Transcript for Overview of Texas Immunization Bidirectional Onboarding.

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(Presentation)

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Hello, and welcome to our webinar, a bidirectional data exchange onboarding overview.

Let's get started by reviewing the webinar agenda. In today's webinar, we will be providing an overview of bidirectional data exchange onboarding, the registration process, how to prepare for bidirectional onboarding, testing requirements or needs, go live or production impacts and provide data exchange resources to help you be successful in bidirectional.

Through the webinar, we will be using the following terms:

- Syntropi, refers to the website known as the Texas DSHS Immunization Program Portal
- B-i-D-X or "bidex", refers to bidirectional data exchange via web services or sending data in real-time, the term Bidirectional and BiDX will be used interchangeably throughout this presentation.
- Orgs refers to organizations with an emphasis on parent or standalone sites in ImmTrac2
- Org POC refers to the organization's point of contact with the Texas Immunization Registry
- ORG PRC refers to the organization's primary registry contact in ImmTrac2
- VXU is an Unsolicited Vaccine Update Message
- QBP is a Query by Parameter Message

The following are the key objectives. In this presentation, we are going to:

- Navigate to the DX Bidirectional data exchange module in Syntropi,
- Complete and submit an electronic bidirectional registration of intent,
- Perform pre-testing,
- Establish a bidirectional interface with the training ImmTrac2 environment, and
- Pass testing with a 90% or greater success rate. As well as
- Promoting your organization to bidirectional data exchange in the production ImmTrac2 environment.

Let's get things started with an overview.

We often receive inquiries about the benefits of BiDX onboarding. It allows the parent or stand-alone org to:

- Onboard using the streamlined process,
- Use the existing Syntropi registration process (i.e., those used for COVID-19 or TVFC/ASM) to submit your organization's registration of intent for BiDX electronically via Syntropi,
- Submit HL7 messages to validate that they meet the national and state standards for BiDX,
- Download your organization's BiDX account information for test and production environments which are used to connect to the registry, and,
- Receive data quality metrics and reports automatically via Syntropi.

An additional benefit more for Electronic Health Records (or EHR) vendors is that they are now able to track the status of their providers for bidirectional onboarding.

DSHS modified the Syntropi application to allow for parent or stand-alone orgs to be able to indicate interest in electronic data exchange, specifically BiDX. The ImmTrac2 registration via Syntropi must reflect that the org plans to report immunization data via web services. Once the registration is approved by registry staff as an org seeking to onboard for bidirectional, then the Org POC is able to log into the HHS Enterprise Portal. Under the applications listed, the org POC will select the Syntropi CRC option. At the Syntropi Home page, the Bidirectional Data Exchange menu or widget option is available (as shown in the screenshot).

If the Org POC does not see the Bidirectional Data Exchange widget listed, this may be an indication that the user is not correctly associated to a parent or stand-alone org that indicated their interest in BiDX, or an issue with the org's registration indicating interest in BiDX. For support, contact the registry's interoperability team at ImmTracMU@dshs.texas.gov.

Once the BiDX widget is accessible, a parent or stand-alone org must complete six steps to establish a bidirectional connection with the registry. The six steps for bidirectional onboarding are:

1. Registration,
2. Preparation, Message Pre-Testing,
3. Preparation, Connectivity & Transport,
4. Pre-Production Testing, Message Validation,
5. Pre-Production Testing, Data Quality Review,
6. Go-Live, Connectivity & Transport

These steps are explained further in this webinar.

The first step of BiDX onboarding is Registration. Let's begin by reviewing what must be completed in this first step. First, the consent mode must be filled out and the registration of intent or ROI for BiDX must be filled out and signed. Next, indicate the organization's status as it relates to the site being a stand-alone or part of a parent/child relationship. Review the accuracy of the listed org's Point of Contact. Lastly, indicate under consent mode how the org will submit registry consent. Reporting registry consent is strongly recommended to assist with patient immunization reporting.

The POC and the PRC for this organization will have exclusive access to this bidirectional module. The first question poised in the registration of intent will be your organization's relationship standing. That is, is your organization a stand-alone site or is your organization part of a parent/child relationship.

Next, your organization Point of Contact is displayed and reviewed for accuracy. You will then be asked to designate three contacts for data exchange. For each of the following contacts you will list the first name, last name, a title, a phone number, and an E-mail address:

- Primary Data Exchange Contact,
- Secondary Data Exchange Contact, and,
- Information Technology Contact.

Note that each contact should be unique and contain a unique E-mail address.

The next portion of the Registration of Intent will review readiness and your EHR vendor. You will be asked to confirm whether your organization is currently exchanging data with the registry, as well as if your EHR and your facility is capable and ready to perform bidirectional data exchange. If your EHR or your facility is not ready, this will be a barrier to onboarding for your organization.

Next, you will select the EHR vendor you are working with from the drop-down list. If your EHR vendor is not listed, you can select "Other". Then select your EHR vendor product specific to your organization. Indicate whether the EHR you are working with can send HL7 formatted messages in the current 2.5.1 standard. If your EHR is not capable of submitting HL7 data formatted in the current 2.5.1 standard, this will also be a barrier to onboarding your organization.

It is standard practice for Data Exchange Credentials to be released only to the organization Point of Contact or POC. If you wish to have the registry provide your chosen EHR vendor with the BiDX credentials, you must choose "Yes, I authorize the registry to release BiDX credentials to the EHR vendor". If you choose "No, I NO NOT authorize the registry to release the BiDX credentials to the EHR vendor," it will be the responsibility of the organization POC to provide the EHR vendor with these BiDX credentials.

The next prompt includes only organizations that participate in Integrated Delivery System Networks (IDN's) or Health Information Exchanges, (HIE's). If this does not apply to your organization, please continue to the next section of the registration. If this does apply to you, please contact the registry at ImmTracMU@dshs.texas.gov for further assistance.

Choosing the data exchange method needed by the organization is the next step in the registration. There are three options to choose from:

- Update only, which involves only sending immunization files,
- Query only, which involves only querying the registry, and,
- Bidirectional, updating and querying the registry.

Your registration will then be presented to you in its entirety for review. If any edits need to be made, they can be done here. If not, select "Sign and Submit". Click the check box to indicate you have read and agree to the terms of conditions as well as the confidentiality statement above and then click Submit.

This concludes the Registration of Intent. You will be greeted with a message detailing that your Registration of Intent has been successfully submitted. Click Continue.

Next, we will review the consent options. Select Continue to begin.

The second part of the first step indicates the org's consent mode. This allows the org to indicate how they will submit or report consent to the registry. There are three options available for reporting registry consent:

- Flat file - which is a data exchange method using a text with formatted file. This option can be reported via unidirectional or BiDX via web services. If an org chooses to submit flat files while unidirectional, they are typically not recommended for BiDX onboarding.
- HL7 submission - involves a data exchange method using the HL7 standard, specifically via the PD1-12 segment and the registry's unique values for reporting registry consent for an adult or disaster-related consent.
- Lastly, manual submission - This is not a data exchange method but requires reporting registry consent via the ImmTrac2 online application. If an org chooses to submit manually, it is not recommended for BiDX onboarding.
  - If either Flat File or Manual methods of consent are chosen, the interoperability team will reach out to your organization to conduct a meeting.

To expound on consent, Texas is an opt-in state. It is required by law that for patient data to be stored into ImmTrac2, a valid DSHS consent form must be filled out and signed by the patient or the patient's legal guardian. The only exception is during declared disaster events.

Additionally, if consent is indicated as previously being sent via HL7 submission, note that Texas requires specific consent codes to be sent:

- TXY for minor consent under the age of 18,
- TXA for consent above the age of 18, and,
- TXD for disaster consent.

The signed patient consent form must be filed on site at the facility where the consent was collected. Note that the signed consent form should not be sent to ImmTrac2.

The second step of BiDX onboarding is Preparation, Message Pre-Testing. In this step of the onboarding, orgs can manually upload HL7 messages both QBP and VXU, taken from their EHR system to validate. The HL7 messages are validated to ensure compliance with HL7 2.5.1 that aligns with the CDC and Texas's HL7 standards.

During this step, data is not submitted to ImmTrac2, meaning you will not find any of the patients and immunizations you report in ImmTrac2. To pass this step of the onboarding, orgs must submit error-free messages: one historical VXU, one new VXU, and one QBP.

For an org to be successful in this step, orgs need to coordinate with their EHR vendor on how to obtain or extract the test messages to upload. Once extracted from the EHR system, the messages are uploaded online to be validated. A new immunization message as well as historical immunization are required to be sent for VXU pretesting. You will select "Upload New File" to continue.

Next, from the drop-down list for "HL7 Message Type", you will select the type of message that will be sent and the EHR product version that your organization is using. Select "Choose File" to locate the message that will be used for VXU pre-testing. Note that only .HL7 and .TXT file extensions are acceptable.

Once the files are uploaded, they are validated and identified with an overall status of Passed or Failed. The file is further broken down to identify which areas in the message need to be corrected.

Once "Run Validation" is selected, the message will be categorized as either "Passed" or "Failed" as indicated here by a red icon or green checkmark. Focusing on the message that failed validation, you can select "View" under "View Detail" which will display two additional view options: an option to view the Details page and an option to review the Summary page.

Looking at the View Details page first, as seen in this screen shot, all results are displayed regardless of whether they passed or failed validation. To investigate segments that failed validation a detailed explanation is provided on what is

expected as well as a "See Value" hyperlink that will display the value provided in the message.

The data provided in this view can be exported utilizing the "Export Data" option.

Looking next at the Summary View, only segments that failed validation are presented. This is further broken down to include warnings (yellow triangles), and errors (red circles). The validation field details what is expected in the provided segment. Select "Close" to navigate back to upload more messages.

Once VXU pre-testing is completed, the same practice will need to be executed for QBP messages. Select "Upload New File" to initiate this process. On the following view, to initiate QBP pre-testing, select from the drop-down list, the HL7 message type of "QBP - Requesting Information Immunization History, HL7 2.5.1". Next, generate a sample HL7 QBP message from the Electronic Health Record Solution. The options to view details or view summary information about the validation will work the same way as for VXU messages.

Once a successful new VXU and HX VXU message as well as a QBP message have been uploaded, message pre-testing will be complete.

The message validation option allows your organization to continue testing once the message pre-testing is complete, if further testing is desired, as can be seen in this bottom screen shot.

The third step of bidirectional onboarding is Preparation, Connectivity and Transport. To begin Connectivity and Transport, we will select Begin.

This step will be simplified if you connect through a third party aggregation system like an IDN or HIE. You will not need to download the WSDL file or establish the test interface. For all other orgs in this step of the onboarding process, you will download the test WSDL, the method used to connect to the registry's test environment. Orgs need to work with their EHR vendor or IT support to establish the connection to the test environment using the WSDL.

The WSDL includes the org's username (also known as the ImmTrac2 import code), facility ID (also known as the ImmTrac2 org code), and the password. These credentials allow orgs to connect to the registry via web services. These credentials are auto-populated in the provided WSDL. These credentials cannot be used to connect via FTP.

The system will monitor messages received and mark the step as passed upon the first successful message that is received, indicating connectivity has been established between ImmTrac2 Test and your EHR.

The fourth step of the BiDX onboarding process is Pre-Production Testing, Message Validation. In this step of the bidirectional onboarding process, organizations begin formal data exchange testing by establishing a web service connection to the

registry's test environment. First, orgs are required to download the provided test plan for VXU and QBP messages.

This includes testing via web services using provided scenarios in the document. Review the needed corrections for messages sent and once messages have been validated as error-free, you will complete the test cases form.

As test messages are submitted, the application identifies if the messages pass or fail, which is based on the acknowledgment, or ACK response, received for each message. There are the following possible acknowledgment responses:

- AA is for Application Accept, indicating that the message was accepted without error.
- AE-W is for application error, indicating the message was processed and warnings are being reported.
- AE-E is for Application Error, indicating that the message was processed and errors are being reported.
- And AR is for Application Rejected, indicating that the message was rejected.

The message validation summary provides a summary of overall testing. Then, the application analyzes the test messages received to provide a percentage and overall summary of the org's overall testing results. For an org to pass this step of the message validation process, orgs must achieve a 90% success rate, which can be seen under the "Minimum Required to Pass %" heading, as well as your organization's current pass rate, indicated under the "Current Rate" heading.

While conducting testing, organizations must review the ACK responses in their EHR interface to identify which messages require attention and correction. Once an area or segment of the message is identified as needing correction, orgs will work with their EHR vendor or IT support to make the necessary corrections and submit a new test message. The same process will continue until the requirements to pass are met.

The fifth step of the BiDX onboarding process is Pre-Production Testing, Data Quality Review. In this step, the org will continue to submit test messages via the web service interface, but these messages will be validated for the data quality metrics of:

- Patient completeness,
- Immunization completeness, and
- Immunization accuracy.

You will select the "Review Data Quality corrections needed" button.

In the tabs of the "Data Quality Review", you can see the following information:

The first tab is for sent messages. The names of the columns under this tab are:

- MHS10 Control ID (unique message identifier),
- Message Type (HX or Non-HX,
- Received (which is the date and time received by Syntropi), and the
- Validation Summary (which details message validity and the hyperlink to view the message sent).

The second tab is the Immunization Report. Here, the "Completeness" row gives a breakdown of immunization information contained in the message in the ORC, RXA, RXR and OBX segments.

The "Accuracy" row provides a second check on the data present to assess accuracy. For example, if the flu vaccine administration site is included but is not accurate, the completeness would pass, but the accuracy for that segment would fail.

The third tab is the Patient Report. The "Completeness" information includes a breakdown of patient information data, patient name, phone number, et cetera.

The fourth tab is the "VFC Report". The report includes a breakdown of demographics of those served for the TVFC program, what has been reported, and the percentage of TVFC messages submitted (OBX-5 field included).

The fifth and final tab in the data quality review is the "Quality Summary. This includes the:

- Total number of patients,
- Total number of errors,
- Total number of administered shots reported,
- Total number of historical shots reported,
- Total number of rejections,
- Total number of queries submitted (QBP's), and
- Timeliness.

The Data Quality Summary ensures that orgs are reporting accurate and complete data. Orgs must:

- Submit test messages,
- Review the provided results on areas of messages that are lacking completeness and accuracy,
- Address the error gaps identified,
- Correct the errors on their messages, and,
- Resubmit the test messages.

A reminder that orgs must achieve a 90% data quality rate to pass this step of the onboarding.

The sixth and final step of bidirectional onboarding is the Go Live, Connectivity, and Transport step. In Go Live orgs are allowed to connect to the registry's Interoperability Team in a Go Live meeting, download the production WSDL, and connect to the environment using web services.

The go live meeting gives the org, their EHR vendor, their IT support, and the registry's Interoperability Team the opportunity to have a formal meeting where key items are discussed to help the org and their EHR vendor prepare to move into production. This includes:

- The org's anticipated go live date,
- Impacts to the existing unidirectional data exchange reporting and FTP account (if applicable),
- And any additional questions or concerns from the org.

To establish an interface with the registry's production environment, orgs must download the production WSDL and share it with their EHR vendor and their IT support staff. Once connected to the registry's production environment, orgs will begin the formal submission of patient and immunization data.

Please note: When using the production interface, only real patient data is submitted. Test data will no longer be submitted once this step has been reached.

For orgs to be successful with bidirectional onboarding, we have provided various data exchange resources that are available to you.

For live support, you can reach out to the Interoperability Team by phone at 800-348-9158 and then selecting option 3. You can also E-mail the team at ImmTracMU@dshs.texas.gov. The Interoperability Team is available Monday through Friday, from 8:00 a.m. to 4:30 p.m.

Please note that our staff can only provide support related to DSHS systems and applications. They cannot provide support related to your EHR vendor or any internal systems and applications that are used.

Also available on our DSHS Forms and Documents website, we have data exchange guides such as:

- The Texas Immunization Registry HL7 2.5.1 Implementation Guide which provides the HL7 standards for reporting immunizations specific to Texas.
- The Texas Immunization Registry HL7 2.5.1 Error Guide which provides a breakdown on the various HL7 errors that ImmTrac2 generates, as well as steps on how to fix them.

- And the Affirmation of Registry Consent via Health Level Seven, which provides the policy and guidance on how to report Texas' unique registry consent and the PD1-12 segment of the HL7 message.

This concludes our webinar on bidirectional data exchange onboarding via the Texas DSHS Immunization Program Portal. We will now have time for a Q & A with members of our interoperability teams, answering any questions you might have.

Question and Answer Session

>> We have our first question. Do patient demographics sent through BiDX automatically create a profile for a patient that doesn't have profile in ImmTrac2?

>> Hi. This is Garrett. I'm with the Interoperability Team. To answer your question, yes, they will. So, it doesn't just take into account demographics. It's also taking into account other information, right. So, it's going to look for name, address, birthday, and other information that's provided, like mother's maiden name, Social, to name a few.

If that doesn't match to an existing patient, then it will create a new client profile for that client, and that is, you know, sort of assuming consent has been provided as well. So yes.

>> Is the Power Point available to download?

>> This is Macy with the Interoperability Team as well. The PowerPoint will be available on our User Training web page on ImmTrac approximately a week after this webinar series has been finished up. Keep an eye out for that. We will also go ahead and be sending out notice to inform you it's available for you on there once it is. Keep your eyes peeled.

>> We currently send immunization records to you and have E-mailed to request to query. How can I find out where we are in the queue with the State?

>> I'm with the Interoperability Team, too. So, we have a backlog right now but we are quickly working to get all the forms that are on the queue. So once that it's your time, someone will reach out to you from the registry and then you will be invited to onboard.

>> This is Garrett. I want to add on to that. Once this module goes live, it will allow providers and vendors the option for a self-paced module. You can sign up and indicate readiness for bidirectional when you're ready, and when you're ready, you can start the process yourself and proceed with the module without having to wait for a staff member from ImmTrac2 to assist with that.

>> How does the system handle immunization entries for duplicate patients?

>> Hi. So, there are a couple different scenarios that can be reviewed here. If the immunization itself is a duplicate, then ImmTrac2 will recognize it as duplicate and not enter the duplicate immunization.

If the immunization is updating an existing immunization, the appropriate action code will have to be sent in the RXA segment. That will update the existing immunization that's already in the record of the patient profile. If you have noticed that a duplicate immunization has gone through, you can E-mail ImmTrac2 at ImmTracMU@dshs.texas.gov to get that reconciled.

>> Is the HL7 report the same as the IIS Acknowledgment Report? Does it show the rejection errors for data exchange that ImmTrac2 is seeing?

>> So the -- sorry, Mercedes. Would you like to take that?

>> It's okay. You started. You can roll with it.

>> Thanks. So, the HL7 report that was reviewed in the presentation includes a few things. It includes the total amount of errors, total amount of warnings, the total amount of new immunizations and queries and that is made up of the acknowledgments that each of those messages were processed for.

   So yes, in short, the HL7 report does include the information that an acknowledgment message is -- provides. So, when you onboard for bidirectional and when you are monitoring your data exchange in Syntropi, we are trying our best to ensure that the validations in Syntropi match what the ImmTrac2 is validating messages against. So again, we are trying our best to make those two match, so if you notice any inconsistencies, please let us know.

>> I've noticed that our office has been able to upload certain patient vaccines. Do we need to contact the vendor on why only certain vaccines are being uploaded, or would it be easier to upload them this way?

>> So, something that specific, it may be better to reach out to us via ImmTracMU@dshs.texas.gov and that way, we can do a more thorough investigation as to why only certain vaccines may be coming through. Because it may be more than just a vendor issue. We would love to work closely with you to resolve this.

>> Will warnings count against correct percentages? I'm specifically thinking of things like mother's maiden name not populated or similar items.

>> So, to answer your question, there's two different types of responses you can get if the information is missing or invalid. The first one that you referenced warnings, can mostly be visually represented by the yellow sort of triangles that were presented in the webinar, those will not affect your data quality percentage.

Those are mainly to notify you that that specific information, for example, the mother's maiden name, is not being ingested.

However, if you get an error, as represented by the red circles, those do affect your data quality percentage.

So, we really just have to look and see what responses you're getting specifically when we start onboarding to really be able to answer that question, is this affecting my data quality or not.

>> Okay. We have several parents who refuse to have their child's immunizations uploaded. They were registered at birth. Is it possible to deactivate their ImmTrac account?

>> The only option that clients have to withdraw consent is to submit a consent withdrawal form, and those forms can be found at our Documents page. A link to that will be in our -- in this webinar, the last page here.

But on the Forms and Documents (web)page, there is a link to a consent withdrawal and if it's for a child, then of course, the child's parent or legal guardian will have to complete that and submit that. And upon receipt, ImmTrac2 has a specific amount of time to respond to that and remove that client's profile and delete all information referencing it.

>> Is there a similar process for real-time VXU onboarding?

>> So, regarding real-time VXU onboarding, this bidirectional module encompasses that. When we discuss bidirectional onboarding, this, if you are looking to only send VXU messaging, then you can also utilize this module for that.

>> Yeah. I would just like to add to that, one of the questions in the registration is what type of data exchange connection will you be utilizing. And there's three options. So VXU only, a query only, and then a full bidirectional interface.

So, if you are only onboarding to send immunizations, you would select the VXU only option and your interface would change slightly to remove all of the requirements for querying.

>> If an org is already in the BiDX queue from before this process got implemented, will their status be reflected if they start going through the new process? Or will that lead them to be queued twice?

>> So, you won't be queued twice. You will just utilize this new model to get onboarding started. So, you are not going to be queued twice.

[Silence] >> Yeah. I would like to add one more thing to that. The process that we presented to you today, there essentially will be no queue. If you are ready as an organization and your vendor is capable, you can start the onboarding for bidirectional. It's completely self-paced and treated in a way so there is no queue

and when the vendor and the organization are ready, they can initiate the process and move through the entire thing sort of with as little intervention from ImmTrac2 as possible, unless of course, they need our assistance with moving past a certain step.

But yeah. Essentially, there won't be a queue.

>> Theoretically, you could sign up and complete the process the same day?

>> So theoretically, if everyone was working around the clock, I'm sure we could do that. There is a portion in the module where you will have to complete the test plans, which if you're not familiar with, there's two more documents depending on what type of connection you are requesting; one is a query and the other is a test plan and there are some scenarios you have to complete there.

You will have to upload those in the module once they are completed and they will need to be validated by someone in the State. So that is a wait time that you will have to, I guess wait for, for us to get back to you. But it will be much shorter than the current wait times there are to onboard a provider.

>> Is there going to be an extra charge to enroll in bidirectional?

>> So --

>> Go for it. Sorry, Mercedes. Go for it.

>> There won't be any charge. There shouldn't be any charge, at least from the State. In terms of with your vendor, that is a discussion that you will need to have with your vendor in terms of if you are currently unidirectional and looking to move bidirectional in terms of your costs with them. So always make sure any type of data exchange move that you're having, have that open conversation and discussion with them.

[Silence]

>> Does latency affect the 90% at all?

>> Sorry for the pause there. I'm really trying to think about that. I know the latency is presented to you on the data quality as a metric. That is something I think I'll have to get back to you on. If you could, could you please E-mail us at ImmTracMU@dshs.texas.gov with that question. I'll have to follow up with you on that.

>> Will the provider need to log into an FTP site to access the rejection report for client immunization rejections from data exchange?

>> So, you won't -- if you're going bidirectional, you shouldn't be following up on the FTP site for any of your rejection reports. The FTP site is only if you are sending unidirectional data.

If you're going bidirectional, you should be having a discussion with your vendor in how you're going to be receiving your ACK messages via the interface. Basically, you will be receiving live error reports via that way, hopefully. Usually that's a discussion you should be having with them, in how you'll be receiving your errors once you move to that real-time interface.

>> Will all EMR vendors participate in this action process?

>> As long as the vendor is capable of submitting data in the current 2.5.1 standard, and they're ready to onboard for bidirectional, then yes. There's no other requirements that I can think of right now that would prevent a vendor from being able to support an organization or work with an organization in ImmTrac2 to work through this process.

>> Do I correctly understand there is no requirement to submit VXUs to be eligible for query?

>> That is correct. It is not a requirement to be able to submit if you wish to only use bidirectional for querying, so if you wish to be a query-only facility or organization, that's completely acceptable. That is your choice. You'll just have to specify that when you register for the module.

But if you want to submit VXUs, you'll have to specifically state that and you'll have to test for that as well.

[Silence]

>> Will this process be mandatory for providers?

>> So, the answer to your question is no. In short, right. It's not mandatory for providers to move to bidirectional data exchange interface. It's an option and it comes with a lot of perks to move to a bidirectional interface. However, it's not mandatory.

Now, if you want to move to a bidirectional interface, then this process will be mandatory. You will need to go through this testing to move to a bidirectional interface. But as a whole, this process is not mandatory.

>> What is "GovDelivery", an E-mail announcement?

>> Yep. It's exactly that. It's an E-mail announcement that gets sent out to all registered users in ImmTrac2 as well as a handful of other selected individuals, typically EHR vendors and other stake holders with ImmTrac2. So, if you are a registered user and you have your E-mail address connected with us, you should be receiving this E-mail delivery.

>> Do you have to be 90% on unidirectional before starting bidirectional?

>> So traditionally, that's how we assessed orgs for readiness to onboard for bidirectional. Now, with this change, this new module going into place, that assessment will be conducted within the module itself. So, as you're onboarding, you'll need to meet a 90% data quality metric.

So, on the front end, you will not be assessed for a 90% unidirectional data quality. But while you're onboarding for bidirectional, you will be assessed for that 90% data quality.

I wanted to add something else to that. It's also not a requirement to be unidirectional before you move to bidirectional. You could go from submitting manually to submitting bidirectional. So, there's no sort of hierarchy of data exchange as it relates to going from one to another.

>> We started onboarding, then we were offboarded because our unidirectional was less than 90%. Should we start over registering for bidirectional?

>> You definitely can. It's completely up to you. You can also reach out to see if you're still validated; or if you would like to wait for the module, you can definitely do that as well and go from there. It's a conversation we encourage you to have internally and if you would like to reach out to us to have a further discussion, we would happily have that with you. You can do so reaching out to us via ImmTracMU@dshs.texas.gov.

>> Can you get onboarded at any time or is there specific timing to get onboard?

>> You can get onboarded at any time. There's no time specifically for that. It just depends on when you're ready. Once you're ready to onboard, you go ahead, and you start the process.

>> Okay. We're coming up on five minutes 'til the top of the hour. We will be ending today's webinar, our last session, at 1:00 P.M. So as questions start to trickle in for the last couple of minutes, we'll stay on call to answer them. That being said, I want to say Thank You on behalf of ImmTrac2 and the Interoperability Team, for everyone that attended today and all the questions that were asked. They provided a lot of insight to us, so thank you all very much.

>> Thanks to Kelli for organizing and helping us. Thank you.

[Silence]

>> What is the support E-mail address for questions about the 90%?

>> I will include that and I will actually include it in the response to this message and send it to everybody. Actually, thank you, Mercedes. Yeah. Just included it in the response.

>> Okay. Once again, we are wrapping up. Thanks, everybody, for joining. Thanks for all the questions. Thanks for attending today. Everyone have a good day.

[End of webinar]