

The Mississippi Child Immunization Act of 1994 established a centralized registry to be operated by the Department of Health for health care providers to report all childhood immunizations given in the state. The goal of the Mississippi State Department of Health, Immunization Program is to ensure that accurate and valid immunization data is available to health care providers, parents, and others who have a legitimate and tangible interest in immunization information.

Immunization Reporting Onboarding Steps

Any facility interested in reporting immunizations will be required to adhere to the following steps.

1. Register your intent to start electronic reporting of immunization registry data. **Register your practice online now ».**
2. The facility is sent documents (e.g. MIIX Readiness Assessment) to complete. Registration of Intent implies the intent of to on-board using a CERHT EHR. The MIIX Readiness Assessment (and other documentation) ensures the practice meets all state requirements to on-board. Completing the documents may require information from the facility's EHR vendor. Completion of the documentation is required before proceeding with on-boarding.
3. Once ALL required documents are returned to the MIIX Interoperability team the facility will be placed on the MIIX Waiting List. The MIIX Interoperability can now generate an MU Attestation letter.
4. When the facility is next for on-boarding you will be contacted. At this point you will be given your HL7 user name / password and connection information to the MS-HIN Immunization Gateway for testing with MIIX. PER CMS Rules, the practice will have 30 days to start on-boarding
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 MIIX 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 the 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 ****

The facility will receive a Promoting Interoperability Attestation Letter from MSDH after Registering Intent and another once the practice has met the Promoting Interoperability requirements for Immunization Registry Reporting.

Immunization Registry Reporting Standards

MSDH requires all facilities who conduct Immunization Reporting to MIIX must adhere to the following standards:

- [MIIX HL7 Implementation Guide](#)
- [PHIN VADS](#)
- [Standard CVX Code Set](#)

Additional Requirements

Multiple facility organizations:

- If the organization is using one interface to send immunizations for multiple facilities, MIIX requires on-boarding in manageable, logical groups (< 5). All facilities will be on-boarded at the same time; when all facilities successfully complete the parallel process, all facilities will be moved to production simultaneously.

Full adherence to the MIIX HL7 Implementation Guide is required.