
MCIR

Michigan Care Improvement Registry

MCIR Provider Transfer

EXT File Format Specifications & References

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Fixed File Format Record Specifications Overview

This table contains specifications for the record format used to interact with the MCIR. Specifically, it includes a table that specifies the order, length, starting column, and ending column of each data element (database field) in the format. It also specifies whether a field is required, highly recommended, or recommended for each of the three record types.

Data Element

A description, or field name, for a string of data in the record.

Length

The *Length* defines the number of characters used to express the specified data element. For example, the *Person's Date of Birth* has a field length of 8 characters so that the person's birth date can be expressed in a **YYYYMMDD** format; that is, a birth date of June 1, 1996, should be expressed as **19960601** in the record format. Other data elements, such as *Person's First Name*, can contain as many as 40 characters.

Start and End

The *Start* and *End* columns specify the location of the data element in the record. For instance, *Record Type*—which has a length of one character: A, D, or U—will appear in the first column of the record. The *Person MCIR ID*, which has a length of 12 characters, starts in column 2 and ends in column 13. The next data element, *Patient ID*, starts in column 14, and because it has a length of 20, ends in column 33. This pattern continues across the entire record.

Required and Highly Recommended Data Elements

The right-half of the table identifies the required and highly recommended fields for each record type (add encounter, delete encounter, and update responsible party information). When submitting records to the MCIR in this format, please provide as much information as possible in each record. However, some data elements are required or highly recommended for certain record types, as indicated. All other data elements are recommended, though not required, for that record type.

Data Element	Length	Start Column	End Column	Add or Update Person and Add Encounter	Delete Encounter	Update Responsible Party Info
Record type	1	1	1	Required	Required	Required
Person MCIR ID number	12	2	13			
Patient ID	20	14	33	Highly Recommended ¹	Highly Recommended ¹	Highly Recommended ¹
Date of encounter	8	34	41	Required	Required	
OBSOLETE (OLD VACCINE CODE)	2	42	43	DO NOT POPULATE	DO NOT POPULATE	DO NOT POPULATE
CPT-4 code	5	44	48	Required ² CVX code, columns 660-663, is preferred over CPT-4 code	Required ² CVX code, columns 660-663, is preferred over CPT-4 code	
Manufacturer code	3	49	51	Required ³	Required ³	
Lot number	20	52	71	Required ³	Required ³	
Dose amount	5	72	76	Required ³	Required ³	
Reason for non-administration	2	77	78	Highly Recommended ⁴	Highly Recommended ⁴	
Person first name	40	79	118	Required ^{5,6}	Required ^{5,6}	Required ^{5,6}
Person last name	40	119	158	Required ⁶	Required ⁶	Required ⁶
Person middle name	40	159	198	5	5	5
Person date of birth	8	199	206	Required	Required	Required
Person county of residence	2	207	208	Required	Required	Required
Person gender	1	209	209	Required	Required	
Person suffix name	10	210	219			
Birth location (facility)	50	220	269			
Birth location county	2	270	271			
Birth location state	3	272	274			
Person date of death	8	275	282			
OBSOLETE (PERSON MEDICAID ID)	8	283	290	DO NOT POPULATE	DO NOT POPULATE	DO NOT POPULATE
Person WIC Number	11	291	301			
OBSOLETE (PERSON SSN)	9	302	310	DO NOT POPULATE	DO NOT POPULATE	DO NOT POPULATE
Responsible party last name	40	311	350	Required	Required	Required
Responsible party first name	40	351	390	Required	Required	Required
Responsible party middle initial	1	391	391			
Responsible party suffix	10	392	401			
OBSOLETE (Resp party SSN)	9	402	410	DO NOT POPULATE	DO NOT POPULATE	DO NOT POPULATE
Responsible party street	40	411	450	Required ⁷		Required ⁷
Responsible party city	30	451	480	Required ⁷		Required ⁷
Responsible party state	3	481	483	Required ⁷		Required ⁷
Responsible party country	6	484	489	Required ^{7,8}		Required ^{7,8}
Responsible party zip	10	490	499	Required ⁷		Required ⁷
Responsible party phone (home phone)	10	500	509	Highly Recommended		Highly Recommended
Reminder/recall participation preference	1	510	510			
Mother's first name	40	511	550			
Mother's last name	40	551	590			
OBSOLETE (Mother's SSN)	9	591	599	DO NOT POPULATE	DO NOT POPULATE	DO NOT POPULATE
Mother's maiden name	40	600	639			
Provider's MCIR Site ID	12	640	651	Required ⁹	Required ⁹	
Vaccination given by another provider	1	652	652	Required ³	Required ³	
Vaccine eligibility/All Hazard purchase type code	1	653	653	Required ³	Required ³	
Vaccination site on body code	1	654	654	Highly Recommended	Highly Recommended	

(continued on following page)

Data Element	Length	Start	End	Add or Update Person and Add Encounter	Delete Encounter	Update Responsible Party Info
Vaccination route code	1	655	655	Highly Recommended	Highly Recommended	
Initials of person administering vaccine	3	656	658	Highly Recommended	Highly Recommended	
To be POC for reminder/recall notices	1	659	659			
Two, three and four digit vaccine (CVX) and antiviral codes	4	660	663	Required ² <i>Preferred over CPT-4 code</i>	Required ² <i>Preferred over CPT-4 code</i>	
RESERVED	16	664	679	DO NOT POPULATE (leave NULL/blank)	DO NOT POPULATE (leave NULL/blank)	DO NOT POPULATE (leave NULL/blank)
Person Medicaid ID number	10	680	689			

1. Patient ID, if available, will improve the ability to locate the proper person record.
2. For Add/Update Person/Encounter and Delete Encounter record types, either the Vaccine (CVX)/Antiviral Code (columns 660 to 663) or the CPT-4 Code is required. If a choice is available, then Vaccine (CVX)/Antiviral Code is preferred. If both are included in the same record, conflicts are possible.
3. If using the MCIR Vaccine Inventory Module (VIM), the Manufacturer, Lot Number, Dose Amount, Vaccine Eligibility/All Hazard Purchase Type Code and Vaccination Given by Another Provider fields are required to update the vaccine inventory lots for a provider site.
4. Reason for nonadministration is High Recommended to record immunity to Varicella (chicken pox) disease. Otherwise this information must be hand-keyed into the MCIR.
5. Person middle name is only accepted in columns 159-198. Middle names are not to appear in the Person first name field.
6. Person suffix only accepted in columns 210-219. Person suffix is not to appear in the Person first name or Person last name fields.
7. Responsible party address information is required for reminder/recall purposes.
8. Country should be provided if not USA.
9. Provider MCIR Site ID is required for large provider organizations that transfer data on behalf of multiple sites/facilities.

Data Dictionary

Overview

This provides information about each of the fields in the fixed record format. The following information is provided for each field:

- field name;
- field length;
- valid values; and
- a description.

Additional, information is provided for individual fields where appropriate.

Record type

Field Length 1
Valid values (A, D, U)
A Add Immunization Encounter
D Delete Immunization Encounter
U Update Responsible Party.

Identifies the type of record being transmitted to the MCIR. There is no “Edit” record type. If an immunization needs to be edited, first the incorrect encounter information must be deleted with a “D” record, then the correct encounter information must be in a subsequent row as an “A” record.

Transfer Delete files will delete MCIR Records and VIM doses even if it does not include the Lot number. As long as the transfer delete record has the date of the vaccine CVX or CPT4 Code and can identify the shot in MCIR, it will delete it. If the transfer delete record does not have a Manufacturer Code it will throw out an error on the Summary Report “no record found to delete.”

Person MCIR ID number

Field Length 12
Valid values (0-9)

ID number assigned by the MCIR to uniquely identify a person in the registry.

Patient ID

Field Length 20
Valid values Must be in set (0-9,A-Z,a-z,’,-,.)

ID number of the person in the provider’s patient record keeping system.

Date of encounter

Field Length 8
Valid values YYYYMMDD (0-9) and must be valid date on or after person’s date of birth.

Date that the immunization was administered to the person.

CPT-4 code

Field Length 5
Valid values (0-9) and must be a valid CPT-4 code

CPT-4 code representing the vaccine administered to the person. ***See the CPT-4 Codes that are accepted by the MCIR in Appendix D and E of this document.*** This list will be updated as new vaccines are licensed, and as CVX codes are mapped to CPT-4 codes by the Centers for Disease Control and Prevention (CDC). Some vaccines and antivirals do not have a CPT4 code and must be reported with CVX/Antiviral Codes in columns 660-663 of this file format. **This is why CVX/Antiviral Codes (columns 660-663 of this file format) are preferred over CPT-4 codes. CVX codes are required to use the VIM.**

Manufacturer code

Field Length 3
Valid values (A-Z) and must be a valid vaccine manufacturer abbreviation for the vaccine/antiviral

Code for the name of the company that manufactured the vaccine. ***See the latest Manufacturer Codes that are accepted by the MCIR in Appendix D of this document.*** Manufacturer codes are also available online at the Centers for Disease Control and Prevention (CDC) website: <http://www.cdc.gov/vaccines/programs/iis/stds/mvx.htm>

Lot number

Field Length 20
Valid values (A-Z, 0-9, (,), -)

Number that is assigned to the vaccine lot. The lot number recorded should be from the vaccine box (not the vial) and must exactly match the lot that is recorded in the appropriate MCIR inventory. Hyphens are disregarded in the vaccine inventory matching process.

Dose amount

Field Length 5
Format 00.00
Valid values (0-9, .)

Quantity of vaccine administered in milliliters. For Antivirals, dose amount is not required. Each antiviral reported will automatically deduct 10 doses.

Reason for non-administration

Field Length 2
Valid values (C, F, W, 42)
C Person Medical Condition (Medical Contraindication)
F Family Medical Condition (Medical Contraindication)
W Other reason for nonadministration (includes refusal)
42 Documented immunity/Positive Titer

Reason that a specific vaccine was not given to person. Only one reason may be recorded for each vaccine series.

Person first name

Field Length 40
Valid values Must be in set (A-Z,a-z,'-,blanks)

First name of person being immunized. Middle names and middle initials are not accepted in this field (see **Person middle name** on next page). Person suffix (e.g. JR or III) is not accepted in this field (see **Person suffix name** on next page).

Person last name

Field Length 40
Valid values Must be in set (A-Z, a-z,'-,blanks)

Last name of person being immunized. Person suffix (e.g. JR or III) is not accepted in this field (see **Person suffix name** on next page).

Person middle name

Field Length 40
Valid values Must be in set (A-Z, a-z,'-,blanks)

Middle name of person being immunized.

Person date of birth

Field Length 8
Valid values YYYYMMDD (0-9) and must be valid date.

Date of birth for person being immunized.

Person county of residence

Field Length 2

Valid values (0-9) and code is valid value in table.

Two-digit code for the county that the person resides in, for Michigan counties only.

*Appendix A: Michigan County Codes for a list of valid values.***Person gender**

Field Length 1

Valid values (M,F) Male = M, Female = F

The gender of the person being immunized.

Person suffix name

Field Length 10

Valid values Must be in set (A-Z,a-z,?,-,blanks)

Suffix (e.g. Jr, Sr, II, III, IV) of the person being immunized.

Birth location (facility)

Field Length 50

Valid values Must be in set (A-Z,a-z,0-9,-,blanks)

Name of the facility in which the person was born.

Birth location county

Field Length 2

Valid values (0-9) and code is valid value in county table.

Two-digit code representing the county of the birth facility, for Michigan counties only.

*See Appendix A: Michigan County Codes for a list of valid values.***Birth location state**

Field Length 3

Valid values (A-Z) and code is valid value in table.

Two-letter postal code for the state or province of the person's birth location.

*See Appendix B: State and Province Abbreviations for a list of valid values.***Person date of death**

Field Length 8

Valid values YYYYMMDD (0-9) and must be valid date.

Date person died.

Person WIC number

Field Length 11

Valid values (0-9,.)

WIC ID number assigned to the person.

Responsible party last name

Field Length 40

Valid values Must be in set (A-Z,a-z,?,-, blanks)

The last name of the responsible party. For adults, this is the adult's own last name.

Responsible party first name

Field Length 40

Valid values Must be in set (A-Z,a-z,'-,blanks)

The first name of the responsible party. For adults, this is the adult's own first name.

Responsible party middle initial

Field Length 1

Valid values (A-Z,a-z,'-,)

The middle initial of the responsible party. For adults, this is the adult's own middle initial.

Responsible party suffix

Field Length 10

Valid values Must be in set (A-Z,a-z,'-,blanks)

The suffix of the responsible party. For adults, this is the adult's suffix.

Responsible party street

Field Length 40

Valid values (A-Z, 0-9, -, ' , #, @, =, [,], (,), /, \, blanks,)

The street address of the responsible party. For adults, this is the adult's own street address.

Responsible party city

Field Length 30

Valid values Must be in set (A-Z,a-z,.,-,blanks)

The city that the responsible party resides in. For adults, this is the adult's city of residence.

Responsible party state

Field Length 2

Valid values (A-Z) and must be valid code in table.

The two-letter postal code for the state or province of the responsible party's residence. For adults, this is the adult's city of residence.

See Appendix B: State and Province Abbreviations for a list of valid values.

Responsible party country

Field Length 6

Valid values US, USA, other choices are in Appendix C: Country Codes

The country that the responsible party resides in. For adults, this is the adult's country of residence. If not a U.S. resident, please specify using the code listing in Appendix C.

Reminders/recalls will be limited to those residing in the U.S.

See Appendix C: Country Abbreviations for a list of valid values

Responsible party ZIP

Field Length 10

Valid values (0-9,.)

The ZIP code of the responsible party. For adults, this is the adult's ZIP code.

Responsible party phone (home phone)

Field Length 10
 Valid values (0-9,.)

The phone number of the responsible party. For adults, this is the adult's phone number. Repeating values are not allowed (e.g. "111111111"..."999999999").

Reminder/recall participation preference

Field Length 1
 Valid values (Y, N)
 Y Yes
 N No

Indicates whether the responsible party wishes to receive the MCIR reminder/recall notices generated for this person. For adults, this indicates if the adult wishes to receive their own notices. If this is left blank in the transfer file, MCIR will default to send notices. If this is hard-coded in the transfer file, it must be all Y for Yes.

Mother first name

Field Length 40
 Valid values Must be in set (A-Z,a-z,?,-,,blanks,)

First name of the person's mother.

Mother last name

Field Length 40
 Valid values Must be in set (A-Z,a-z,?,-,,blanks,)

Last name of the person's mother.

Mother maiden name

Field Length 40
 Valid values Must be in set (A-Z,a-z,?,-,,blanks,)

Maiden name of the person's mother.

Provider's MCIR Site ID

Field Length 12
 Valid Values First character must be "U" (upper case); the remaining eleven characters must be numeric.

The Site ID number (assigned by the MCIR) of the provider site/facility that administered the immunization; only this Provider Site ID will be able to delete the information for this immunization. Also, this is the Provider Site ID associated with inventory deduction.

Vaccination given by another provider

Field Length 1
 Valid values U User Administered
 O Other Provider Administered Vaccine

One-digit code used to specify whether vaccine was administered by the Provider Site ID submitting the record, or if it was administered by another provider. If vaccine was User Administered (U), automatic deduction from the provider site's vaccine inventory may occur. If vaccine was administered by another provider (O), this is considered a historical immunization (Vaccine Eligibility code 'H' should be used in column 653) and no inventory deduction will occur.

Vaccine eligibility/All Hazard purchase type code

Field Length 1

One-digit vaccine eligibility code used for vaccine inventory processing and Vaccines for Children (VFC) doses administered reports. Three codes (J, K, and L) are reserved for recording distribution of stockpiled All Hazard vaccines and antivirals. See table below.

<i>Valid Values</i>	<i>Vaccine Eligibility (VE) / All Hazard Purchase Type (AH)</i>	<i>Default MCIR inventory for auto-deduction⁺</i>	<i>Definition/Use</i>
M	(VE) Medicaid VFC*	VFC/Public	Patient (<19 years old) is currently enrolled in Medicaid and is receiving a MI-VFC vaccine
U	(VE) Uninsured*	VFC/Public	Patient (<19 years old) does not have any health insurance, and is not receiving MI-VRP vaccine (see below).
D	(VE) Under Insured*	VFC/Public	Patient (<19 years old) has health insurance, but the insurance does not cover any of the cost of vaccine. Patient is not receiving MI-VRP vaccine (see below).
N	(VE) Native American/ Alaskan Native*	VFC/Public	Patient (<19 years old) is Native American or Alaskan Native.
V	(VE) Medicaid Non VFC	Private	Patient is currently enrolled in Medicaid and is either: <ul style="list-style-type: none"> • Age 19 years or older, or • Under 19 years and receiving a non-MI-VFC vaccine
I	(VE) Private Pay/Private Insurance	Private	Patient has health insurance that covers some/all of the cost of vaccine, or the patient is paying for vaccine out-of-pocket.
C	(VE) MI-Child	Private	Patient is enrolled in the MI-Child state health insurance program.
R	(VE) MI-VRP (Michigan Vaccine Replacement Program)	VFC/Public	Patient is receiving a MI-VRP vaccine (Td, Tdap, MMR, HepA, HepB) at a Local Health Department, Federally Qualified Health Center, or Migrant Health Center <i>and is</i> : <ul style="list-style-type: none"> • age 19 years or older • Uninsured or Underinsured.
X	(VE) Medicare part A	Private	Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care.
Y	(VE) Medicare part B	Private	Medicare Part B helps cover medical services like doctors' services and outpatient care. Part B is optional and it helps pay for covered medical services and items when they are medically necessary. Part B also covers some preventive services, including flu and pneumococcal shots.
Z	(VE) Medicare part D	Private	Medicare part D is prescription drug coverage for everyone with Medicare. These plans are run by insurance companies and other private companies approved by Medicare. Part D is optional.
H	(VE) Historical/Other Provider Data	No inventory deduction	Use when entering historical immunization information into MCIR.
P	(VE) Other Public Purchase	Private	Patient is receiving vaccine that was purchased by the local health department or MDCH. The patient and his/her health insurance is not paying for the cost of the vaccine.
S	(VE) 317 Special Funds	VFC/Public	Used for special Local Health Department initiatives that are pre-approved by MDCH.
K	(AH) Public Purchase	All Hazard	All Hazard stock (vaccine, antiviral) purchased by federal funds (Strategic National Stockpile).

*The MI-VFC (Michigan Vaccines for Children) Program includes patients in these four eligibilities, under the age of 19 years old.

⁺ Doses will pull from inventory based on the lot number and vaccine eligibility code in the transfer file. Inventory deduction occurs when there is an exact match between the lot number in the transfer file, and the lot number that is already entered into the appropriate MCIR inventory. If the lot number is not found in the default inventory, MCIR will try to match it and automatically deduct from the next available inventory. Deductions from the non-default inventory will cause "borrowing" inventory transactions to occur.

Vaccination site on body code

Field Length	1	
Valid values	H	Right Thigh
	T	Left Thigh
	R	Right Arm
	L	Left Arm
	G	Right Naris
	F	Left Naris
	N	Both Nostrils

One-digit code used to specify the location on the body at which the immunization was administered.

Vaccination route code

Field Length	1	
Valid values	M	Intramuscular
	S	Subcutaneous
	O	Oral
	D	Intradermal
	N	Intranasal

One-digit code used to specify the route of the administered vaccine.

Initials of person administering vaccine

Field Length	3	
Valid values	(A-Z, 0-9, ., ' , -)	

Initials of the individual who administered the immunization.

To be POC for reminder/recall notices

Field Length	1	
Valid values	Y	Yes
	N	No

Specifies whether the submitting provider site wishes to serve as the point of contact (POC) for the person's reminder and recall notices. A value of 'Y' indicates that patients are to be included in a provider site's MCIR Profile Reports and MCIR Reminder/Recall Notices. If this is left blank then MCIR will default it to "Y". Sites that are not primary care providers (Emergency Department, Visiting Nurses, Employee Health) may choose "N".

Two, Three and Four digit Vaccine (CVX)/Antiviral Codes

Field Length 4

Valid values (0-9) *also the antiviral codes in the table below*

Two, three and four-digit code for the vaccine or antiviral administered. Left justify this field. ***See the latest Vaccine (CVX)/Antiviral Codes that are accepted by the MCIR in Appendix E of this document.*** This list will be updated as new vaccines are licensed, and CVX codes are assigned by the Centers for Disease Control and Prevention (CDC).

Use mapping codes below for Antivirals -column 660 (CVX codes)

Antiviral type (brand) and presentation	Mapping code
Zanamivir (Relenza) 1x4 Rotadisks	R01X
Zanamivir (Relenza) 5x4 Rotadisks	R02X
Zanamivir (Relenza) Inhaler for Oral Inhalation	R03X
Oseltamivir (Tamiflu) 12MG/ML Pwdr for Oral Solution	T01X
Oseltamivir (Tamiflu) 30MG Capsules	T02X
Oseltamivir (Tamiflu) 45MG Capsules	T03X
Oseltamivir (Tamiflu) 75MG Capsules	T04X
Oseltamivir (Tamiflu) Kit for Oral Suspension	T05X

MVX (Manufacturer) code for Relenza is SKB**MVX (Manufacturer) code for Tamiflu is RCH****Person Medicaid ID number**

Field Length 10

Valid values (0-9)

Medicaid ID number for the person being immunized.

Appendix A:

Michigan County Codes

Overview

This appendix lists the valid two digit codes for entering a person's county of residence.

**Please distinguish between counties 82 (Wayne, outer)
and 84 (Wayne, City of Detroit).**

If city like 'DET*', and county = '82' change county to '84'

Michigan County Codes

County Code	County Name
1	Alcona
2	Alger
3	Allegan
4	Alpena
5	Antrim
6	Arenac
7	Baraga
8	Barry
9	Bay
10	Benzie
11	Berrien
12	Branch
13	Calhoun
14	Cass
15	Charlevoix
16	Cheboygan
17	Chippewa
18	Clare
19	Clinton
20	Crawford
21	Delta
22	Dickinson
23	Eaton
24	Emmet
25	Genesee
26	Gladwin
27	Gogebic
28	Gd. Traverse
29	Gratiot

County Code	County Name
30	Hillsdale
31	Houghton
32	Huron
33	Ingham
34	Ionia
35	Iosco
36	Iron
37	Isabella
38	Jackson
39	Kalamazoo
40	Kalkaska
41	Kent
42	Keweenaw
43	Lake
44	Lapeer
45	Leelanau
46	Lenawee
47	Livingston
48	Luce
49	Mackinac
50	Macomb
51	Manistee
52	Marquette
53	Mason
54	Mecosta
55	Menominee
56	Midland
57	Missaukee
58	Monroe

County Code	County Name
59	Montcalm
60	Montmorency
61	Muskegon
62	Newaygo
63	Oakland
64	Oceana
65	Ogemaw
66	Ontonagon
67	Osceola
68	Oscoda
69	Otsego
70	Ottawa
71	Presque Isle
72	Roscommon
73	Saginaw
74	St. Clair
75	St. Joseph
76	Sanilac
77	Schoolcraft
78	Shiawassee
79	Tuscola
80	Van Buren
81	Washtenaw
82	Wayne (Outer, Non-City of Detroit)
83	Wexford
84	Wayne (City of Detroit)

Source: Michigan Department of Community Health

Appendix B:

State and Province Abbreviations

Overview

This appendix lists the valid entries for entering the state or province of a person's birth facility (birth location) or the responsible party's residence. Valid entries include the two-digit postal code for the state or the three-digit code for the province.

State and Province Abbreviations

State/ Province Name	State/ Province Code
Alabama	AL
Alaska	AK
Alberta	AB
Arizona	AZ
Arkansas	AR
British Columbia	BC
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Manitoba	MB

State/ Province Name	State/ Province Code
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Brunswick	NB
Newfoundland	NF
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Northwest Territories	NT
Nova Scotia	NS
Ohio	OH
Oklahoma	OK

State/ Province Name	State/ Province Code
Ontario	ON
Oregon	OR
Pennsylvania	PA
Prince Edward Island	PE
Puerto Rico	PR
Quebec	QC
Rhode Island	RI
Saskatchewan	SK
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Virgin Islands	VI
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY
Yukon	YT

Appendix C:

Country Code Abbreviations

Overview

This appendix lists the valid entries for entering the country of a person's birth facility (birth location) or the responsible party's residence. Valid entries include the two-digit postal code for the country.

Country Code Abbreviations

Country Name	CODE
Afghanistan	AF
Aland Islands	AX
Albania	AL
Algeria	DZ
American Samoa	AS
Andorra	AD
Angola	AO
Anguilla	AI
Antarctica	AQ
Antigua and Barbuda	AG
Argentina	AR
Armenia	AM
Aruba	AW
Australia	AU
Austria	AT
Azerbaijan	AZ
Bahamas	BS
Bahrain	BH
Bangladesh	BD
Barbados	BB
Belarus	BY
Belgium	BE
Belize	BZ
Benin	BJ
Bermuda	BM
Bhutan	BT
Bolivia	BO
Bosnia and Herzegovina	BA
Botswana	BW
Bouvet Island	BV
Brazil	BR
British Indian Ocean Territory	IO
Brunei Darussalam	BN
Bulgaria	BG
Burkina Faso	BF
Burundi	BI
Cambodia	KH
Cameroon	CM
Canada	CA
Cape Verde	CV
Cayman Islands	KY
Central African Republic	CF
Chad	TD
Chile	CL
China	CN
Christmas Island	CX
Cocos (Keeling) Islands	CC
Colombia	CO
Comoros	KM

Table continues on next page

Country Name	CODE
Congo	CG
Congo, Democratic Republic	CD
Cook Islands	CK
Costa Rica	CR
Croatia	HR
Cuba	CU
Cyprus	CY
Czech Republic	CZ
Denmark	DK
Djibouti	DJ
Dominica	DM
Dominican Republic	DO
Ecuador	EC
Egypt	EG
El Salvador	SV
Equatorial Guinea	GQ
Eritrea	ER
Estonia	EE
Ethiopia	ET
Falkland Islands	FK
Faroe Islands	FO
Fiji	FJ
Finland	FI
France	FR
French Guiana	GF
French Polynesia	PF
French Southern Territories	TF
Gabon	GA
Gambia	GM
Georgia	GE
Germany	DE
Ghana	GH
Gibraltar	GI
Greece	GR
Greenland	GL
Grenada	GD
Guadeloupe	GP
Guam	GU
Guatemala	GT
Guernsey	GG
Guinea	GN
Guinea-Bissau	GW
Guyana	GY
Haiti	HT
Heard and McDonald Islands	HM
Holy See (Vatican City State)	VA
Honduras	HN
Hong Kong	HK
Hungary	HU

Country Name	CODE
Iceland	IS
India	IN
Indonesia	ID
Iran	IR
Iraq	IQ
Ireland	IE
Isle of Man	IM
Israel	IL
Italy	IT
Jamaica	JM
Japan	JP
Jersey	JE
Jordan	JO
Kazakhstan	KZ
Kenya	KE
Kiribati	KI
Korea, Republic of	KR
Korea, Democratic People's Republic of	KP
Kuwait	KW
Kyrgyzstan	KG
Laos, People's Democratic Republic	LA
Latvia	LV
Lebanon	LB
Lesotho	LS
Liberia	LR
Libya Arab Jamahiriya	LY
Liechtenstein	LI
Lithuania	LT
Luxembourg	LU
Macau	MO
Macedonia, The Former Yugoslav Republic of	MK
Madagascar	MG
Malawi	MW
Malaysia	MY
Maldives	MV
Mali	ML
Malta	MT
Marshall Islands	MH
Martinique	MQ
Mauritania	MR
Mauritius	MU
Mayotte	YT
Mexico	MX
Micronesia, Federated States of	FM
Moldova	MD
Monaco	MC
Mongolia	MN

Country Name	CODE
Montenegro	ME
Montserrat	MS
Morocco	MA
Mozambique	MZ
Myanmar	MM
Namibia	NA
Nauru	NR
Nepal	NP
Netherlands	NL
Netherlands Antilles	AN
New Caledonia	NC
New Zealand	NZ
Nicaragua	NI
Niger	NE
Nigeria	NG
Niue	NU
Norfolk Island	NF
Northern Mariana Islands	MP
Norway	NO
Oman	OM
Pakistan	PK
Palau	PW
Palestinian Territory	PS
Panama	PA
Papau New Guinea	PG
Paraguay	PY
Peru	PE
Philippines	PH
Pitcairn	PN
Poland	PL
Portugal	PT
Puerto Rico	PR
Qatar	QA
Reunion	RE

Country Name	CODE
Romania	RO
Russia	RU
Rwanda	RW
Saint Barhelemy	BL
Saint Helena	SH
Saint Kitts and Nevis	KN
Saint Lucia	LC
Saint Martin	MF
Saint Pierre and Miquelon	PM
Saint Vincent and the Grenadines	VC
Samoa	WS
San Marino	SM
Sao Tome and Principe	ST
Saudi Arabia	SA
Senegal	SN
Serbia	RS
Seychelles	SC
Sierra Leone	SL
Singapore	SG
Slovakia	SK
Slovenia	SI
Solomon Islands	SB
Somalia	SO
South Africa	ZA
South Georgia and the South Sandwich Islands	GS
Spain	ES
Sri Lanka	LK
Sudan	SD
Suriname	SR
Svalbard and Jan Mayen	SJ
Swaziland	SZ
Sweden	SE
Switzerland	CH

Country Name	CODE
Syrian Arab Republic	SY
Taiwan, Province of China	TW
Tajikistan	TJ
Tanzania, United Republic of	TZ
Thailand	TH
Timor-Leste	TL
Togo	TG
Tokelau	TK
Tonga	TO
Trinidad and Tobago	TT
Tunisia	TN
Turkey	TR
Turkmenistan	TM
Turks and Caicos Islands	TC
Tuvalu	TV
Uganda	UG
Ukraine	UA
United Arab Emirates	AE
United Kingdom	GB
United States	US
United States Minor Outlying Islands	UM
Uruguay	UY
Uzbekistan	UZ
Vanuatu	VU
Venezuela, Bolivarian Republic of	VE
Viet Nam	VN
Virgin Islands, British	VG
Virgin Islands, U.S.	VI
Wallis and Futuna	WF
Western Sahara	EH
Yemen	YE
Zambia	ZM
Zimbabwe	ZW
Other	OT

Appendix D:

Manufacturer codes, Vaccine (CVX) codes, and CPT-4 codes of U.S. Licensed Vaccines in MCIR

Manufacturer codes are also available online at the Centers for Disease Control and Prevention (CDC) website:

<http://www.cdc.gov/vaccines/programs/iis/stds/mvx.htm>

Note: All vaccine types may also have valid manufacturer codes of “Unknown” (UNK) or “Other manufacturer” (OTH)

U.S. Licensed Vaccine (CVX) Codes with Manufacturers (MVX) and CPT-4 Codes in MCIR April 2012

Vaccine	Trade Name	Manufacturer	Manuf Code	Vaccine (CVX) Code	CPT-4 Code	MI-VFC
Anthrax	BioThrax	BioPort	MIP	24	90581	N
Diphtheria-Tetanus (DT pediatric)	(Generic)	Sanofi	PMC	28	90702	Y
DTaP	Daptacel	Sanofi	PMC	106	None	Y
	Infanrix	GlaxoSmithKline	SKB	20	90700	Y
	Tripedia	Sanofi	PMC	20	90700	Y
DTaP/Hib	TriHIBit	Sanofi	PMC	50	90721	N
DTaP-HepB-IPV	Pediarix	GlaxoSmithKline	SKB	110	90723	Y
DTaP-IPV	Kinrix	GlaxoSmithKline	SKB	130	90696	Y
DTaP-IPV/Hib	Pentacel	Sanofi	PMC	120	90698	Y
Haemophilus influenzae type b (Hib)	ActHIB/ Hiberix	Sanofi	PMC	48	90648	Y
	PedvaxHIB (3 dose, PRP-OMP)	Merck	MSD	49	90647	Y
Haemophilus influenzae type b-Hepatitis B (Hib-HepB)	Comvax	Merck	MSD	51	90748	N
HBIG: Hep B globulin	HBIG	NABI	NAB	30	90371	N
Hepatitis A adult (HepA)	Havrix	GlaxoSmithKline	SKB	52	90632	N
	Vaqta	Merck	MSD	52	90632	N
Hepatitis A pediatric (HepA)	Havrix	GlaxoSmithKline	SKB	83	90633	Y
	Vaqta	Merck	MSD	83	90633	Y
Hepatitis A-Hepatitis B (HepA-HepB)	Twinrix	GlaxoSmithKline	SKB	104	90636	N
Hepatitis B adult (HepB)	Engerix-B	GlaxoSmithKline	SKB	43	90746 or 90743	N
	Recombivax HB	Merck	MSD	43	90746 or 90743	N
Hepatitis B pediatric (HepB)	Engerix-B	GlaxoSmithKline	SKB	08	90744	Y
	Recombivax HB	Merck	MSD	08	90744	Y
Human Papillomavirus Quadrivalent (HPV4)	Gardasil	Merck	MSD	62	90649	Y
HPV, bivalent (HPV2)	Cervarix	GlaxoSmithKline	SKB	118	90650	Y

Table continues on next page

U.S. Licensed Vaccine (CVX) Codes with Manufacturers (MVX) and CPT-4 Codes in MCIR April 2012

Vaccine	Trade Name	Manufacturer	Manuf Code	Vaccine (CVX) Code	CPT-4 Code	MI-VFC
Immune Globulin – IM	Gamastan	Talecris	TAL	86	90281	N
Influenza intranasal (LAIV)	FluMist	Medimmune	MED	111	90660	Y
Influenza shot (TIV) Inject	Afluria	CSL	CSL	141	90657, or 90658	N
	FluLaval	GlaxoSmithKline	SKB	141	90657, or 90658	N
	Fluvirin	Novartis	NOV	141	90657, or 90658	Y
	Fluzone	Sanofi	PMC	141	90657, or 90658	Y
Influenza shot (TIV) Inject Preservative Free	Afluria	CSL	CSL	140	90654 or 90655 or 90656	N
	Fluarix	GlaxoSmithKline	SKB	140	90654 or 90655 or 90656	N
	Agriflu	Novartis	NOV	140	90654 or 90655 or 90656	N
	Fluzone	Sanofi	PMC	140	90654 or 90655 or 90656	Y
Influenza Intradermal Preservative Free	Fluzone Intradermal	Sanofi	PMC	144	90654	N
Influenza High Dose	Fluzone High-Dose	Sanofi	PMC	135	90662	N
Japanese Encephalitis (JE)	Ixiaro (Intramuscular)	Novartis	NOV	134	90738	N
	JE-Vax (Subcutaneous)	Sanofi	PMC	39	90735	N
Measles	Attenuvax	Merck	MSD	05	90705	Y
Meningococcal Conjugate (MCV4)	Menactra	Sanofi	PMC	114	90734	Y
Meningococcal Polysaccharide (MPSV4)	Menomune	Sanofi	PMC	32	90733	N
Meningococcal Oligosaccharide (MCV4O)	MENVEO	Novartis	NOV	136	90734	Y
MMR	M-M-R II	Merck	MSD	03	90707	Y
MMRV	ProQuad	Merck	MSD	94	90710	N

Table continues on next page

U.S. Licensed Vaccine (CVX) Codes with Manufacturers (MVX) and CPT-4 Codes in MCIR April 2012

Vaccine	Trade Name	Manufacturer	Manuf Code	Vaccine (CVX) Code	CPT-4 Code	MI-VFC
Mumps	Mumpsvac	Merck	MSD	07	90704	N
Pneumococcal Conjugate (PCV7)	Prevnar	Wyeth	WAL	100	90669	Y
Pneumococcal Conjugate, 13 valent (PCV13)	Prevnar	Wyeth	WAL	133	90670	Y
Pneumococcal Polysaccharide (PPSV23)	Pneumovax 23	Merck	MSD	33	90732	Y
Polio (IPV)	Ipol	Sanofi	PMC	10	90713	Y
Rabies	Imovax Rabies	Sanofi	PMC	18	90675	N
	RabAvert (Intramuscular injection)	Novartis	NOV	18	90675	N
Rotavirus Monovalent (2-dose, Rotarix, RV1)	Rotarix	GlaxoSmithKline	SKB	119	90681	Y
Rotavirus Pentavalent (3-dose, Rotateq, RV5)	RotaTeq	Merck	MSD	116	90680	Y
RSV-MAB(Synagis)	Synagis	MedImmune	MED	93	90378	N
Rubella	Meruvax	Merck	MSD	06	90706	N
Smallpox (Vaccinia)	ACAM2000	Acambis	ACA	75	None	N
Tdap	Adacel	Sanofi	PMC	115	90715	Y
	Boostrix	GlaxoSmithKline	SKB	115	90715	Y
Tetanus Toxoid (TT)	(Generic)	Sanofi	PMC	35	90703	N
Tetanus-diphtheria adult (Td)	(Generic)	Massachusetts Biological Labs	MBL	09	90718	N
	Decavac (Preservative Free)	Sanofi	PMC	113	90714	Y
Typhoid	Typhoid ViCPS polysaccharide vaccine	Sanofi	PMC	101	90691	N
	Parenteral-AKD (Military)	Berna	BPC	53	90693	N
	Vivotif Berna (oral)	Berna	BPC	25	90690	N
Varicella (VAR)	Varivax	Merck	MSD	21	90716	Y
Yellow Fever (YF)	YF-Vax	Sanofi	PMC	37	90717	N
Zoster (Herpes Zoster, Shingles, ZOS)	Zostavax	Merck	MSD	121	90736	N

Appendix E:

All Vaccine (CVX) and CPT-4 Codes in MCIR

Tips:

- Consider your organization's current vaccine inventory and procedures when mapping vaccines. MPHI will test your data (*see Appendix F*) to be certain that appropriate types of current, routine vaccines are represented in your test file. The following vaccine types are considered current and routine for:
 - Adults: Td, Tdap, MMR, Varicella, Influenza split, Influenza live (Flumist), Pneumococcal polysaccharide, Hepatitis A adult, Hepatitis B adult, Meningococcal conjugate, Meningococcal polysaccharide.
 - Children & Adolescents: Hepatitis B pediatric/adolescent, DTaP, DTaP-HepB-IPV, DT pediatric, DTaP-Hib, DTaP-IPV, Td, Tdap, Hib (both the 3 and 4-dose varieties of Hib), Hib-HepB, IPV, MMR, MMRV, Varicella, Meningococcal conjugate, Pneumococcal conjugate, Influenza split, Influenza live, Hepatitis A pediatric, Rotavirus pentavalent, HPV4.

All Vaccine (CVX) and CPT-4 codes in MCIR

MCIR codes are a reflection of those maintained at the CDC National Immunization Program website:

<http://www2a.cdc.gov/nip/IIS/IISStandards/vaccines.asp?rpt=cvx>

It is very important to select specific codes for currently administered vaccines.

- **Please use Vaccine (CVX) codes in your transfer file, if at all possible, to prevent conflicts.**

Example: some vaccines do not have a specific CPT4 code. For example, CPT4 90734 can be either Meningococcal Oligosaccharide (MCV4 Menveo, which is CVX code 136) or Meningococcal Conjugate (MCV4 Menactra, which is CVX code 114)

- **Do not use Unspecified or Historical vaccine codes for current data.**

Bold* = new codes; *Italics*= Unspecified and/or Historical

Name	Vaccine (CVX) Code	CPT-4 code
Anthrax	24	90581
BCG: Bacillus of Calmette & Guerin	19	90728 or 90585 or
Botulinum Antitoxin	27	90287
Cholera	26	90725
CMVIG (IV): Cytomegalovirus globulin	29	90291
Diphtheria antitoxin	12	90296
DT (pediatric)	28	90702
DTaP (pediatric)	20	90700
DTaP (Daptacel)	106	No CPT-4 code assigned
DTaP-Hep B-IPV (Pediarix)	110	90723
DTaP-Hib (Trihibit)	50	90721
DTaP-Hib-IPV (Pentacel)	120	90698
DTaP-IPV (Kinrix)	130	90696
HBIG: Hep B globulin	30	90371
Hep A (adult)	52	90632
Hep A-Hep B (Twinrix)	104	90636
Hep B (adult)	43	90746 or 90743
Hep B (dialysis)	44	90747 or 90740
Hep B (pediatric or adolescent)	08	90744
HepA (ped/adol)	83	90633
Hib (PRP-T) (ActHib/Hiberix)	48	90648
Hib-HepB (Comvax)	51	90748
Hib (PedvaxHib) (3-dose, PRP-OMP)	49	90647
HPV, bivalent (HPV2) (Cervarix)	118	90650
HPV, quadrivalent (HPV4) (Gardasil)	62	90649
Immune Globulin - IM	86	90281
Immune Globulin - IV	87	90283
Influenza LAIV (FluMist)	111	90660
Influenza Shot TIV (Inject P-Free)	140	90654, 90655, 90656
Influenza Shot TIV (Inject)	141	90657, 90658
Influenza High Dose (Fluzone)	135	90662
Influenza Intradermal (Inject P-Free)	144	90654
IPV (Polio)	10	90713
Japanese Encephalitis intramuscular (IM)	134	90738
Japanese Encephalitis subcutaneous (SC)	39	90735

Name	Vaccine (CVX) Code	CPT-4 code
Lyme Vaccine	66	90665
M/R: Measles-Rubella	04	90708
Measles	05	90705
Meningococcal Conjugate (MCV4) (Menactra)	114	90734
Meningococcal Oligosaccharide (MCV4) (Menveo)	136	90734
Meningococcal Polysaccharide (MPSV4) (Menomune)	32	90733
MMR	03	90707
MMRV (ProQuad)	94	90710
Mumps	07	90704
Pertussis	11	No CPT-4 code assigned
Plague	23	90727
Pneumococcal Conjugate (PCV7)(Pevnar)	100	90669
Pneumococcal Conjugate (PCV13) (Pevnar13)	133	90670
Pneumococcal Polysaccharide (PPSV23)(Pneumovax)	33	90732
Rabies (ID) (intra dermal injection)	40	90676
Rabies (IM) (intramuscular injection)	18	90675
RIG: Rabies globulin	34	90375 or 90376
Rotavirus Monovalent (2-dose, Rotarix, RV1)	119	90681
Rotavirus Pentavalent (3-dose, Rotateq, RV5)	116	90680
RSV-MAB(Synagis)	93	90378
Rubella	06	90706
Rubella-Mumps	38	90709
Smallpox (Vaccinia)	75	No CPT-4 code assigned
Td (adol/adult)	09	90718
Td PF (adol/adult): Preservative Free	113	90714
Tdap (adol/adult)	115	90715
Tetanus Toxoid	35	90703
TIG: Tetanus globulin	13	90389
Tuberculin (PPD intradermal)	96	No CPT-4 code assigned
Typhoid (oral)	25	90690
Typhoid (parenteral)-AKD	53	90693
Typhoid ViCPS polysaccharide vaccine	101	90691
Vaccinia Immune Globulin	79	90393
Varicella (Varivax)	21	90716
VZIG (IND)	117	No CPT-4 code assigned
VZIG: Varicella zoster globulin	36	90396
Yellow Fever	37	90717
Zoster (Zostavax)(shingles) vaccine, live	121	90736
<i>DTP (historical)</i>	<i>01</i>	<i>90701</i>
<i>DTP-Hib (historical)</i>	<i>22</i>	<i>90720</i>
<i>Hep A adult (historical)</i>	<i>85</i>	<i>90730</i>
<i>Hep A pediatric (unspecified, historical)</i>	<i>31</i>	<i>No CPT-4 code assigned</i>

Name	Vaccine (CVX) Code	CPT-4 code
<i>Hep B (pediatric/adolescent/high risk, historical)</i>	42	90745
<i>Hep B (unspecified, historical)</i>	45	90731
<i>Hib (unspecified, historical)</i>	17	90737
<i>Hib-HibTITER (HbOC) (historical)</i>	47	90645
<i>Hib-ProHIBIT (PRP-D) (historical)</i>	46	90646
<i>HPV(historical)</i>	137	No CPT-4 code assigned
<i>Influenza (unspecified, historical)</i>	88	90724
<i>ISG/IgG (historical)</i>	14	90741 or 90399
<i>Meningococcal Conjugate (MCV4) Unspecified, Historical*</i>	147	No CPT-4 code assigned
<i>Meningococcal, NOS (unspecified, historical)</i>	108	No CPT-4 code assigned
<i>Novel influenza-H1N1-09 (unspecified)</i>	128	90663
<i>Novel influenza-H1N1-09 injection</i>	127	90663
<i>Novel influenza-H1N1-09, nasal</i>	125	90663
<i>Novel influenza-H1N1-09, preservative-free injection</i>	126	90663
<i>OPV (polio historical)</i>	02	90712
<i>Polio (unspecified, historical)</i>	89	No CPT-4 code assigned
<i>Rabies (unspecified, historical)</i>	90	90726
<i>Rotavirus, Tetravalent (old, historical)</i>	74	No CPT-4 code assigned
<i>Rotavirus NOS (unspecified, historical) RV</i>	122	No CPT-4 code assigned
<i>Typhoid (parenteral, historical)</i>	41	90692
<i>Typhoid (unspecified, historical)</i>	91	No CPT-4 code assigned
<i>For MCIR HEDIS query results (not used for MCIR reporting):</i>		
<i>Antiviral: Osteltamivir (Tamiflu)</i>	903	No CPT-4 code assigned
<i>Antiviral: Zanamivir (Relenza)</i>	904	No CPT-4 code assigned
<i>NO LONGER USED in MCIR after March 2011: “Influenza TIV (Historical)”</i>	15	No CPT-4 code assigned

See page 14 for Antiviral mapping codes

Appendix F:

Testing and Approval of MCIR Provider Transfer Files

Testing and Approval of MCIR Provider Transfer Files (EXT Format)

The MCIR Support Project at the MPHI-Interactive Solutions Group tests and approves all MCIR Transfer files before a provider site is activated for the MCIR Transfer upload feature. Following is the process:

Provider site:

- A. Enrolls in MCIR (if it hasn't already) with their regional MCIR office
 - Regional contact information available at http://www.mcir.org/contact_regions.html
 - B. Creates a transfer file of a week's worth of live data from their Electronic Medical Record (EMR), per the format specifications in the document *MCIR Provider Transfer EXT File Format Specifications and References*.
 - C. Securely transmits the file to MPHI. Special precautions must be taken for the transmission of this file in order to comply with HIPAA and MPHI policy regarding the handling of Protected Health Information (PHI). All electronic documentation that contains identifiable health information must be secure during transit. Two methods are available to securely receive the test file:
 1. Encrypted via e-mail (for example, TLS encryption)
 2. Directly uploaded to the secure MCIR Helpdesk Ticket Tracker
 - <https://mphitryggth.com/otrs/customer.pl>
- **Contact Pam Kowalske or Diedra Garlock at MCIRHELP@mphio.org or 1-888-243-6652 option 3 to arrange for secure transmission of the test file.**
- Provider sites must continue hand-entering into MCIR until the file is approved and training is completed by MCIR staff. The timeline to test and approve a file for upload to MCIR Transfer depends on the:
- The number of files already in the MPHI testing queue
 - Priority of the test file
 - Quality of the test file, and
 - Availability of the provider site's staff to address any formatting and data quality issues in the file. If there are many issues, it may take more than one test file before approval.
 - Provider site completion of the *Transfer Site Responsibilities & Contact Information Form* (*see Appendix G*).

Files are tested in order of Priority, and then date received. Testing queue priority is assigned in this order:

1. Provider site is already transferring to MCIR, and is VFC
2. Provider site is already transferring to MCIR, and has identified data issues
3. Provider site is currently hand-entering into MCIR, and has a new EMR
4. Provider site is brand new to MCIR (never entered before)

MPHI:

- A. Reviews the file visually for obvious formatting issues.
- B. Uploads the file to the MCIR test database to check for:
 - a. Proper formatting
 - b. User Errors
 - c. System Errors
- C. Reviews the file for data quality, including:
 - Populating required fields with valid (not bogus) data. If the provider site is using the Vaccine Inventory Module (VIM), then manufacturer code, lot number, dose amount, and vaccine eligibility code must be included.
 - Checks the provider's inventory in MCIR production against the file to ensure that lot numbers are being entered accurately, and that VIM Transactions would occur when the site begins using MCIR Transfer.
 - Distribution of vaccine codes: ensuring that all appropriate, routinely administered immunizations are included.
 - Historical data: if this is not included in the file, then the provider will need to manually enter this information so that patient immunization history and assessment are accurate.

Once the file is approved, and the *Transfer Site Responsibilities & Contact Information Form* is completed, training will be arranged with MCIR staff and the MCIR **Import/Export** menu will be activated for the site.

Transfer files should be generated; uploaded to, and any resulting User/System errors corrected in MCIR **at least three times per week** in order to meet the 72-hour reporting rule.

Daily transfer file upload/correction is preferred.

Appendix G:

Transfer Site Responsibilities & Contact Information Form

Michigan Care Improvement Registry (MCIR)
Provider Transfer Site Responsibilities & Contact Information Form

❖ Share copies of this completed form with MPH, the appropriate Regional MCIR Office, and the Site

Site name:

MCIR Provider Site ID:

Electronic Medical Record name:

Date:

Provider Transfer Site Responsibilities include:

- **Entering immunization data correctly AND timely into its Electronic Medical Record (EMR)**
 - **A Vaccines For Children (VFC) site must enter MCIR Vaccine Inventory Module (VIM) required fields (Manufacturer, Lot number, Dose amount, Vaccine eligibility) into its EMR**
- **Uploading transfer files regularly to MCIR**
- **Reviewing and correcting any transfer errors regularly**

1. This site plans to upload MCIR transfer files:

- Daily (which days?):
- Three times per week (which days?):
- Other frequency (must be approved by the Regional MCIR Office):

2. Who at this site is responsible for generating the transfer file from the EMR and uploading it to MCIR?

➤ Primary Name:

➤ Backup Name:

Position:

Position:

Phone:

Phone:

Email:

Email:

3. Who at this site is responsible for regularly reviewing the Import/Export→Retrieve Results to correct transfer Edits (“User-correctable errors”) and resubmit them online, and reviewing the Transfer Summary Report to check for and fix appropriate System Errors?

➤ Primary Name:

➤ Backup Name:

Position:

Position:

Phone:

Phone:

Email:

Email:

4. If newly licensed vaccines are used at this site, who is responsible for adding new vaccine codes into the EMR, and also into the MCIR transfer file?

- Name:

- Position:

- Phone:

- Email:

5. Is this a Parent/Child transfer site? YES NO

If yes, someone *who is not housed at this site* is in charge of uploading this site’s transfer file to MCIR. This “Child” transfer site will communicate with the following persons at the “Parent” site (Health System) with questions regarding its immunization data uploads to MCIR:

➤ Primary Name:

➤ Backup Name:

Position:

Position:

Phone:

Phone:

Email:

Email:

6. Is this a VFC site? YES NO

If yes, it is especially critical that this site's immunization data, including Manufacturer, Lot number, Dose amount, and Vaccine Eligibility, is uploaded on a timely basis for accurate inventory accounting and balancing in the MCIR VIM.

➤ VFC PIN number:

➤ Person responsible for reviewing the VIM Transactions Report & reconciling mismatched lot numbers ("Unsuccessful VIM Transactions") in the EMR and MCIR:

- Name:

- Position:

- Phone:

- Email:

Appendix H:

How to Upload an Approved Provider Transfer File

How to Upload an Approved Provider Transfer (EXT) File

Access

To use this function, a provider site must create a fixed format text file from their Electronic Medical Record (EMR) system and have it approved by MPH. The MCIR Provider Transfer File Format Specifications, as well as secure testing procedures can be found at the Transfer References section at the MCIR.org at:

<http://www.mcir.org/ProviderTransferInfo.html>.

Once a file format is approved, your Regional MCIR Office will be notified to activate the Transfer function for your provider site. Once activated, the Import/Export menu will become available on the MCIR Home page. Providers must continue hand-entering into MCIR web until their training date.

Submitting a Transfer File

- Under Import/Export, click on Submit Transfer File. You will be taken to the Upload Data screen.
- Make a note of the Target Date. Your file will be transferred into MCIR by this date.
- Change the job Description to something meaningful, e.g. the file name or immunization date range in the file “Transfer_15Dec2006”.
- Browse to select the Transfer file for upload.
- Click the Submit button.
- A File Upload window will indicate “Upload in progress. Please wait...”
- When the upload is complete you will be returned to the MCIR Home page.

Retrieving Results/Error Correction

- The following day, click on Retrieve Transfer Results (under Import/Export menu).
- Underneath your job Description it will list the Job Status:
 - *Transfer run is waiting to be processed.*
 - *Error occurred and job has been aborted.*
 - *Transfer job has completed with no errors.*
 - *Transfer run has completed. Errors should be corrected.* Click on Edit to correct errors.
 - Transfer Error Roster screen(s) lists the error types for each person’s record.
 - Click on a person’s name to correct the errors indicated.
 - Incorrect data is highlighted in red. Use the New Data column to correct data. Click on the Next button as you move through the error correction screens [Transfer Child Errors, Transfer Shot Errors, and Transfer Responsible Party Errors]. Click Submit when finished correcting a person’s record.
 - Once finished with error correction, click the Process Errors button. Your corrected errors will be resubmitted to the MCIR.
- Retrieve the Summary Report to check for any System Errors (duplicate Patient IDs/Mismatched birthdates, Deceased/Opted-out Persons, Invalid/Inactive Provider Site ID, etc.). Such errors will need to be either:
 1. Corrected in your own Electronic Medical Record and then the immunizations for these patients re-uploaded to MCIR, or
 2. The immunizations for these patients will need to be added manually into MCIR.

Appendix I:

Special Considerations for Provider Transfer sites using the VIM/ VIM Transactions Report

Special Considerations for Provider Transfer sites using the VIM & VIM Transactions Report

- ❖ Establish an office procedure to ensure new lot numbers are entered into MCIR as soon as possible, and before your transfer file containing the new lots is uploaded. Always add the lot number the exact same way as it is printed on the vaccine box (not vial/syringe).
- ❖ **Transfer files process every day after 5:00 p.m.** Plan to complete balancing activities the day after the transfer file (containing data from the refrigerator count date) is uploaded. For example:
 - Do your refrigerator count at the end of the day (for example, Monday 8/17/2009). This is your refrigerator count date.
 - On (Tuesday 8/18/2009), you upload the transfer file that contains all of (Monday's) immunization data. The file will process overnight.
 - On (Wednesday 8/19/2009), go to the MCIR **Import/Export** menu→**Retrieve Results** link to fix any:
 - ✓ User-correctable Errors (if there are any, the Edit link will be available)
 - ✓ System Errors (listed in the System Errors section of the *Transfer Summary Report*)
 - ✓ Unsuccessful VIM Transactions (listed in the Unsuccessful VIM Transactions section of the *VIM Transactions Report*)...and complete your balance.
- ❖ Decide how you will handle editing immunization data within your EMR and MCIR. If you correct an immunization date/type/lot number/eligibility in your EMR (and the incorrect immunization information already transferred into MCIR), you will need to log into MCIR to manually correct the information (unless your MCIR Transfer File has an approved "Add/Delete/Add" process).
 - To correct VIM doses in MCIR, go to the patient's Immunization History screen. Delete the incorrect immunization. Click the Add Imm link to add the correct immunization back in then as an Administered dose from inventory.
 - "Parent/Child" Transfer Sites (one upload on behalf of multiple provider site locations, e.g. health systems) using the VIM must make sure to make any corrections in MCIR under the correct "Child" site.

VIM Transactions Report

This report is for provider sites that:

- Upload immunization data to MCIR from an approved Electronic Medical Record (EMR), and
- Are also using the MCIR Vaccine Inventory Module (VIM).

All Provider Transfer Sites must check (at the **Import/Export** → **Retrieve Results** link) the day after their upload for any Edits or System Errors that occurred with their transfer file.

- Edits may be corrected and resubmitted online
- System errors appear in their Transfer Summary Report and must be fixed manually in the MCIR

A new report will appear for Provider Transfer Sites: the *VIM Transactions Report*.

- This report lists any immunizations from the transfer file that did not deduct from inventory in MCIR. See below for an example.

Import/Export Requests Print Help
Home Exit

Person Rem/Rec Sch/CC **VIM** Imp/Exp My Site Admin Reports Other

Submit File Retrieve Results

Note: Please press the Refresh button to update the status. Refresh

Description	User	Date	
TFR_20090331_Tuesday	LastnameF2009	03/31/2009	Delete
Status: Transfer run has completed.			Summary Report: VIM Trans Report

05/08/2009

Transferred Vim Transactions

Page 1

Your provider site name

Failed/Unprocessed transactions

Admin Date	Product - Lot	Eligibility	Inv.
05/23/2006	Td (adult), Free (sanofi) - U1596CA Status: No lot in inventory.	MI VRP	UNK
04/14/1998	Hep B (adult) (Glaxo) - 2152A1 Status: No lot in inventory.	Private Pay/Insurance	UNK
03/21/2001	PPV23 (Wyeth (WAL)) - 465-898 Status: No lot in inventory.	Private Pay/Insurance	UNK
04/14/1998	Td (adult), Teta-Diph (Connaught) - 7C91556 Status: No lot in inventory.	Private Pay/Insurance	UNK

Lastname, Firstname - Birthdate - MCIR ID

- All of these errors must be fixed by Provider Transfer Sites so that their complete immunization data is loaded into MCIR.
- *Transfer Summary Reports* and *VIM Transactions Reports* are only available at the **Import/Export** → **Retrieve Results** link for 10 days following the transfer file upload. It is strongly advised to save the reports to a secure location for future reference (for example, when it comes time for inventory balancing).