

The Texas Immunization Registry:

Electronic Standards for Affirmation of Registry Consent



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Contents

| | |
|--|----|
| Need Assistance? | 3 |
| Overview | 3 |
| Processes..... | 4 |
| File Naming Convention | 5 |
| File Format | 6 |
| Record Structure | 6 |
| Record Design | 7 |
| Segment "C" - Client Basic Demographic Information | 8 |
| Important: Information that Must Be Included..... | 8 |
| Registry Consent | 9 |
| Segment "CX" - Client Extended Demographic Information | 15 |
| Segment "A" - Affirmation Information..... | 18 |
| Segment "TR" - Terminating Record Information | 21 |
| Consent Notification File | 22 |

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Need Assistance?

For support or questions pertaining to this document, contact our Interoperability Team at ImmTracMU@dshs.texas.gov or 800-348-9158, option 3.

Information Provided by the Interoperability Team

The Interoperability Team can provide you with information that is required to submit affirmation of registry consent files, such as:

- Your organization's assigned Import Code and Texas Immunization Information System Identification (TX IIS ID). The TX IIS ID was formerly known as the PFS number.
- Differentiating registry consent versus other types of consent captured in your electronic health records (EHR).
- Technical assistance with formatting the files and interpreting the data within the files.

Overview

The electronic transfer standards define the format and information required for a file containing affirmation of registry consent that is sent to the registry by a provider. The file must contain only the information for those patients who have consented to be Texas Immunization Registry clients, which requires them to sign an official registry consent form.

- A patient's written consent (minor and adult) using an official registry consent form is required for inclusion of all data in the registry, except in the event of a [publicly declared disaster](#). Written consent must be given by a parent or legal custodian if a patient is younger than 18 years of age. Official registry consent forms are available on our Department of State Health Services (DSHS) [website](#).

- The signed registry consent form must be archived with the provider's office and in the patients' medical records.
- Immunization data is not sent in the affirmation of registry consent file.

Processes

The following is a high-level (not comprehensive) explanation of the processes for the provider and/or clinical staff to follow for adding patients as registry clients:

1. Educate the patient on the benefits of the Texas Immunization Registry.
2. Offer the patient the official registry consent form.
3. Patient fills out and signs the official registry consent form. The patient does not have to agree to be in the registry to receive an immunization, but if the patient does wish to be in the registry, a signed consent form is required since Texas is an opt-in state. The signed registry consent form is archived in the patient's medical record.
4. Indicate in the EHR system that the patient has a signed registry consent form. Registry consent is different from other types of consent that may be captured in the EHR. Contact the Interoperability Team for more information on how to determine if the EHR can differentiate registry consent from other types of consent.
5. With the assistance of the EHR vendor, submit an affirmation of registry consent file to the registry. EHR data is extracted and formatted to meet the standards indicated in this document.
6. The registry processes the affirmation of registry consent file.
7. The registry produces a consent notification file (CNF) for the provider to review. The CNF contains the registry client identification number and demographics for the patient.
- 8.** The CNF is reviewed to determine if any issues or errors occurred with the adding of the clients.

File Naming Convention

The affirmation of registry consent files must be named following this naming convention:

AFFIRM.ImportCodeYYDDD.imp

- AFFIRM – represents that the file is an affirmation of registry consent file.
- ImportCode – represents the provider and identifies the source of the file. The import code is assigned by the Texas Immunization Registry. Contact the Interoperability Team for assistance in identify your organization's import code.
- YY – identifies the two-digit calendar year.
- DDD – identifies the three-digit Ordinal Date of the date the file is submitted to the registry.
 - Example: February 4 ordinal date is 035.
 - Ordinal dates can be found here:
https://www.pps.noaa.gov/forms_guides/guides_aids_tools/julian-date-calendar.PDF.
- .imp – is the file extension.

Example of File Name

ABC Doctors assigned import code is ABCDO and they are submitting an affirmation of registry consent file on February 4, 2019. Their file is named: AFFIRM.ABCDO19035.imp

File Format

This section describes the specific structure of the file and record, including record design.

Record Structure

Each line in the file represents a record. A record is composed of record segments. Each record segment is identified by a segment code and has a specific fixed segment length.

There are four record segments defined by the Texas Immunization Registry:

1. **Client Basic Demographic.** The "C" segment consists of demographic information about the client.
2. **Client Extended Demographic.** The "CX" segment consists of extra demographic information.
3. **Affirmation.** The "A" segment contains data on when the consent was affirmed and who affirmed the consent.
4. **Terminating Record.** The "TR" segment which indicates the end of the record.

| Segments Code | Usage | Segment Description | Segment Length |
|---------------|----------|-------------------------------------|----------------|
| C | Required | Client Basic Demographic Segment | 336 characters |
| CX | Optional | Client Extended Demographic Segment | 366 characters |
| A | Required | Affirmation Segment | 35 characters |
| TR | Required | Terminating Record Segment | 2 characters |

Record Design

The record segments must be in a specified order to ensure proper processing by the registry. Failure to meet the record design will result in the file and data being rejected.

Some record segments are dependent on the presence of other record segments. The order and dependencies are described by the following rules:

- Each record must contain a "C" segment, an "A" segment, and a "TR" segment.
 - "CX" segments are optional but if included, they follow the "C" segment.
 - A "CX" segment is only included if it contains data.
 - If the "CX" segment is blank, do not include it in the record.
- All records must start with a "C" segment.
- The "A" segment follows the "C" segment or the "CX" segment if it is present.
- All records must end with a "TR" segment. A carriage return or line feed (ASCII codes 13 and 10, respectively) must follow the "TR" segment.
- Each record segment must be the specified segment length. Use blank spaces to fill in for data not present, do not use tabs. After the full segment length is achieved, the next segment may follow.
- Each subsequent record segment is placed at the end of the previous segment without any delimiters, such as commas, tabs, or spaces between the segments.

NOTES:

- A new record segment starts at the end of the preceding record segment.
- There are no spaces or tabs between adjoining record segments.

Segment “C” - Client Basic Demographic Information

This is a required segment containing information about the registry client. The specific data contained within the segment is identified below with the required fields noted in bold font.

Important: Information that Must Be Included

If your organization collects the client’s middle name, Social Security Number (SSN), race, Medicaid number, mother’s first name, mother’s maiden name, and residence address, it **must be included** in the record information.

This information is used by the Texas Immunization Registry to match immunization records to client records when immunizations are reported by providers. Accurate and complete data is necessary to prevent the creation of duplicate registry records.

NOTES:

- Field Location is the position number where the first character of each field starts.
- Usage indicates whether the field is required (R) or optional (O).
- Do not use fabricated data in any field. If data is not known leave the field blank. Use blank spaces to account for field lengths.
- The data in each field is left justified.
- The “C” segment must be 336 characters long. Use blank spaces for fields where the field description is marked “Reserved”.

Registry Consent

The individual's registry consent must be noted within the file in field location 222 using the following guidance:

- If the individual is at least 18 years old and signed an Adult Consent Form (Stock # EF11-13366), then enter the value "A" for ImmTrac Adult.
- If the individual is less than 18 years old and their parent or legal guardian signed a Minor Consent Form (Stock # C-7), then enter the value "Y" for ImmTrac Child.
- If there has been a [declared disaster](#) and the individual or the individual's parent or legal guardian signed a Disaster Information Retention Consent Form (Stock # F11-12956/A), then enter the value "D" for Disaster Consented individual (all ages). For more information related to disaster consent or reporting information during a disaster, contact our Customer Support at ImmTrac2@dshs.texas.gov. Official registry consent forms are available on our DSHS [website](#).

| <u>Field #</u> | <u>Field Location</u> | <u>Usage</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Rules</u> |
|-----------------------|------------------------------|---------------------|---------------------------------|-------------------------|---|---|
| 1 | 1 | R | Segment Code Identifier | Alphabetic | 2 | Enter in a left justified 'C'. |
| 2 | 3 | R | Reserved field | Blank field | 10 | Leave blank. |
| 3 | 13 | R | Last name | Alphabetic | 20 | <ul style="list-style-type: none"> • Special characters are not allowed except apostrophe or hyphen. • See footnotes A, B, and C. |



| <u>Field #</u> | <u>Field Location</u> | <u>Usage</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Rules</u> |
|-----------------------|------------------------------|---------------------|---------------------------------|-------------------------|---|---|
| 4 | 33 | R | First name | Alphabetic | 20 | <ul style="list-style-type: none"> No special characters allowed except apostrophe or hyphen. See footnotes A and B. |
| 5 | 53 | O | Middle name | Alphabetic | 20 | <ul style="list-style-type: none"> No special characters allowed except apostrophe or hyphen. See footnotes A and B. |
| 6 | 73 | O | SSN | Numeric | 9 | <ul style="list-style-type: none"> Must be 9 digits. If not available, leave blank. Do not submit 000000000 or 999999999. |
| 7 | 82 | R | Gender | Alphabetic | 1 | <ul style="list-style-type: none"> Use 'M' or 'F'. 'U' for unknown is not allowed. |
| 8 | 83 | O | Race | Alphabetic | 2 | Must use only the following race codes: <ul style="list-style-type: none"> B - Black or African American H - Hispanic I - American Indian or Alaskan Native N - Not Specified P - Asian or Pacific Islander W - White |
| 9 | 85 | O | Medicaid Number | Numeric | 9 | If present, must be 9 digits. |



| <u>Field #</u> | <u>Field Location</u> | <u>Usage</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Rules</u> |
|-----------------------|------------------------------|---------------------|---------------------------------|-------------------------|---|---|
| 10 | 94 | R | Date of Birth | Date Format | 8 | Use the following format: YYYYMMDD <ul style="list-style-type: none">• The four-digit year, two numeric month and day with leading zeros, with no separators.• Must be a valid date, future dates are not accepted. |
| 11 | 102 | O | Mother's First Name | Alphabetic | 20 | Refer to footnotes A and B. |
| 12 | 122 | O | Mother's Middle Name | Alphabetic | 20 | Refer to footnotes A and B. |
| 13 | 142 | O | Mother's Maiden Name | Alphabetic | 20 | Refer to footnotes A and B. |
| 14 | 162 | O | Father's Last Name | Alphabetic | 20 | Refer to footnotes A, B, and C. |
| 15 | 182 | O | Father's First Name | Alphabetic | 20 | Refer to footnotes A and B. |
| 16 | 202 | O | Father's Middle Name | Alphabetic | 20 | Refer to footnotes A and B. |



| <u>Field #</u> | <u>Field Location</u> | <u>Usage</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Rules</u> |
|-----------------------|------------------------------|---------------------|---------------------------------|-------------------------|---|--|
| 17 | 222 | R | Consent Flag | Alphabetic | 1 | Must have an Official Registry Consent Form for the individual and use only the following codes: <ul style="list-style-type: none">• A - ImmTrac Adult, for individuals at least 18 years old.• Y - ImmTrac Child, for individuals younger than 18 years of age.• D – Disaster Consented, for individuals of all ages. |
| 18 | 223 | R | Residence Address Line 1 | Alphabetic | 32 | Refer to footnote B. |
| 19 | 255 | O | Residence Address Line 2 | Alphabetic | 20 | Refer to footnote B. |
| 20 | 275 | R | Residence City | Alphabetic | 20 | Abbreviations are not allowed. |
| 21 | 295 | R | Residence State | Alphabetic | 2 | Use Postal Codes, i.e., 'TX' for Texas. |
| 22 | 297 | R | Residence Zip Code | Numeric | 5 | Cannot be blank. |
| 23 | 302 | O | Residence Zip4 | Numeric | 4 | |



| <u>Field #</u> | <u>Field Location</u> | <u>Usage</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Rules</u> |
|-----------------------|------------------------------|---------------------|---------------------------------|-------------------------|---|---|
| 24 | 306 | O | Residence County | Numeric | 3 | <ul style="list-style-type: none">• Use Federal Information Processing Standards County Codes, refer to footnote D.• Use 999 for out of state. |
| 25 | 309 | O | Residence Country | Alphabetic | 2 | Must use one of the following Country Codes: <ul style="list-style-type: none">• CD - Canada• MX - Mexico• RW - Other• UN - Unknown• US - United States |
| 26 | 311 | O | Phone Number | Numeric | 10 | Include the area code and phone number, e.g., 5123658907. |
| 27 | 321 | R | Source System Patient ID | Numeric | 16 | A <u>unique</u> identifier for the patient that is used by the system sending the affirmation to the registry. It is sometimes referred to as the patient's Medical Record Number. |

Footnotes for the "C" Segment:

- A. For all fields capturing name information, do not use special characters or punctuation other than hyphen or apostrophe. Values representing "Unknown", "None", "Test", or similar invalid data will not be accepted.

- B. If the data in any of the name or address fields exceeds the field length, truncate the data to fit the field. Do not include any punctuation to indicate truncation, and do not pad addresses with leading zeros.
- C. Suffix information may be included at the end of the last name. Separate the suffix from the last name with a blank space. For example: Smith Jr. Valid suffix values are Jr, Sr, II, III, IV, and V.
- D. Federal Information Processing Standards (FIPS) codes are available at: <https://www.dshs.texas.gov/center-health-statistics/texas-county-numbers-public-health-regions>.

Segment "CX" - Client Extended Demographic Information

This is an optional segment containing additional information about the registry client. The specific data contained within the segment is identified below with the required fields noted in bold font.

NOTES:

- Field Location is the position number where the first character of each field starts.
- Do not send a blank "CX" segment.
- A "CX" segment should only be included if there is information collected for the "CX" segment.
- Do not use fabricated data in any field. If data is not known leave the field blank. Use blank spaces to account for field lengths.
- The data in each field is left justified.
- The "CX" segment must be 366 characters long. Use blank spaces for fields where the field description is marked "Reserved".

| Field # | Field Location | Field Description | Data Type | Field Length | Rules |
|----------------|-----------------------|--------------------------|------------------|---------------------|---|
| 1 | 337 | Segment Code Identifier | Alphabetic | 2 | Required data only when CX segment is submitted; <ul style="list-style-type: none"> • Enter in a left justified 'CX'. • Cannot be blank. |
| 2 | 339 | Reserved field | Blank field | 6 | Leave blank. |
| 3 | 345 | Client Suffix | Alphabetic | 4 | |
| 4 | 349 | Mother's Last Name | Alphabetic | 20 | Refer to footnote E. |



| <u>Field #</u> | <u>Field Location</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length</u> | <u>Rules</u> |
|-----------------------|------------------------------|---------------------------------|-------------------------|----------------------------|---|
| 5 | 369 | Mother's Date of Birth | Numeric | 8 | <ul style="list-style-type: none">• Use the format of YYYYMMDD: Four-digit year, two numeric month and day with leading zeros and no separators.• Must be a valid date. Future dates are not accepted.• Must be a date prior to the client's date of birth. |
| 6 | 377 | Reserved field | Blank field | 4 | Leave blank. |
| 7 | 381 | Relationship to the Client | Alphabetic | 2 | Must use only the following Relationship Codes: <ul style="list-style-type: none">• A - Aunt• B - Brother• F - Father• G - Guardian• GF - Grandfather• GM - Grandmother• M - Mother• S - Sister• U - Unknown• UN - Uncle |
| 8 | 383 | Reserved field | Blank field | 1 | Leave blank. |
| 9 | 384 | Guardian Last Name | Alphabetic | 20 | Refer to footnotes E and F. |
| 10 | 404 | Guardian First Name | Alphabetic | 20 | Refer to footnote E. |
| 11 | 424 | Guardian Middle Name | Alphabetic | 20 | Refer to footnote E. |



| <u>Field #</u> | <u>Field Location</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length</u> | <u>Rules</u> |
|-----------------------|------------------------------|---------------------------------|-------------------------|----------------------------|---|
| 12 | 444 | Guardian Suffix | Alphabetic | 4 | Refer to footnote F. |
| 13 | 448 | Comments | Alphabetic | 255 | Do not include medically sensitive information. |

Footnotes for the "CX" segment:

- E. For all fields capturing name information, do not use special characters or punctuation other than hyphen or apostrophe. Values representing "Unknown", "None", "Test", or similar invalid data will not be accepted.
- F. Suffix information may be included at the end of the last name. Separate the suffix from the last name with a blank space. For example: Smith Jr. Valid suffix values are Jr, Sr, II, III, IV, and V.

Segment "A" - Affirmation Information

This is a required segment containing information about patients who have consented to be Texas Immunization Registry clients. The specific data contained within the segment is identified below with the required fields noted in bold font.

Important: Only One "A" Segment for Each Patient

Each patient who has consented to be a registry client is represented by a single record. Therefore, one "A" segment for each patient is submitted. Do not send duplicate information.

NOTES:

- Do not use fabricated data in any field. If data is not known, leave the field blank (spaces).
- Data is left justified in each field.
- The "A" segment must be 35 characters long.
- Field Location is the position number where the first character of each field starts.



| <u>Field #</u> | <u>Field Location</u> <i><u>If CX Segment is not included</u></i> | <u>Field Location</u> <i><u>If CX Segment is included</u></i> | <u>Usage</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length</u> <i><u>(Characters)</u></i> | <u>Rules</u> |
|-----------------------|--|--|---------------------|---------------------------------|-------------------------|---|---|
| 1 | 337 | 703 | R | Segment Code Identifier | Alphabetic | 2 | Enter in a left justified 'A'. |
| 2 | 339 | 705 | R | Affirmer Information | Numeric | 25 | Enter in the TX IIS ID for the location which verified the consent. See footnote G. |
| 3 | 364 | 730 | R | Affirmation Date | Numeric | 8 | See footnote H. Use the format of YYYYMMDD: <ul style="list-style-type: none">• The four-digit year, two-digit month and day with leading zeros. No separators.• Must be a valid date, future dates are not accepted. |

Footnotes for the "A" Segment:

- G. The TX IIS ID for the location where the patient signed the official registry consent form and the consent form was verified is entered in this field.

The TX IIS ID referenced must be able to produce the patient's signed official registry consent form upon request. The TX IIS ID is assigned by the Texas Immunization Registry. To obtain the TX IIS ID for the organization and its locations contact the Interoperability Team.

- H. The affirmation date is the date the official registry consent form was signed by the patient or the patient's legal custodian.

Segment "TR" - Terminating Record Information

This is a required segment containing the end of the record. The required fields are noted in bold font.

Notes:

- The "TR" segment is 2 characters long.
- A carriage return or line feed (ASCII codes 13 and 10) follows the "TR" segment.
- The "TR" segment is the end of a record. Begin the next record on the following line.

| <u>Field #</u> | <u>Field Location</u> <i><u>If CX Segment is not included</u></i> | <u>Field Location</u> <i><u>If CX Segment is included</u></i> | <u>Usage</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length</u> | <u>Rules</u> |
|-----------------------|--|--|---------------------|---------------------------------|-------------------------|----------------------------|--|
| 1 | 372 | 738 | R | Segment Code Identifier | Alphabetic | 2 | Enter in a left-justified 'TR'. |

Consent Notification File

Providers submitting affirmation of registry consent files will receive an electronic response from the registry called a consent notification file (CNF). The CNF contains the client's demographics along with their registry consent status.

The CNF will contain the registry client identification (ID) in field location 3 and registry consent status in field location 222.

| <u>Field #</u> | <u>Field Location</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Returned Response</u> |
|-----------------------|------------------------------|---------------------------------|-------------------------|---|--|
| 1 | 1 | Segment Code Identifier | Alphabetic | 2 | Left justified 'C'. |
| 2 | 3 | Registry Client ID | Numeric | 9 | Registry client ID for the client. |
| 3 | 12 | Reserved field | Blank field | 1 | Left blank. |
| 4 | 13 | Last name | Alphabetic | 20 | Last name of the client with no special characters except apostrophe or hyphen. |
| 5 | 33 | First name | Alphabetic | 20 | First name of the client with no special characters except apostrophe or hyphen. |
| 6 | 53 | Middle name | Alphabetic | 20 | System will only return this field if the data is present. Middle name of the client with no special characters except apostrophe or hyphen. |
| 7 | 73 | Reserved field | Blank field | 9 | Left blank. |



| <u>Field #</u> | <u>Field Location</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Returned Response</u> |
|-----------------------|------------------------------|---------------------------------|-------------------------|---|---|
| 8 | 82 | Gender | Alphabetic | 1 | 'M' or 'F'. |
| 9 | 83 | Race | Alphabetic | 2 | System will only return this field if the data is present. If present, race of the client: <ul style="list-style-type: none">• B - Black or African American• H - Hispanic• I - American Indian or Alaskan Native• N - Not Specified• P - Asian or Pacific Islander• W - White |
| 10 | 85 | Medicaid Number | Numeric | 9 | System will only return this field if the data is present. If present, will contain 9 digits. |
| 11 | 94 | Date of Birth | Date Format | 8 | Client's date of birth in the following format: YYYYMMDD <ul style="list-style-type: none">• The four-digit year, two numeric month and day with leading zeros. |
| 12 | 102 | Mother's First Name | Alphabetic | 20 | System will only return this field if the data is present. |
| 13 | 122 | Mother's Middle Name | Alphabetic | 20 | System will only return this field if the data is present. |
| 14 | 142 | Mother's Maiden Name | Alphabetic | 20 | System will only return this field if the data is present. |



| <u>Field #</u> | <u>Field Location</u> | <u>Field Description</u> | <u>Data Type</u> | <u>Field Length (Characters)</u> | <u>Returned Response</u> |
|-----------------------|------------------------------|---------------------------------|-------------------------|---|---|
| 15 | 162 | Father's Last Name | Alphabetic | 20 | System may return this field if the data is present. |
| 16 | 182 | Father's First Name | Alphabetic | 20 | System may return this field if the data is present. |
| 17 | 202 | Father's Middle Name | Alphabetic | 20 | System may return this field if the data is present. |
| 18 | 222 | Consent Flag | Alphabetic | 1 | System identifies the registry status of the patient: <ul style="list-style-type: none">• Y – Yes, the patient is a registry client. Registry consent is on file. |
| 19 | 223 | Residence Address Line 1 | Alphabetic | 32 | Client's address. |
| 20 | 255 | Residence Address Line 2 | Alphabetic | 20 | Client's address. |
| 21 | 275 | Residence City | Alphabetic | 20 | Client's city. |
| 22 | 295 | Residence State | Alphabetic | 2 | Client's state. |
| 23 | 297 | Residence Zip Code | Numeric | 5 | Client's zip code. |
| 24 | 302 | Reserved field | Blank field | 19 | Left blank. |
| 28 | 321 | Source System Patient ID | Numeric | 16 | The unique identifier for the patient that was used by the system sending the affirmation to the registry. |

