



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

INFORMATION REQUEST

Topic: Organization Verification for IIS Access

Request Date: March 19, 2018

Information Requested:

We are looking for information from other states on how or if they verify organizations when they register for access to their IIS.

1. Is an NPI or some other identifier required?
2. If so, how is it handled? Or is it looked up online?
3. How much process goes into vetting an organization before allowing them to access the system?
4. Do you have a verification process for users as well?
5. If your IIS implemented bi-directional data exchange, were your site registration forms updated to include language about querying the data or do you have a separate form for QBP/RSP implementation?
6. If so, would you be willing to share that description?

Requesting Member: Tricia Charles (MA)

Responding Member(s): Sydney Kuramoto (MN), Alok Patra (NJ), Amanda Harris (NV), Monica Sull (NYC)

Results:

MN:

1. To participate in MIIC, most organizations NPI or another identifier is not required. However, Child Care Centers we request their license number and verify Rule 3 centers by checking their Department of Human Services (DHS) licensing database.
Note: NPI is collected when organizations register with MDH for MU/MIPS, however this is external to MIIC. We believe the collection was put into place so a single provider could not register and get twice the MU funding. For all org types, except child cares, we just use org name and address to identify them.
2. We are able to look-up centers online using the DHS license look-up.
3. For most organizations, we just ensure they have a staff person with a current MN license. For child care centers, they must be a Rule 3 center to access MIIC. We ask the center and verify using the DHS license look-up before granting access.
4. N/A



5. On the second page of the MIIC organization-level data use agreement we include the following language:

“Ensure the queries and updates sent to MIIC originate from facilities covered under this Agreement. Facilities should only query for their clients who received health care in Minnesota and/or may have immunization information in MIIC”

In the data exchange documentation we collect, we ask if queries are going to be a part of their interface or not. We currently do not have any HL7 query guide to give to providers or EHRs.

NJ:

6. Yes, we collect both NPI and Tax Id for each provider. Tax ID is mandatory while NPI number is not.
7. We usually collect this information when a new site enrolled to NJIIS either for VFC or interface.
8. If the provider just wants to do an interface, they usually fill up an interface enrollment form with us. Our regional trainers typically call the provider to check all the information.
If the provider intends to provide VFC or 317 Adult vaccines, they have to fill up of a separate form for that. Once VFC program receives the enrollment form, they send a “Site Readiness form” to the site and do a site visit after it. If the site passes the site visit check, they become a VFC/ 317 provider. VFC program usually checks their NPI number for authenticity.
9. No, we do not have a separate verification process for users. When we get a new user form, we do ask a site administrator signature on it. Most of our regional trainers know these site administrators.
10. No, we do not have any separate form for QBP/RSP implementation.
11. Not Applicable

NV:

1. NPI is not required, but could be documented in the IIS for both individuals and organizations (but not specific clinic locations); an enrollment form is completed, and individual user accounts are provided to each person that signs a User Confidentiality Agreement for manual access. Those organizations accessing the system electronically (via HL7) are further identified by a Facility ID# issued by IIS staff.
2. Only documented if provided (not requested as part of enrollment)



3. NV law defines the types of organizations that may access the data in the IIS- as long as an organization fits this criteria, they may obtain access (and must, if they immunize, as reporting is required by law). Sites accessing the site manually must attend training if they require the ability to add/update/delete data (those only needing to view are encouraged to attend training, but are not required to); sites preparing to interface via HL7 undergo rigorous message testing.
4. Users must sign a User Confidentiality Agreement listing their contact information and place of employment, and must attend training if they will be adding/updating/deleting data.
5. Our Data Sharing Agreement template includes querying.
6. See attached.



New DSA MASTER 3
pages.docx

NYC:

1. License # is required (at minimum, at least one provider - the primary provider - must be identified during the facility registration process). The organization's name, address, phone/fax, and details about the practice type are also required.
2. License # is verified through an online lookup for the primary provider, and depending on the other information sent, staff may reach out to the facility contact to confirm certain details. During the registration process, which occurs online but is manually reviewed before being added to the database, a check is performed to ensure the facility address entered is valid but the check to confirm if it is accurate occurs during the manual review.
3. The staff person manually reviewing the facility registration application would make these decisions based on information she can look up online for the site and what she feels she needs to confirm with the contact.
4. There is an application for the site security administrator (SSA) of a facility, who can, then, add additional users under the facility. This is a separate process from the facility registration, but also requires manual review of the SSA request form. The SSA must sign a confidentiality agreement to access our registry, and any subsequent users added must also sign a user confidentiality agreement.
5. The health care provider and vendor confidentiality agreements for connecting to our registry and reporting and/or querying via HL7 were updated to include language that



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addressed querying data. These confidentiality agreements are separate from the SSA and user confidentiality agreements to access our registry.

6. Yes. See links below:

a. Health care provider confidentiality agreement:

<http://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-hcp-conf-statement.pdf>

b. EHR vendor confidentiality agreement:

<http://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-vendor-conf-statement.pdf>