6. Provider/EHR/Health Plan supplies sample file with personal health information straight from EHR system for VDH to approve content of file
7. Provider/EHR/Health Plan discusses transport options and finalizes transport decision
 - a. Manual upload through User Interface (sign-in to VIIS and upload file from EHR)
 - b. Automatic Data Exchange from EHR to VIIS
 - c. Real Time Data Exchange from EHR to VIIS
8. Provider/EHR/Health Plan has first successful upload – VDH monitors pendings and rejections and will contact IT/Clinical Contact as necessary.
9. Once patient data is received, VDH will place the data on our secure server that is shared with HP (our contractor for VIIS).
10. VDH to provide quarterly report on data exchange activity

Data Exchange Responsibilities

VDH/DOI agrees to:

- work with the organization to resolve all data exchange issues;
- perform a HEDIS match of client immunizations in VIIS on a yearly basis*; and
- handle and maintain all information in a confidential and secure manner, even after termination or expiration of this agreement.

The organization agrees to:

- specify the method and record format for data exchange with VIIS;
- designate an IT contact who will work with VDH to resolve all system or data problems;
- appoint a clinical contact to resolve client record issues (possible duplicates); and
- handle and maintain all information in a confidential and secure manner, even after termination or expiration of this agreement.

*Health Care Plans that perform DE with VIIS will be given priority in having their HEDIS report run before non-participating organizations



Memorandum of Agreement between Virginia Department of Health/Division of Immunization (VDH/DOI) and VIIS Organization interested in Data Exchange.

§ 32.1-46.01 of the Code of VA authorizes the Board of Health to establish the Virginia Immunization Information System (VIIS), a statewide immunization registry. VDH/DOI requests data exchange (DE) with other organizations to provide a complete immunization record in VIIS. The purpose of this MOA is to authorize data exchange between VDH and _____. Data shared will include patient demographic and immunization information.

IT Contact: _____ Phone/E-mail: _____

Clinical Contact: _____ Phone/E-mail: _____

Name of Electronic Health Record/Billing System: _____

I, _____, as Data Owner, have authority to approve access to shared data to VDH and VIIS. This MOA shall be effective on __/__/____, and remain in effect until either party provides the other with written notice of its intention to terminate. This MOA may be amended at any time by written mutual agreement.

(Signature of Signing Authority)

(Date)

(Name of VIIS Signing Authority)

(Signature of VIIS Signing Authority)

(Date)

Please Fax to VIIS Staff at 804-864-8190 or

Mail to VIIS Staff: 109 Governor Street Rm 314W
Richmond, VA 23219

Completed by VDH					
Direction of data flow will be:	<input type="checkbox"/> PO to VIIS	<input type="checkbox"/> VIIS to PO	<input type="checkbox"/> Bidirectional		
Transport:	<input type="checkbox"/> SFTP	<input type="checkbox"/> PhinClient	<input type="checkbox"/> HTTPS	<input type="checkbox"/> DX Module	<input type="checkbox"/> Other: _____
Approved:	<input type="checkbox"/> Format	<input type="checkbox"/> Content	<input type="checkbox"/> Transport		
Frequency:	<input type="checkbox"/> Real Time	<input type="checkbox"/> 2x Daily	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Other _____				
Date DX goes live: _____	VDH Staff: _____				