

**FAQ for Introduction
to Data Exchange
given on
September 17 & 22,
2020**

Resources

ImmTrac2 Forms & Documents Page:

<https://www.dshs.texas.gov/immunize/immtrac/forms.shtm>

ImmTrac Training Page:

<https://www.dshs.texas.gov/immunize/immtrac/User-Training/>

ImmTrac2 website:

<https://immtrac.dshs.texas.gov/TXPRD/portalInfoManager.do>

ImmTrac2 User, Access, Registration and Renewal Support:

ImmTrac2@dshs.texas.gov

Data Exchange and Promoting Interoperability Support:

ImmTracMU@dshs.texas.gov

Questions

Q: Where can we get training for ImmTrac2?

A: The registry offers a variety of training videos for ImmTrac2 on our DSHS ImmTrac2 [website](#), under User Training. You may also request additional training by contacting us at ImmTrac2@dshs.texas.gov.

Q: Where can we get training for data exchange?

A: The registry offers a variety of guides and resources for data exchange on our on our DSHS ImmTrac2 website, under Forms & Documents. You may also request additional training by contacting us at ImmTracMU@dshs.texas.gov.

Q: What are the provider benefits of bidirectional data exchange?

A: Bidirectional data exchange allows for data to be sent and receive in real-time within your Electronic Health Records (EHR). The provider benefits include:

- You can report immunizations administered to patients instantly to the registry (i.e. not uploading once per week).
- You can search the registry for patient immunization history and receive an immediate response from the registry.
- Patient immunization data from the registry may be directly updated in your EHR.
- You can maintain the continuity of immunization records for patients even if they move or change providers.

Q: Does bidirectional data exchange replace FTP?

A: When organization start using bidirectional data exchange, it replaces their FTP interface.

Q: Is batch FTP going to end?

A: The registry does not currently have any plans to end support for batch FTP data exchange.

Q: Which interface is recommended?

A: The registry recommends the bidirectional data exchange interface for most organizations as it provides a faster response and allows providers to provide better continuity of care.

Q: Does Promoting Interoperability require bidirectional data exchange?

A: Yes. Promoting Interoperability (formerly known as Meaningful Use Stage 3) requires bidirectional data exchange. The batch FTP interface provided by the registry does not meet this requirement.

Q: Can we still receive a PI exemption of 2020?

A: Since the state registry did not declare readiness for bidirectional data exchange until June 26, 2020 everyone with a reporting period in 2020 is qualified for the exclusion (i.e. exemption). Email us at ImmTracMU@dshs.texas.gov to request an exemption for 2020 reporting periods.

Q: Is there a cost to participating in data exchange with the registry?

A: No. There is no fee for participating in data exchange with the registry. The Texas Immunization Registry is a public service provided by the State of Texas. There may be additional costs from your EHR vendor, IT support, or other third parties involved in setting up or maintaining your interface. Speak with those parties to learn more.

Q: When do we need to have bidirectional data exchange set up?

A: Please speak with your Promoting Interoperability coordinator or the CDC to learn more about bidirectional data exchange deadlines that apply to your organization.

Q: I already have Batch FTP data exchange. How can I upgrade to bidirectional data exchange?

A: Begin by reviewing the Bidirectional Readiness Checklist, available on our DSHS ImmTrac2 [website](#), under Forms &

Documents, with your EHR vendor. Once you are sure you meet all the requirements, contact the registry at ImmTracMU@dshs.texas.gov.

Q: How do I know what type of data exchange we have?

A: If you have questions about what type of data exchange you may have with the registry, contact us at ImmTracMU@dshs.texas.gov.

Q: How can I find out what type our EHR supports?

A: If you have questions about your data exchange capabilities, contact your EHR vendor.

Q: Do we need to complete the ROI in ImmTrac2 for bidirectional data exchange?

A: No. The ROI in ImmTrac2 is only for batch FTP data exchange. You should review the Bidirectional Readiness Checklist, available on our DSHS ImmTrac2 [website](#) to ensure you meet all the requirements. Once you contact the registry indicating that you have met all the requirements in the checklist, the registry will verify all requirements are met. Then the ROI for bidirectional data exchange will be provided to you via email by the registry.

Q: Do all sub-sites need to be registered and up to date before we can begin bidirectional data exchange? Even if we have a large number of sub-sites?

A: Yes. To participate in data exchange all sites for an organization must be registered with up to date site agreements.

Q: How do we receive our data exchange credentials?

A: New data exchange credentials and data exchange password resets are emailed securely to your site's Point of Contact (POC). They are sent to the email address for the POC that is listed on your most recent site registration/renewal.

Q: How do we reset our FTP password?

A: Your site's Point of Contact (POC), that is listed on your most recent site registration/renewal, must email us at ImmTracMU@dshs.texas.gov to request an FTP password reset. If you don't know who your POC is, please email us and we can provide that information to you.

Q: Where can we find the bidirectional data exchange SOAP specs?

A: The registry uses the CDC's SOAP WSDL. Examples can be provided upon request. The URL and credentials are provided after the organization's bidirectional data exchange ROI has been accepted.

Q: We report immunizations for multiple organizations? Can we combine their interfaces?

A: If multiple organizations belong to the same parent company and use the same EHR, they may set up a "parent/child" relationship and share the same data exchange account. If they belong to different parent companies or use a different EHR they must report independently.

Q: How soon will records show in ImmTrac2?

A: The delay depends on the type on data exchange you use. Batch FTP will typically result in over a week delay between the immunization being given and appearing in ImmTrac2. Bidirectional data exchange occurs in real time, so the immunization can often appear in ImmTrac2 within minutes of being documented. Due note, that information appearing in ImmTrac2 is dependent on whether the patient is a registry client.

Q: We use TWICES. Can we do data exchange?

A: Yes. Local and regional health departments use TWICES to submit immunization data via batch FTP. It is strongly recommended that your organization consider a true EHR that

can support bidirectional data exchange and HL7 format as TWICES does not.

Q: Will I be penalized if my patients'/students' records are not complete in ImmTrac2?

A: Providers are required to report all immunizations they administer to the registry. You will not be penalized for not reporting any historical immunization you learn of, but the registry strongly encourages you to add any documented immunizations that are missing from a patient's ImmTrac2 record to improve your patients' continuity of care.

Q: Do small practices have to send flu shots?

A: Yes. Providers of any size must report all immunizations they administer, including seasonal flu shots, to the registry.

Q: How do I check my errors?

A: For organizations using Batch FTP, please refer to the Electronic Data Exchange Resource Guide, available on our DSHS ImmTrac2 [website](#) under Forms & Documents. It provides detailed instructions on how to access and review your errors. For bidirectional data exchange organizations, errors are returned directly to your EHR. Your EHR vendor should provide you with instructions on how to access and review your errors.

Q: I keep getting a specific data exchange error. How do I fix it?

A: Please refer to the Texas Immunization Registry HL7 2.5.1 Error Guide, available on our DSHS ImmTrac2 [website](#) under Forms & Documents. It provides a complete listing of all the errors ImmTrac2 produces, provides descriptions on what the error means and guidance on how to resolve them. If you have additional questions after reviewing the guide, please contact us at ImmTracMU@dshs.texas.gov.

Q: Will errors prevent records from being accepted?

A: It depends on the severity of the error. Informational errors do not prevent records from being accepted but should be corrected to ensure the completeness and accuracy of your patient's records. Rejection errors in the immunization, patient, or message information result in data not being accepted (i.e. rejected). For more information on types of rejections, refer to the Texas Immunization Registry HL7 2.5.1 Error Guide, available on our DSHS ImmTrac2 [website](#) under Forms & Documents.

Q: What should I do if I have concerns about my TIPS Report?

A: Refer to the Texas Immunization Provider Summary (TIPS) Guide, available on our DSHS ImmTrac2 [website](#) under User Training. It contains an overview of the TIPS Report and most common data quality issues. If your answer cannot be found in the guide, contact us at ImmTracMU@dshs.texas.gov for assistance.

Q: Where can I learn more about how registry consent works?

A: The Texas Immunization Registry - Consent Overview, available on our DSHS ImmTrac2 [website](#) under Forms & Documents, is an excellent source of information about consent. It explains what registry consent is and answers most common questions about consent. It also provides a list of the relevant legislation governing registry consent.

Q: How do we send Registry Consent electronically?

A: Registry consent is sent to the registry through a process known as affirmation of consent. Affirmation of consent can be done electronically by sending affirmation messages via data exchange. There are two types of affirmation messages:

- Affirmation via flat files – plain text formatted in a file, captures bare minimum of data. Refer to the Electronic Standards for Affirmation of Registry Consent.
- Affirmation via HL7 – robust data formatted in HL7, capture more data on the patient. Refer to the Affirmation of Registry Consent via Health Level Seven.

These resources are available on our DSHS ImmTrac2 [website](#) under Forms & Documents.

Q: Should I send a digital scan of the registry consent to the registry?

A: No. Do not send digital copies of any registry consent form to the registry unless requested to do so by the registry. Providers are required to keep the original registry consent form in the patient's medical record. Providers must add the patient as a registry client either online via ImmTrac2 or via data exchange.

Q: How do we know if a patient has registry consent?

A: For providers doing data exchange, the registry provides a response file called the Consent Notification File (CNF) for all records sent. The CNF is located in your receive folder of your FTP account. The CNF lists each patient's current registry consent status. For more information about reviewing CNFs please review the Electronic Data Exchange Resource Guide, available on our DSHS ImmTrac2 [website](#) under Forms & Documents.

For providers not doing data exchange, you must use ImmTrac2 to perform a Smart Search to identify if the patient is an ImmTrac2 client.

Q: Is there a separate consent for COVID-19?

A: COVID-19 is covered by the Texas Administrative Code ([TAC §100.7](#)) for disaster reporting. The registry is required to retain all disaster related immunization records for 5 years after the end of a disaster, regardless of the patient's registry consent status. To retain disaster related records for more than 5 years, the patient must sign the [Immunization Registry \(ImmTrac2\) Disaster Information Retention Consent Form](#). This is a different form of consent than the standard registry consent. To learn more about disaster reporting and requirements, refer to our DSHS YouTube Channel and watch the Online Disaster Reporting for ImmTrac2 [video](#).

Q: What access can school nurses have?

A: Most school nurses currently have view only access, but they may request full access to add immunization records by contacting us at ImmTrac2@dshs.texas.gov.

Q: How can school and child care centers send records to ImmTrac2?

A: School and child care center staff that have been granted full access to ImmTrac2 may add records on the ImmTrac2 website. To setup a bidirectional data exchange account for your school or center, please speak with your school records system vendor to see if they support HL7 and bidirectional data exchange.

Q: Do schools need to get registry consent?

A: School are a great place to collect and report registry consent, especially for students who turn 18. Once a person turns 18, their records become unavailable to view in ImmTrac2. Collecting and reporting adult consent for 18-year-old students will make their records visible again. It is not mandatory to collect consent to view records in ImmTrac2 but it is highly recommended for students of all ages. Schools see their students far more frequently than their doctors do. If a school gives immunizations it is also important to collect registry consent to ensure that those records can be stored in ImmTrac2.

Q: How can health plans set up data exchange?

A: Health plans can set up a bidirectional data exchange account to allow them to query for health plan members immunization data. The registry is working with Health Plans who use batch FTP data exchange currently to query the registry and transitioning them to HL7 messaging and bidirectional interfacing. Contact the registry at ImmTracMU@dshs.texas.gov for more information.