

Missouri's Immunization Registry Memorandum of Agreement

The Missouri Department of Health and Senior Services (DHSS) and

(Organization Name)

, hereafter referred to as "Organization", enter into this Memorandum of Agreement to set out each party's roles and responsibilities related to the use of DHSS' web-based immunization registry for manual data entry or electronic Health Level Seven (HL7) data submission and retrieval. HL7 is a messaging protocol specifically developed to exchange health/medical/patient information between information systems.

1. DHSS agrees to:

- A. provide an electronic means for Organization to access the immunization registry. DHSS technical staff will consult with Organization's technical staff to determine the most appropriate means and will assist Organization when appropriate; and maintain Missouri's immunization registry;
- B. provide technical assistance through the immunization registry help desk, which can be contacted via a toll-free number, 877.813.0933, from 8:00 AM to 4:30 PM, Monday through Friday (excluding state and federal government holidays);
- C. notify Organization of system impact information through email, fax or registry announcements;
- D. provide appropriate level of access to the registry to the Organization's staff based on completed security access forms and required user training;
- E. accept individual immunization record updates via HL7 in either real-time or batch mode;
- F. accept real-time HL7 electronic queries from the Organization to retrieve individual/patient immunization records if and when the Organization elects to implement real-time interfaces with the registry;
- G. transmit electronically through HL7 individual/patient immunization records to Organization based on real-time query parameters if and when the Organization elects to implement real-time interfaces with the registry; and
- H. confirm the interoperability of Organization's system with the registry for submission of immunization data and for real-time interfaces after HL7 message validation testing (if Organization elects to make electronic queries)

2. Organization agrees to:

- A. meet the registry's web-application requirements, including the use of compatible browser and high speed internet connection;
- B. ensure staff complete the required trainings for their level of access to the registry's web-application;
- C. instruct staff as to State, Federal, and Organizational confidentiality and security requirements;

- D. designate a contact person to submit completed “Automated Security Access Profile (ASAP)” request to add, remove, or modify access levels for each staff member;
- E. submit a staff listing of users verifying which of its employees are still employed and still require access to the DHSS registry’s web-based application no later than January 15th and July 15th every year to showmevaxsupport@health.mo.gov;
- F. notify the registry help desk at 877.813.0933 or showmevaxsupport@health.mo.gov immediately or within one hour of realization or notification of a breach or suspected breach of security related to the registry;
- G. ensure that data contained in registry will only be used to determine the client status related to need for health care services;
- H. search or query client data for immunization histories to determine the need for vaccine administration;
- I. ensure data shall not be used for marketing without the written consent of the client/parent/guardian. Organization may use client data in aggregate form for health surveillance, assessment, and determining quality indicators;
- J. transmit individual HL7 electronic immunization records to the registry in either real-time or batch mode with a frequency of no less than once per week (if and when the organization elects to establish electronic HL7 messaging);
- K. input immunization records into the registry manually via web application;
- L. share data in accordance with applicable state statutes addressing disclosure of records located at <https://health.mo.gov/living/wellness/immunizations/laws.php> (167.183);
- M. resolve data discrepancies;
- N. satisfy DHSS data quality standards established for immunization records when submitting HL7 electronic immunization data as outlined in the Immunization Implementation Guide found at <http://health.mo.gov/atoz/mophie/>. To help ensure data quality and interoperability with the registry, the Organization will engage in a certification process with DHSS that includes, at a minimum, all of the following:
 - a. the provision of copies of all existing immunization records to DHSS (in batch form and non-HL7 format) prior to conducting HL7 transmissions;
 - b. the correction of data quality issues reported by DHSS;
 - c. modifications to internal practices and software configuration that resolve the data quality issues reported prior to transmitting electronic records in HL7 format;
 - d. the validation of immunization record transmission between the two parties;
 - e. the continuation of efforts to maintain data quality following initial onboarding; and
 - f. the notification of DHSS in the event the Organization implements software changes (i.e., software modifications, upgrades, or new applications) that impact the data transmitted to the registry. After software changes the Organization must revalidate data quality and connection.

3. **Both parties agree that:**

- A. the confidentiality of all data is maintained as required by applicable state and federal laws and each party will be liable for any and all breaches of confidentiality within their own organization;
- B. either party may terminate this agreement with 30 days' prior written notice; and
- C. appropriate safeguards must be implemented in order to prevent unauthorized access to the registry.

ORGANIZATION REPRESENTATIVE

(CEO, Director, Superintendent, or Owner)

DHSS Representative

Signature

Signature

Name (Typed or Printed)

Name (Typed or Printed)

Title (CEO, Director, Superintendent, or Owner)

Director of Division of Administration or Designee

Representing (organization name)

Title
Missouri Department of Health and Senior Services

Date

Representing

Main Contact Person

Main Contact Person Email Address

Main Contact Person Phone Number

The parties hereto enter into this Memorandum of Agreement effective the date of the last approval signature.

SITE DEMOGRAPHICS

To ensure accurate information is used to establish the relationship between DHSS and the Organization please complete this form and return it with the MOA to:

Immunization Registry Security Officer
Department of Health and Senior Services
Bureau of Immunizations
930 Wildwood Drive
Jefferson City, MO 65109
Fax: 573.526.0238
Email: showmevaxsupport@health.mo.gov

If there is more than one facility location for the organization, please complete the demographics page for each location. For five or more locations, please contact the immunization registry helpdesk for the site listing template to attach to the completed Memorandum of Agreement.

Date	Type or print name of the organization (without punctuation) & facility name, if applicable, as it should appear in registry application:		
Vaccines For Children Provider ☐ Y ☐ N IF YES, VFC PIN# (Medical Providers Only)			
Childcare Provider Only DVN#		Pharmacy License/Permit #	
Access Type: HL7 Electronic Submission ☐ Manual Access ☐ Both ☐			
Organization Main Facility Physical Location/Street Address			
City		State	Zip
Facility Phone Number (Include Extension):		Facility Fax Number	
Typed or Printed Name of Main Contact at The Site			
E-Mail Address of the Main Contact at The Site			

If a similar name is already in the registry database with the same address, the registry program will contact the representative listed above to verify the correct organization name.