

# Missouri's Immunization Registry: ShowMeVax

IIS Past, Present & Future

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# Overview

- IIS Overview
- IIS Coverage Rates by state
- ShowMeVax Data Sources
- Interoperability (HL7)
- VFC Vaccine Ordering System
- Training Resources
- Reports
- Future Enhancement
- Q & A
- If time allows:
  - ShowMeVax walkthrough

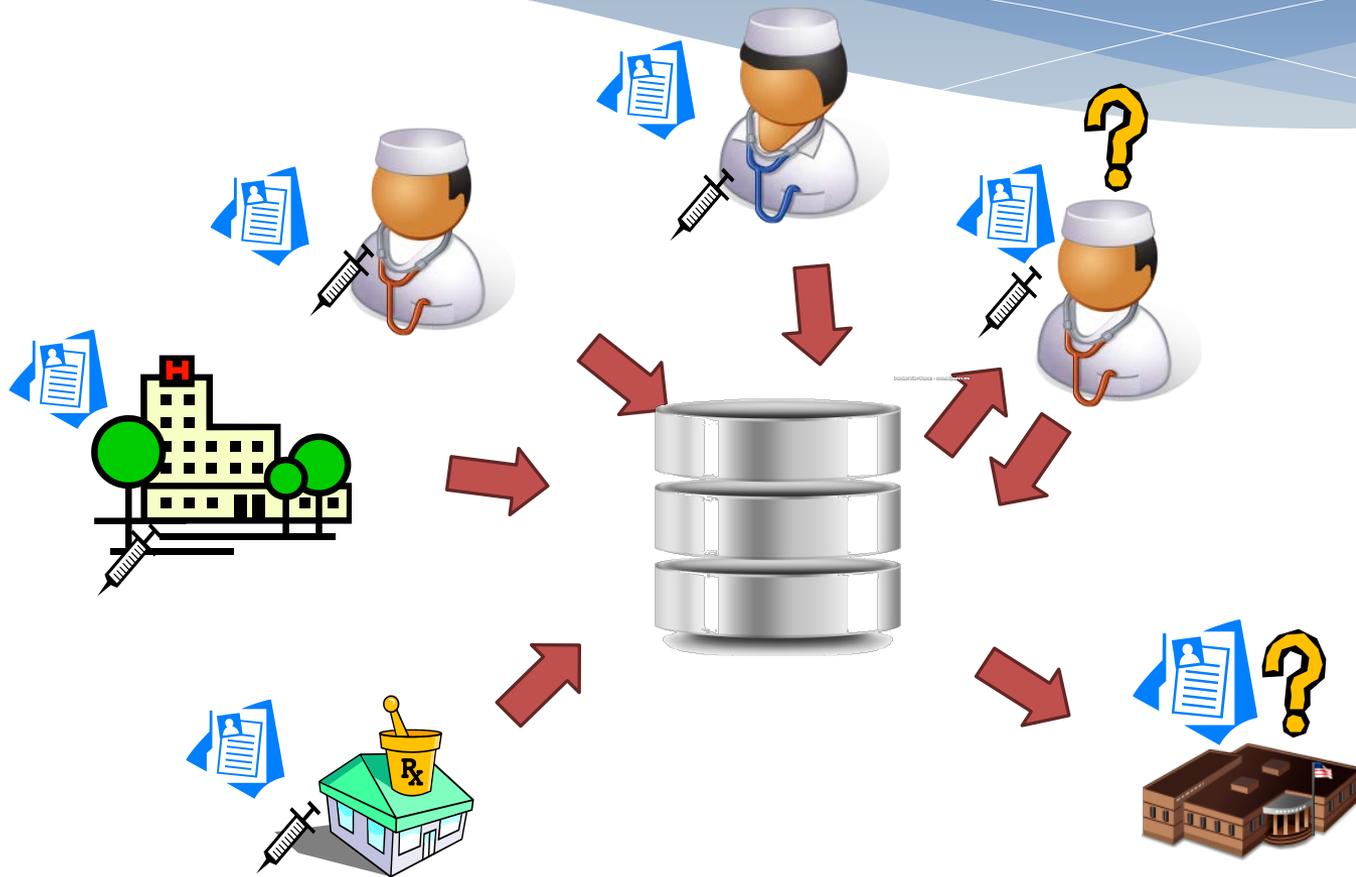
# IIS Overview

- “[... ]confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.”<sup>1</sup>
- Sometimes called “Immunization Registries”
- Missouri’s Statewide IIS is known as “ShowMeVax”
- All US states, territories and even some large cities (e.g. Chicago, NYC, LA, DC) have IIS

# Immunization Bingo

	HEP B	MMR	HEP A	HIB	DTAP
Hospital	X				
Pediatrician A	X	X		X	X
Walgreens				X	X
Pediatrician B		X	X		
Health Department	X	X	X	XX	XX
Free Clinic	X				
Family Doc		X	X		

# Immunization Registries



# What are the benefits to patients?

- Easily tracks immunizations over time and for multiple medical facilities
- Helps ensure patients are properly immunized
  - On schedule
  - Not over immunized
- Makes school immunization verification quick
- Records medical alerts and adverse reactions

# What are the benefits to providers?

- Ensures patients are up-to-date
- Helps complete medical records
- Easier to work with patients who are referred or transferred to new medical home
- Coverage reports for quality care measures or grant applications
- Reminder recall & other reports
- If using EMR/EHR, The Centers for Medicare and Medicaid Services (CMS) Meaningful Use incentive eligibility
- Faster Vaccines for Children (VFC) vaccine order processing and delivery

# Is reporting to an IIS subject to the HIPAA Privacy Rule?

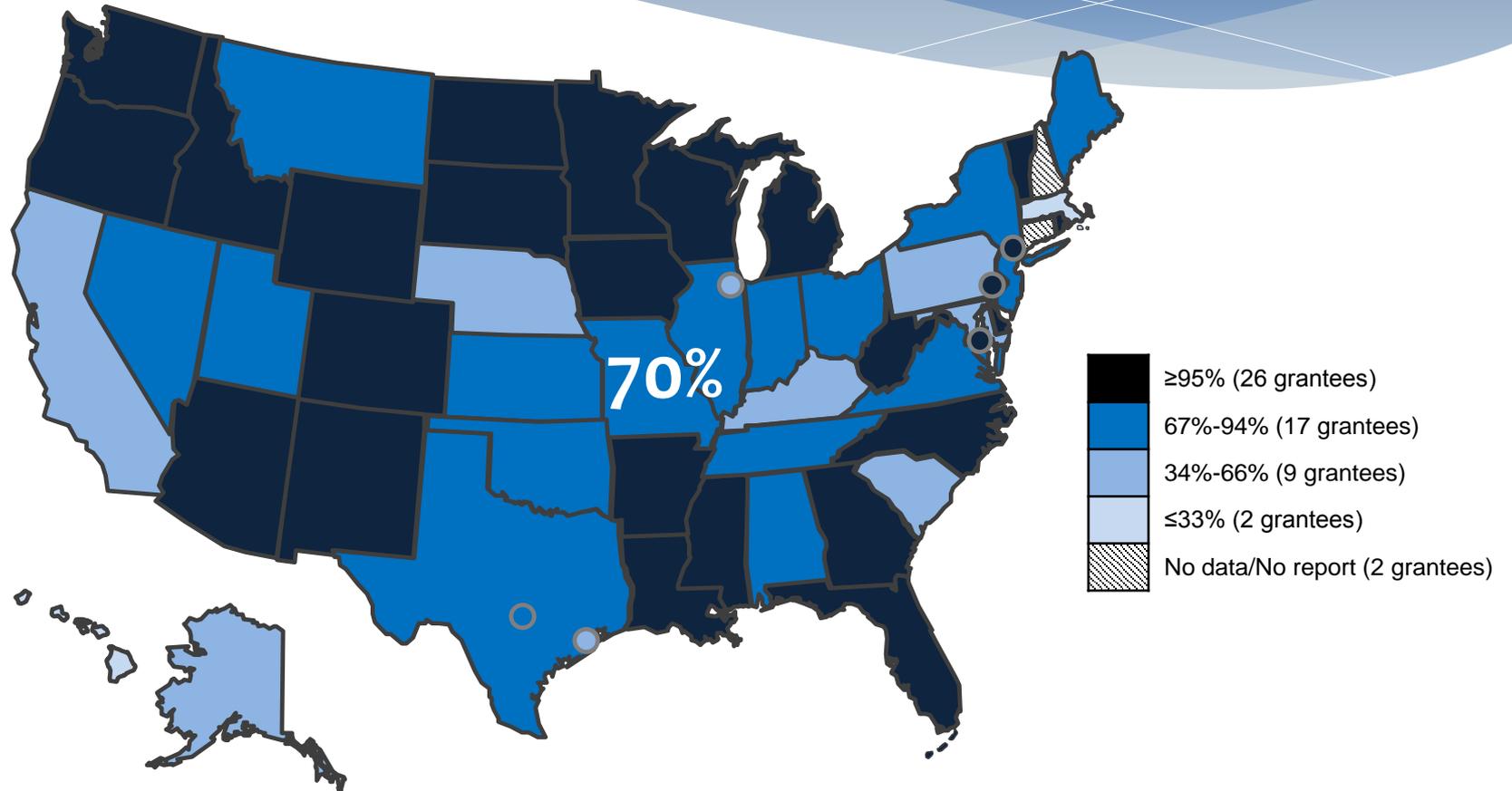
- Per CDC, “No. Reporting of immunizations to an IIS are exempt from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule since it is considered a public health activity.”<sup>2</sup>
- Note that the “new” HIPAA omnibus rule requiring documented parental disclosure does not apply to use of ShowMeVax because it is a public health activity.

# ShowMeVax Fast Facts

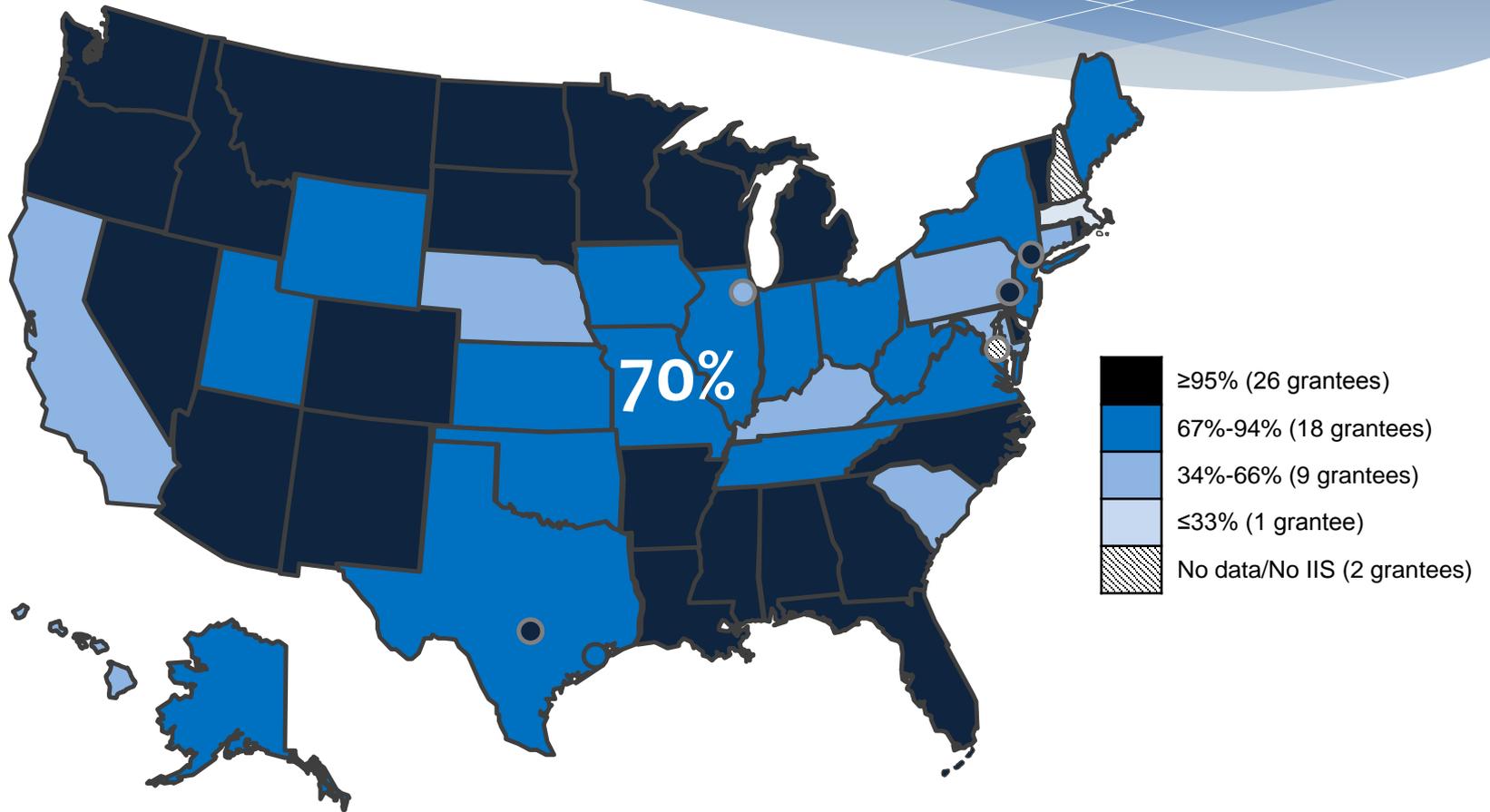
- Total Clients: 4 million
- Total Doses: 36 million
- 720 medical provider locations with 3,500 active users
- 521 schools and child care facilities with over 1,800 active users
- 200+ Connections with EMR/EHRs
  - 10 bi-directional connections

# IIS Coverage Rates

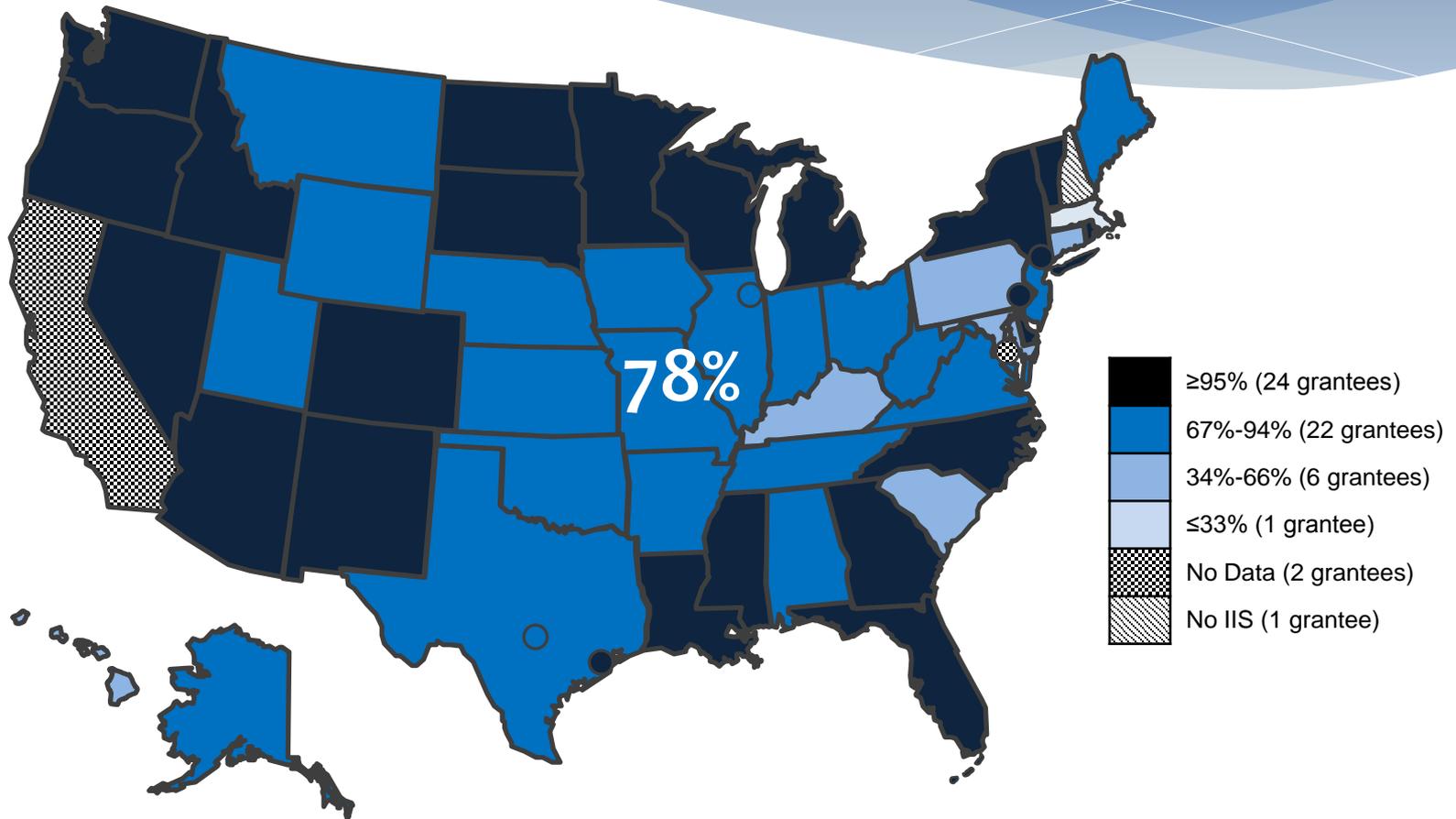
# Children <6 (2+doses) 2011



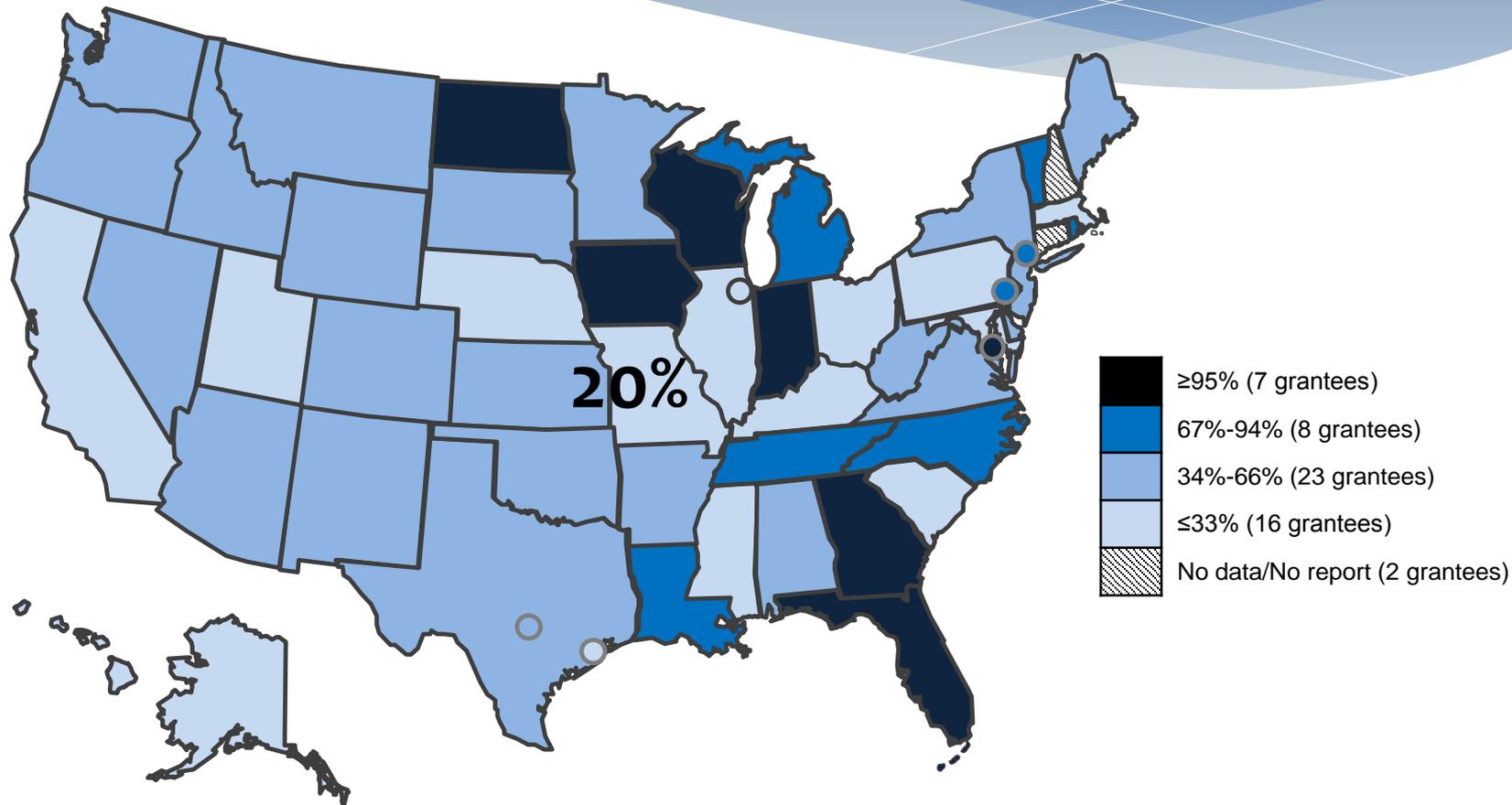
# Children <6 (2+doses) 2012



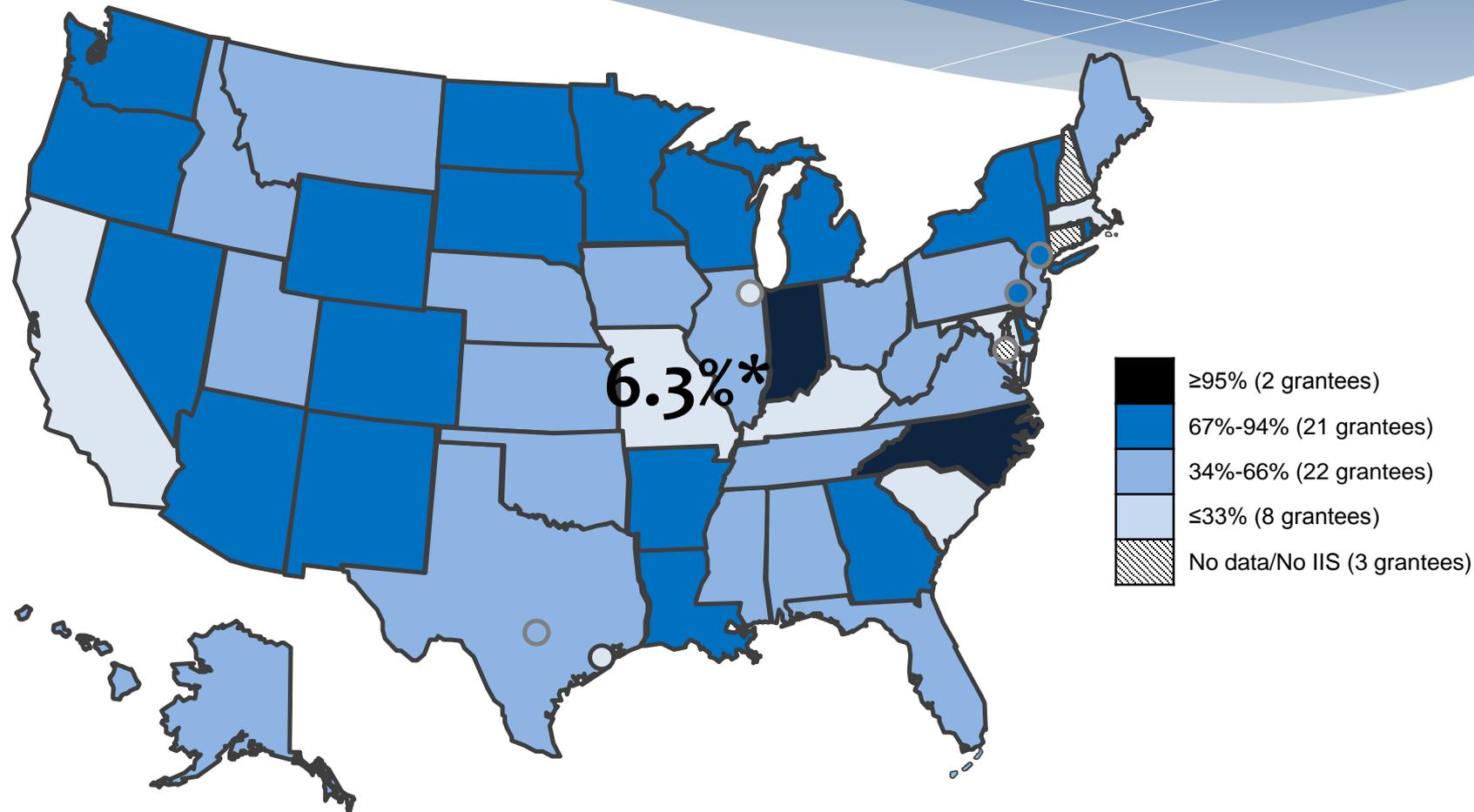
# Children <6 (2+doses) 2013



# Adolescents 11-17 (2+doses) 2011



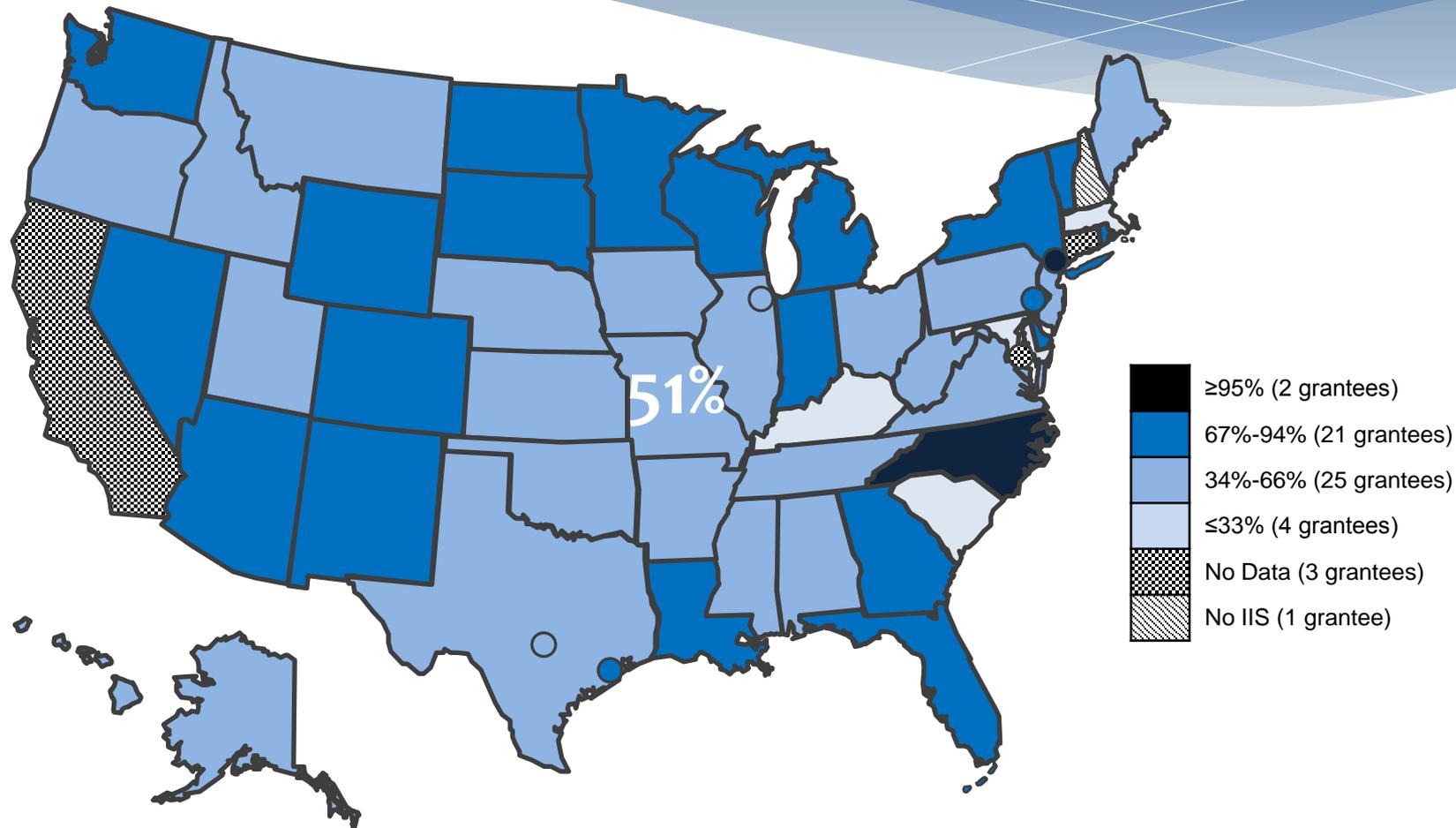
# Adolescents 11-17 (2+doses) 2012



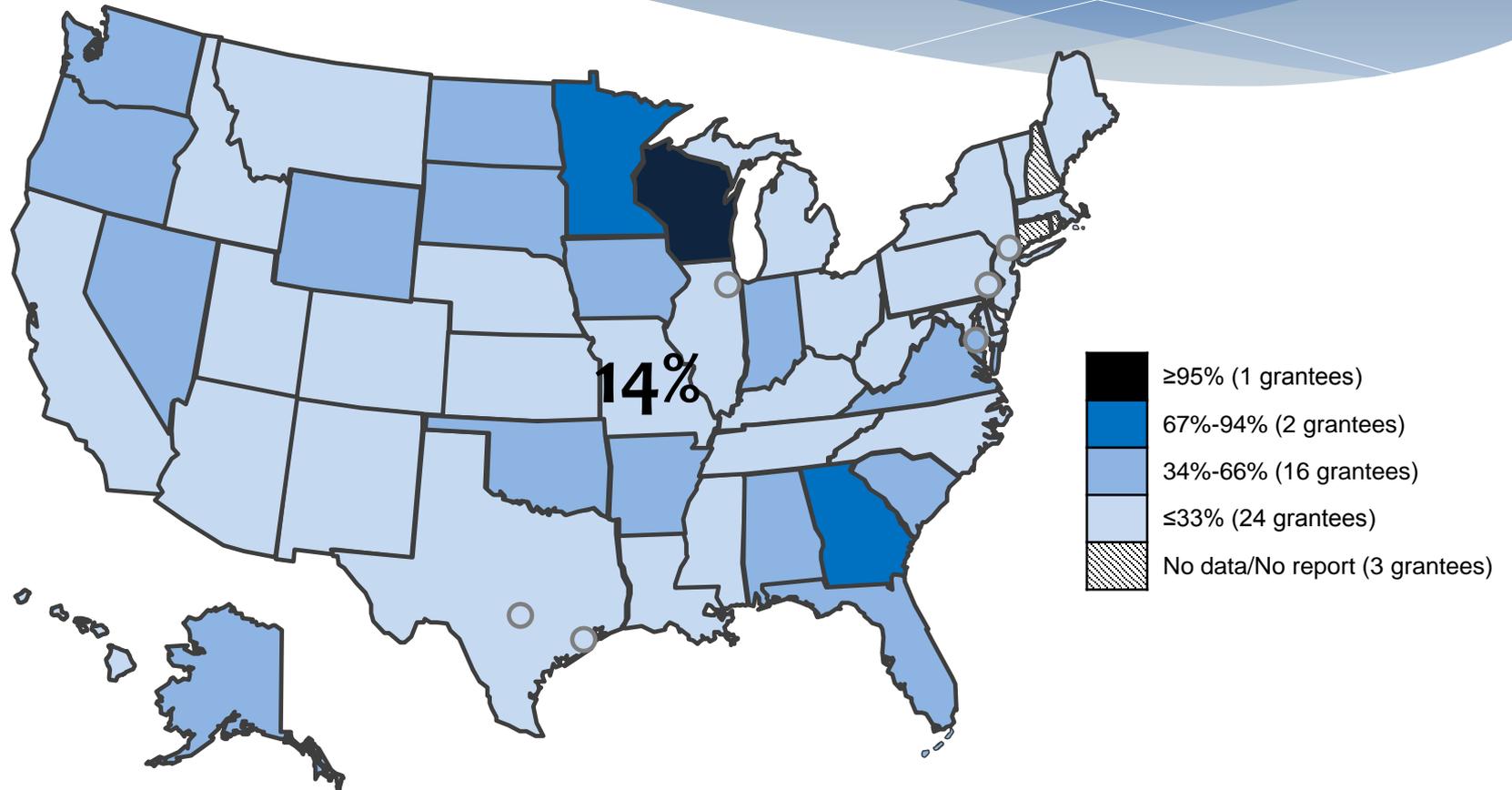
\*- likely data reporting error



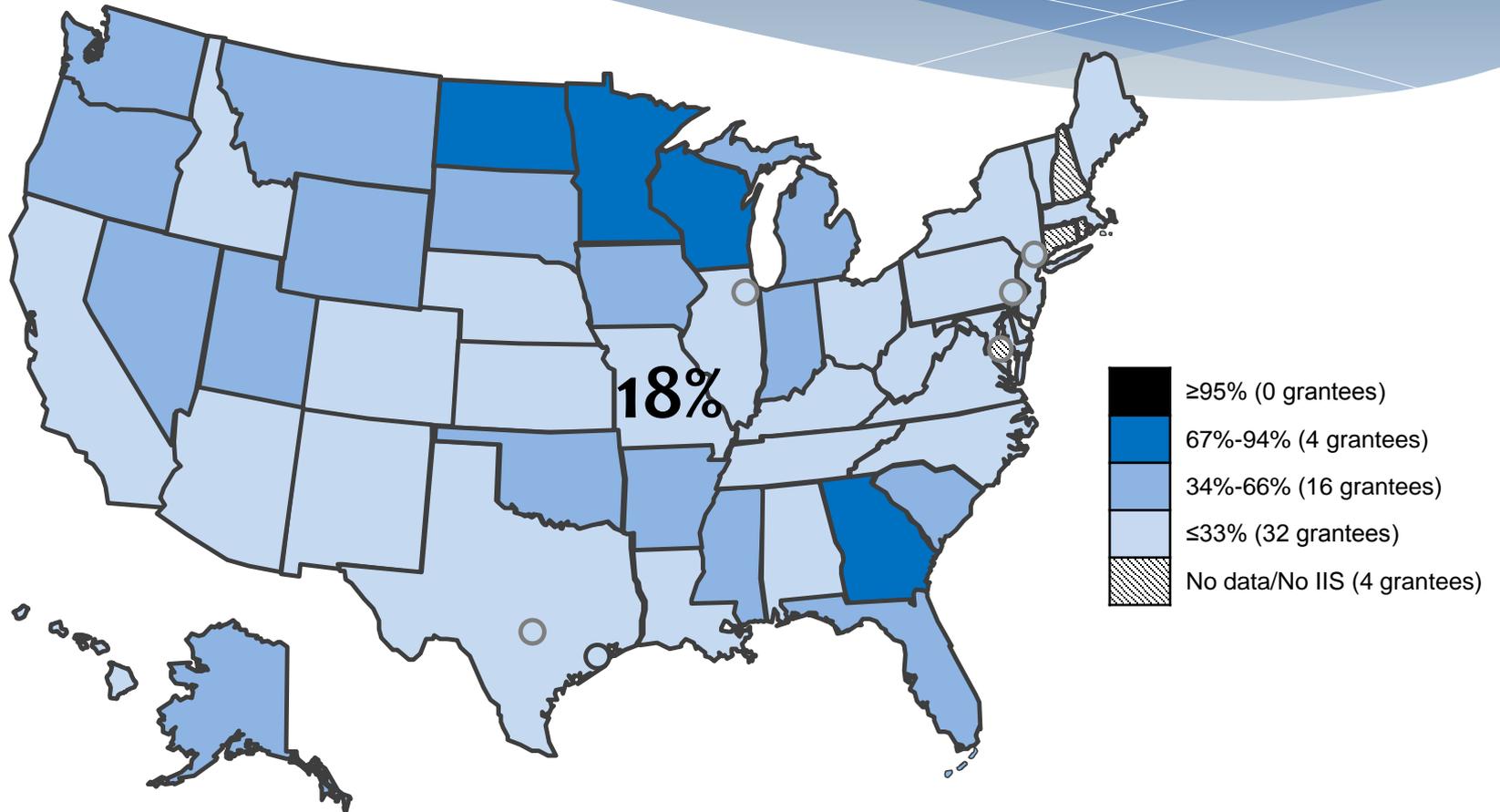
# Adolescents 11-17 (2+doses) 2013



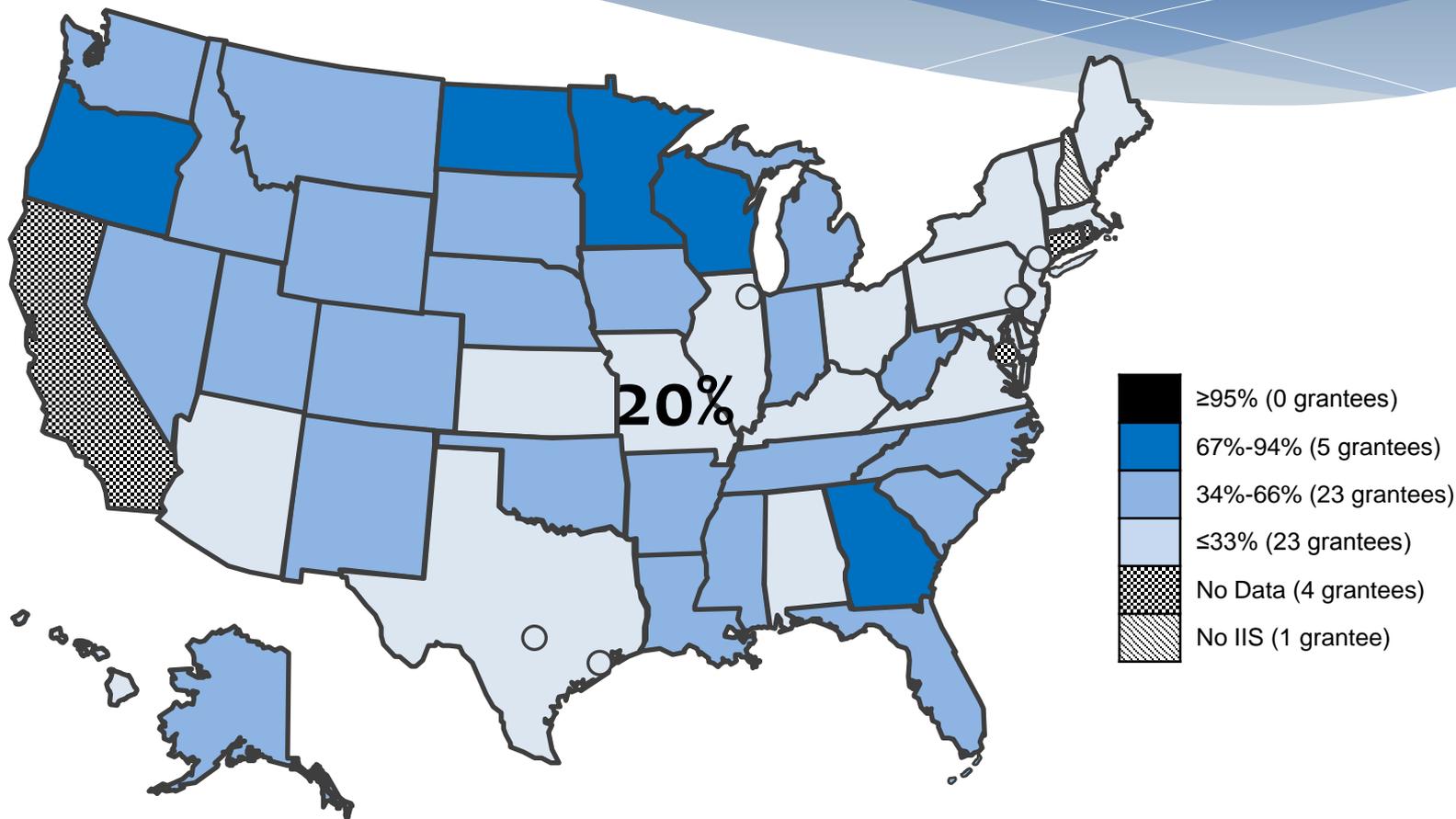
# Adult 19+ (1+ dose) 2011



# Adult 19+ (1+ dose) 2012

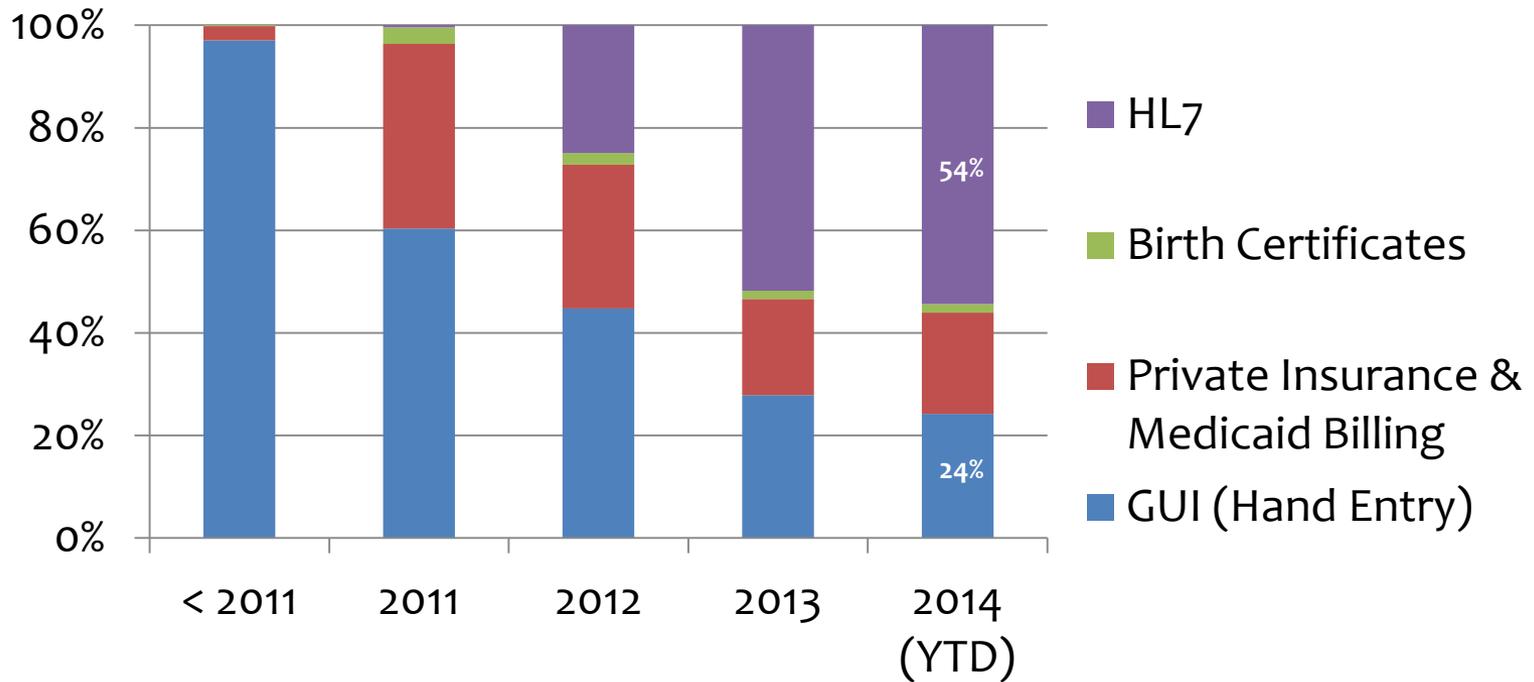


# Adult 19+ (1+ dose) 2013

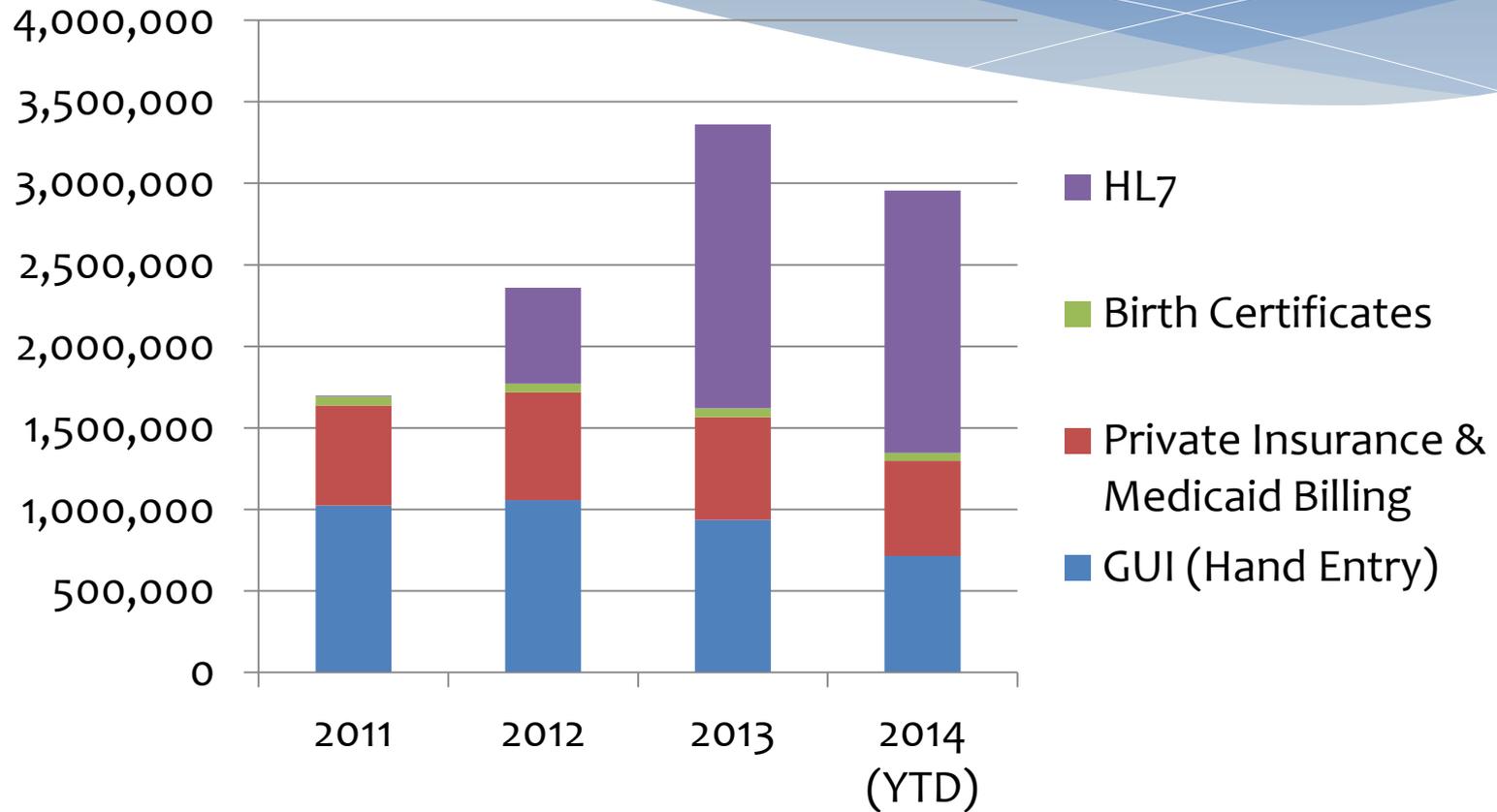


ShowMeVax Data

# Data Sources



# Data Volume



# Interoperability (HL7)

# Interoperability (HL7)

- Missouri began accepting HL7 immunization messages in 2011
- Missouri only uses 2.5.1 for “new” providers
- Connection Types
  - Providers Directly
  - Providers through Health Information Exchanges/Networks (groups of providers)
  - Providers through Hubs
- Visit <http://health.mo.gov/atoz/mophie/> or [health.mo.gov](http://health.mo.gov) and search for “meaningful use”

# How are IISs Related to CMS EMR/EHR Meaningful Use?

- Eligible Professionals
  - For Stage 2 of Meaningful Use (MU) ongoing submission of electronic data for immunizations is in the core set for EP's and reporting for cancer and specialty registries is a menu selection.
- Eligible Hospitals
  - The Stage 2 MU requirement for EHs ongoing submission of electronic data for immunizations, syndromic surveillance and electronic laboratory results.

# HL7 Immunization Message

MSH|^~\&|MYEHR|123456789|SHOWMEVAX|MODHSS|20090531145259||VXU^  
V04^VXU\_V04|3533469|P|2.5.1

PID|1||432155^^^DCS^PI||PATIENT^JOHNNY^NEW^^^L||20090414|M||^^^205  
4-5|123 ANY ST^^SOMEWHERE^MO^65000^^H|||||||||^2135-2

PD1|||||||||N|20090531

NK1|1|PATIENT^SALLY|MTH^MOTHER^HL70063|123 ANY  
ST^^SOMEWHERE^MO^65000^^H

PV1|1|R|||||||||||||V02^20090531

ORC|RE||197023^DCS|||||^CLERK^MYRON|||||DCS^DABIG CLINICAL  
SYSTEM^STATEIIS

# HL7 Immunization Message

RXA|0|1|20090415|20090415|31^HEP B PEDSNOS^CVX|999|||01^HISTORICAL  
RECORD^NIP001

ORC|RE||197027^DCS|||||^CLERK^MYRON||^PEDIATRIC^MARY^^^^^^L^^^^  
^^^^^^MD

OBX|1|CE|64994-7^VACCINE FUND PGM ELIG CAT^LN|1|V04^VFC ELIGIBLE  
NA/AN^HL70064|||||F|||20090531

# Bi-directional Interoperability

- ShowMeVax allows providers to query its database using providers' own EHR
- CMS Meaningful Use Stage 2 requires on-going SUBMISSION of data but does not require query ability
- Few providers (10) have established bi-directional capabilities

# Current Patient Record

Immunization Registry [Immunization] [Main Info]

File Search Financial Adverse Indications Inventory Options Administration Tasks Community Navigate Add-ons Help



Address Name: [Redacted] Pat. #: 311914 Age: 30 White Male DOB: [Redacted] Medicaid #: [Redacted]

Adverse Reaction? Contra? Imm Stat.: Over Age Share with Imm Reg.? Y Discharge [Dropdown] Save

Encounter Immunization Comment History Input Vaccine Comments Notes Meds/Allergy Problems EMR Notes Exhibits Regi

Immunization History

Double-click the grid row to display shot data in the edit boxes.

Vaccine	Date	Seri...	Hist...	CoSi...	Sent...	Provi...
C-DTaP	01/06/1984	999	Y			
C-DTaP	02/24/1984	999	Y			

Main Info | Additional VIS Dates |

New Immunization

[Dropdown] Dose # [Spinner]

Date: 07/29/2014 Time: [Dropdown] ? List

Provider: [Dropdown] **Query Registry**

Route: [Dropdown]

Body Site: [Dropdown]

Manufacturer: [Dropdown]

Lot Number: [Text]

Exp. Date: [Dropdown]

VIS Date: [Dropdown]

VFC/Eligibility: [Dropdown] Free

Comment: [Text Area]

Last from registry:  History

Hist. Source: [Text]

Inventory Qty.: [Text]

Facility ID: [Dropdown]

Source: [Dropdown]

Clear Skip Save Result Recommend

# Supplemented Patient Record

Immunization Registry [Immunization] [Main Info]

File Search Financial Adverse Indications Inventory Options Administration Tasks Community Navigate Add-ons Help



Addr Name Pat #: 311914 White Male Age: 30 DOB:   
 Medicaid #:

Adverse Reaction? Contra? Imm Stat.: Over Age Share with Imm Reg.? Y Discharge  Save

Encounter Immunization Comment History Input Vaccine Comments Notes Meds/Allergy Problems EMR Notes Exhibits Reg

Immunization History

Double-click the grid row to display shot data in the edit boxes.

Vaccine	Date	Seri...	Hist...	CoSi...	Sent...	Provi...
C-DTaP	01/06/1984	999	Y			
C-DTaP	02/24/1984	999	Y			
C-DTaP	04/27/1984	999	Y			
C-DTaP	06/11/1985	999	Y			
C-DTaP	03/27/1989	999	Y			
Flu, unspecified	11/05/2013	999	Y			
Hepatitis B, unspeci	07/11/1998	999	Y			
Hepatitis B, unspeci	07/12/1999	999	Y			
Influenza Virus, unsp	11/12/2012	999	Y			
Measles, Mumps, R	02/22/1986	999	Y			
Measles, Mumps, R	01/20/1992	999	Y			
Meningococcal, Me	08/21/2002	999	Y			
Polio, unspecified	01/06/1984	999	Y			
Polio, unspecified	02/24/1984	999	Y			
Polio, unspecified	04/27/1984	999	Y			
Polio, unspecified	06/11/1985	999	Y			
Polio, unspecified	03/27/1989	999	Y			
Tdap	05/28/2010	999	Y			
Tetanus, Diphtheria	01/11/1999	999	Y			

Main Info | Additional VIS Dates |

New Immunization

Dose #

Date  Time

Provider

Route

Body Site

Manufacturer

Lot Number

Exp. Date

VIS Date

VFC/Eligibility

Comment

Last from registry: 07/29/2014 3:51:34 PM

History

Hist. Source

Inventory Qty.

Facility ID

Source

Free

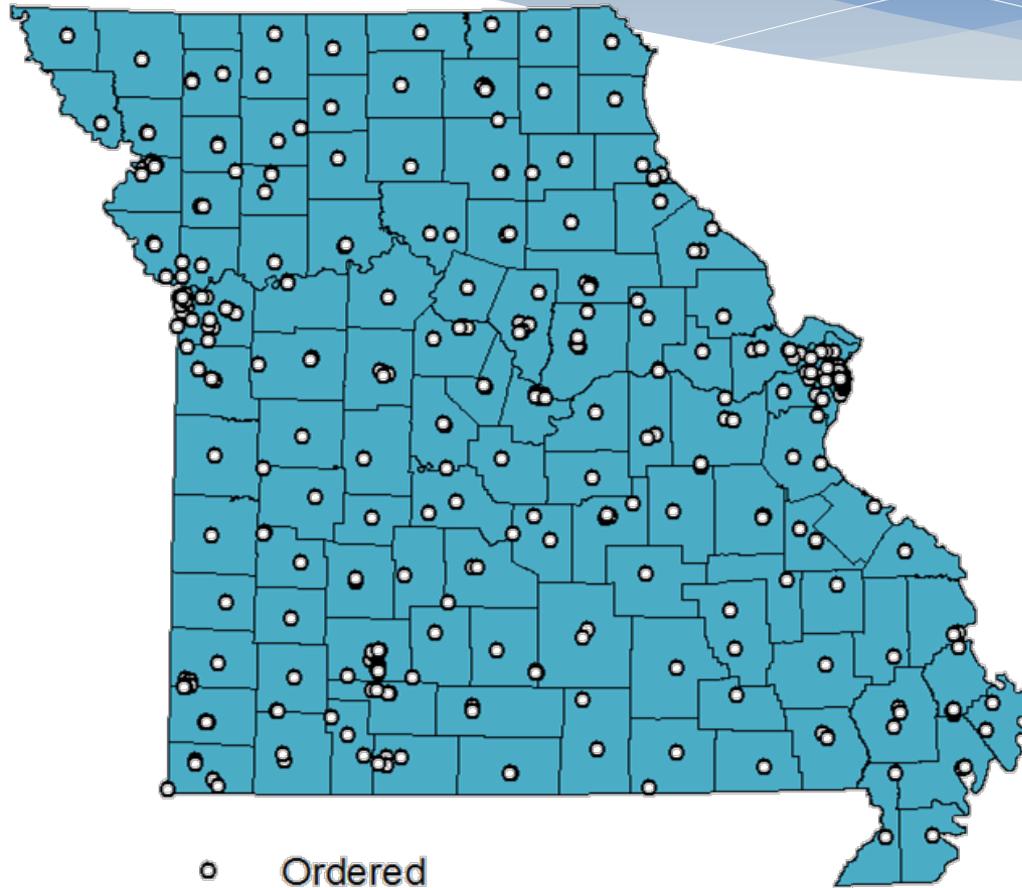
Vaccines for Children

# Vaccine Ordering System

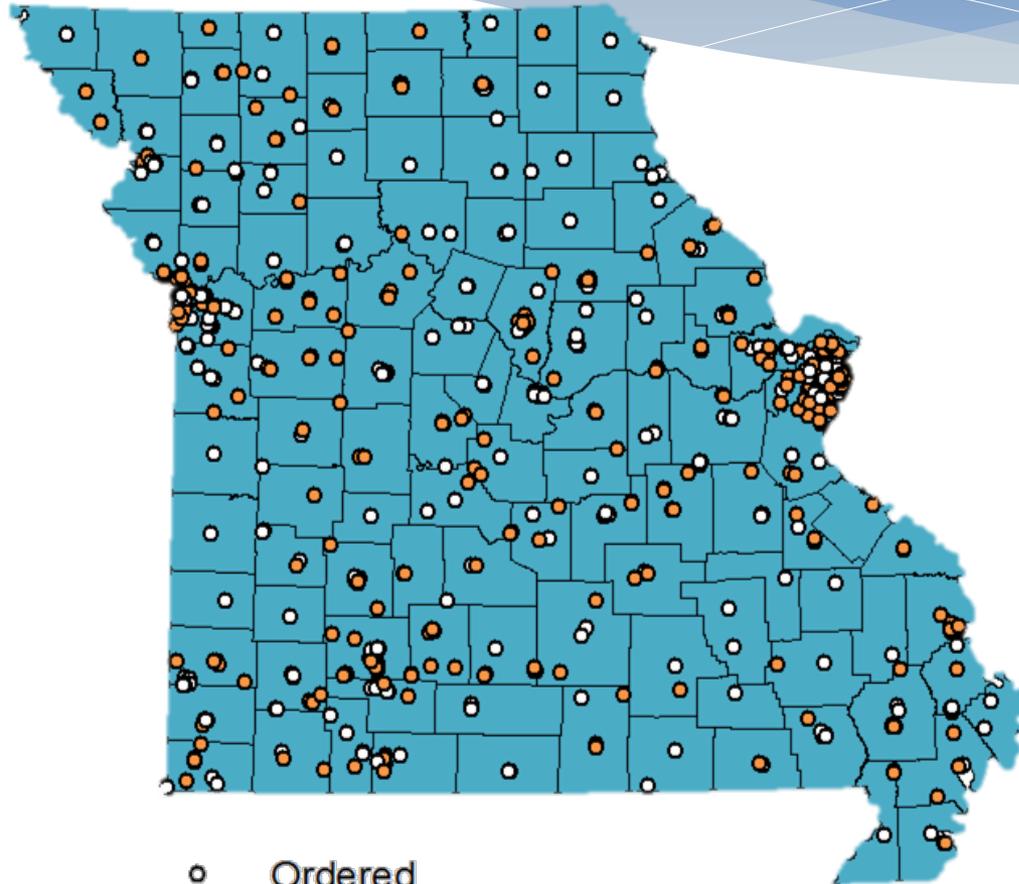
# Vaccine Ordering

- Vaccines for Children (VFC) providers began ordering their vaccines through ShowMeVax in April of 2014
- 59% of VFC providers have ordered through ShowMeVax
- Over 271,000 doses of vaccine have been ordered using ShowMeVax

# Vaccine Ordering

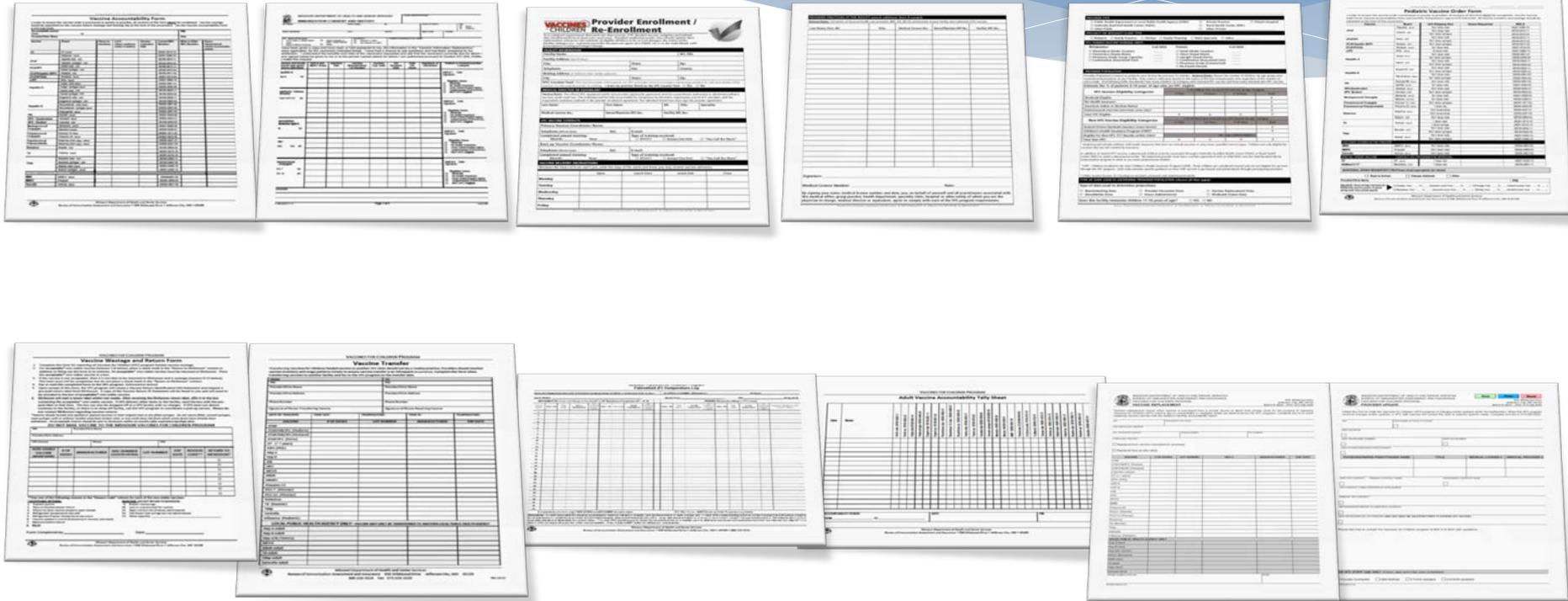


# Vaccine Ordering



- Ordered
- Have not Ordered

# VFC Paper & Fax Orders





# Vaccine Ordering System

**HIPPOCRATES FAMILY PRACTICE** Acct Id:10000038880 Status:Drafting [View Status History](#)  
VFC PIN:510002 Type:Inventory & Dosage  
Wastage Reason:

**Accountability Form Instructions**

\* Period Begin   \* Period End

Review and Submit Vaccines

**Vaccines: 3** Records Per Page:    Page  of 1

Vaccine	Trade Name	Lot #	NDC #	UOM	Exp Date	Manufacturer	On Hand	Administered	Delete
TDAP	BOOSTRIX	23456789	58160-0842-11	0.5	12/31/2015	GLAXOSMITHKLINE	15	34	<input type="button" value="X"/>
DTAP	INFANRIX	123456	58160-0810-52	0.5	12/14/2015	GLAXOSMITHKLINE	15	25	<input type="button" value="X"/>
MMRV	PROQUAD	34567	00006-4993-41	0.5	12/31/2015	MERCK	10	9	<input type="button" value="X"/>

# Vaccine Ordering System

**HIPPOCRATES FAMILY PRACTICE**

Order Id:100000038885  
VFC PIN:510002

Order Type: Regular  
Status: Drafting

[View Status History](#)

**Order Lines**

[Comments](#)

[Shipments](#)

 **Order Instructions**

**Order Lines: 1**

Records Per Page:

15



Page 1 of 1



Vaccine	Trade Name	NDC #	Presentation	UOM	Req	Recommended	Intention	Line #	Split	Fulfilled	Delete
DTAP	DAPTACEL	49281-0286-10	SDV 10/PACK	0.5	10	N/A	PEDIATRIC	N/A	False	False	

[Add Vaccine](#)

[Submit](#)

[Delete](#)

# Training

The bottom of the slide features a decorative graphic consisting of several overlapping, wavy, light blue lines that create a sense of movement and depth against the white background.

# ShowMeVaxU.com

- Five interactive self-paced learning modules:
  - ShowMeVax Login and Homepage
  - ShowMeVax Client Search and Registration
  - Vaccine Inventory
  - Immunizations
  - VFC Vaccine Ordering System
- <http://health.mo.gov/living/wellness/immunizations/showmevaxu/training/modulefour/index.htm> see slide 75 / slide 221

# Provider Reports

**Name and Date of Birth****Phone****Address****Email**

DUCK, DAFF D

573-000-000

123 Main Street  
Small Town MO 65550

05/24/2013

**Client Reminder Recall**

Next Due Date	Overdue Date	Shot Family	Next Dose Number
05/24/2014	08/22/2014	RUBELLA	1
05/24/2014	08/22/2014	MUMPS	1
05/24/2014	08/22/2014	MMR	1
08/08/2014	08/22/2014	HIB	1
08/08/2014	08/07/2014	HEP B	3
05/24/2014	08/22/2014	VARICELLA	3
05/24/2014	08/23/2014	HEP A	1
05/24/2014	08/22/2014	MEASLES	1



BUNNY, BUGS

573-000-000

123 Main Street  
Small Town MO 65550

08/05/2013

**Client Reminder Recall**

Next Due Date	Overdue Date	Shot Family	Next Dose Number
08/05/2014	09/03/2014	MMR	1
08/05/2014	09/03/2014	HIB	1
08/05/2014	07/05/2014	HEP A	4
08/05/2014	09/03/2014	VARICELLA	1
08/05/2014	09/03/2014	MEASLES	1

# Additional Reports

- Vaccine Tally Sheet
- Doses Administered by Inventory Site, Vaccine Name, Trade Name and Age Group
- Doses Administered by Vaccine Name and Age Group (Historical)
- Doses Administered by Vaccine Name and Age Group (From HL7 Only)
- Client Listing
- Immunization Data by Vaccine Series
- Immunization Data by Vaccine Type and Summary of Vaccine Coverage By Age Group

# Running Provider Reports





[Personalize InfoView now](#)

[Go to InfoView Inbox](#)

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## BusinessObjects InfoView collects and presents business intelligence

- Complete viewing and interaction for query & analysis, reporting, and performance management
- Integrated collaboration with threaded discussions, intuitive navigation, and support for 3rd party applications
- Advanced scheduling and distribution capabilities making it easier to share information with others

- Home
  - My Folders
  - Public Folders
    - ShowMeVax - Old Reports (Do Not Use)
    - SHOWMEVAX - TEST REPORTS
    - ShowMeVax Aggregations DWPROD
    - ShowMeVax Aggregations DWTEST
    - ShowMeVax Aggregations DWWAX
    - ShowMeVax Field Staff
    - ShowMeVax Provider
    - SNOWMEVAX TEST

# BusinessObjects™ XI

Release 2

[Personalize](#)  
[Go to](#)

## BusinessObjects InfoView collects and presents business information

- Complete viewing and interaction for query & analysis, reporting, and
- Integrated collaboration with threaded discussions, intuitive navigation
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## Folders

## Home

## My Folders

## Public Folders

## ShowMeVax - Old Reports (Do Not Use)

## SHOWMEVAX - TEST REPORTS

## ShowMeVax Aggregations DWPROD

## ShowMeVax Aggregations DWTEST

## ShowMeVax Aggregations DWVAX

## ShowMeVax Field Staff

## ShowMeVax Provider

## ShowMeVax TEST

## ShowMeVax Provider

Organize | Filter: All Types

Title

04\_Vaccine Tally Sheet.rpt

[Schedule](#) | [History](#) | [Properties](#)

\*THIS REPORT REQUIRES THE ACTIVEX VIEWER. TO CHANGE VIEWERS, PLEASE CLICK THE PREVIOUS TAB.  
CLICK THE 'CRYSTAL REPORT' TAB.

06\_Reminder Recall by Admin Provider NEW.rpt

[Schedule](#) | [History](#) | [Properties](#)

Includes client name, date of birth, telephone, address, next due date, overdue date, and client shot record.

06a\_Reminder Recall by Admin Provider - Labels NEW.rpt

[Schedule](#) | [History](#) | [Properties](#)

Report 100 - Doses Administered by Inventory Site, Vaccine Name, Trade Name, and Age Group.rpt

[Schedule](#) | [History](#) | [Properties](#)

Report 101 - Doses Administered by Vaccine Name and Age group - historical shots.rpt

[Schedule](#) | [History](#) | [Properties](#)

Report 102 - Doses Administered by Vaccine Name and Age group - from HL7 only.rpt

[Schedule](#) | [History](#) | [Properties](#)

Report 93 - Client Listing by Provider.rpt

[Schedule](#) | [History](#) | [Properties](#)

Report 94a - Immunization data by Vaccine Series.rpt

[Schedule](#) | [History](#) | [Properties](#)

Report 95a - Immunization data by Vaccine Type.rpt

[Schedule](#) | [History](#) | [Properties](#)

Report 96 - Summary of Vaccine Coverage By Age Group.rpt

[Schedule](#) | [History](#) | [Properties](#)

# The Future

The image features a solid blue background with a white wavy line at the bottom. The text "The Future" is centered in the upper half of the image.

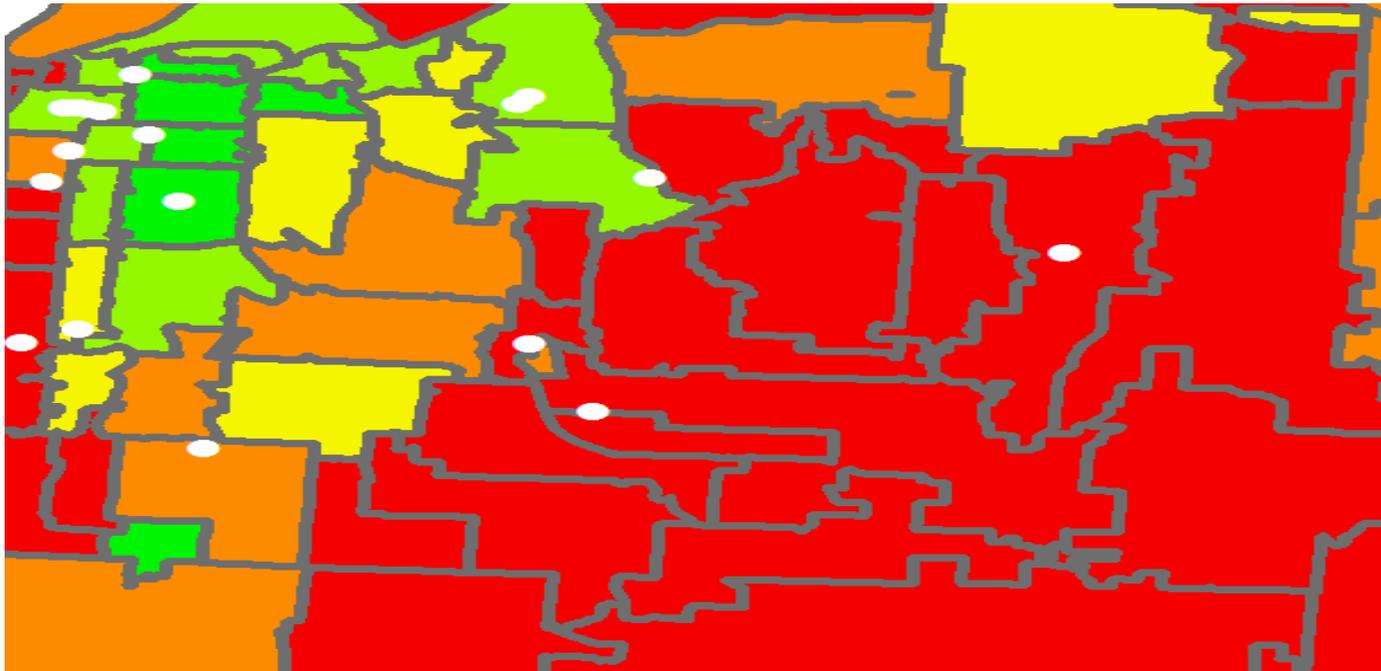
# Future Enhancements

- Schedule (hoping for a program staff usable scheduler)
- Increased Granularity – where did a client actually get their shot
- Non-inventory administered vaccines in addition to historical and administered vaccine
- Improved usability in vaccine ordering system
- CHIP eligibility information

# Predictions for the Future

- Greater coverage
- Increase in HL7 use, decrease in manual entry
- Increase in bi-directional ability
- Higher quality data (less duplicates)
- AFIX-Module
- Provider data feedback reports
- Increase use for public health purposes

# Vaccine Coverage Map Example



# Questions / Discussion



Missouri's Statewide Immunization Information System

# ShowMeVax Web application (Non EMR/EHR Access & Use)

# ShowMeVax Web Application Requirements

- PC\*
- High Speed Internet
- Internet Explorer\*
- Paperwork – Memorandum of Agreement, User Security
  
- Does not work with mobile devices (smart phones and non-Windows based tablets)

\*limited support is supplied for Mac and other browsers

# ShowMeVax Web Application Key Features

- Updated immunization schedule guidance
- Online vaccine ordering for Vaccines for Children Program
- Data reports available to providers
- Auto deducting immunization inventory management
- Patient immunization-related medical alerts



- ShowMeVax Home
- Client
  - Search & Registration
  - Demographics
- Immunizations
- Inventory
- DataWarehouse Reports
- Help
  - User Manual
  - FAQ
  - Release Notes

### Welcome to the Missouri

### Immunization Announcements

### Immunization Registry

08/19/2010 2010 Missouri Immunization Conference "Victories and Challenges"

### ShowMeVax Announcements

- 08/23/2010 Possibly tainted meats sold at Walmart recalled
- 08/23/2010 Hurricane Danielle suddenly weakened on Tuesday morning, dropping from 100 to 80 mph.

### Immunizations

- Whats New
- Upcoming Trainings and Conferences
- Forms
  - VFC Provider Forms
  - Not a VFC Provider? Click here for more information about the VFC Progr
  - VIS Forms

### Related WebSites

- DHSS Immunization Homepage
- Immunization Action Coalition
- CDC: Vaccines and Immunizations
  - List of Vaccines used in United States
  - Vaccine Immunization Schedules
  - Catch-up Immunization Scheduler
- VAERS- Vaccine Adverse Event Reporting System

Inventory items that are Running Low - 25 or less on hand Records Per Page: 5 Page 1 of 3

Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Numbe	NDC Number	On Hand
12/13/2012	DJB TESTING	HEP B	HEP B (3 DOSE) PED/ADC	RECOMBIVAX HB	DJB321	00006-4981-00	10
03/08/2013	DJB TESTING	ZOSTER (SHINGL	ZOSTER VACCINE, LIVE	ZOSTAVAX	DJB987	00006-4963-00	9
06/05/2013	DJB TESTING	HEP B	HEP B ADULT	RECOMBIVAX HB	DJB456	00006-4995-41	9
03/31/2013	DJB TESTING	HEP A	HEP A PED/ADOL	VAQTA	DJB888	00006-4831-41	10
08/30/2012	DJB TESTING	HEP A	HEP A ADULT	VAQTA	DJB777	00006-4096-09	9

Inventory items that are Expiring in 3 Months Records Per Page: 5

Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Numbe	NDC Number	On Har	Expires(Mc
01/31/2012	DJB TESTING	HEP B	HEP B (3 DOSE) PE	RECOMBIVAX HE	DJB222	00006-4981-00	3	0
01/31/2012	DJB TESTING	VARICELLA	VARICELLA	VARIVAX	DJB334	00006-4827-00	7	0
01/31/2012	DJB TESTING	HEP B	DTAP/IPV/HEP B	PEDIARIX	DJB444	58160-0811-51	8	0
01/31/2012	DJB TESTING	MMR	MMR	MMR II	DJB555	00006-4681-00	7	0
01/31/2012	DJB TESTING	MENINGOCOCCA	MENINGOCOCCAL I	MENACTRA	DJB666	49281-0589-05	9	0

# Client Search

Client Search
My Recent Clients
My Location Recent Clients

**Client Search Instructions**

**Person Name** (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth )

Last Name :  First Name :

Gender :  Date of Birth : Mon  Day  Year

Mother's Maiden Name :  Search Type :

**Person Identifier** (Minimum Required Fields: Either Client's DCN or SSN or Client Id )

DCN :  SSN :

Client Id :

**Search Result: 500 Records Found** Records Per Page:  Page  of 34

Search results exceed more than 500 possible matches. Displaying only the first 500 matches. Please refine your search criteria to narrow your results.

Client Id	Client Name	Mother's Maiden	Gender	Date of Birth	SSN	DCN	Primary Address
1437582352	WAHOFF, UNKNOWN <small>Primary Name : SMETZER, CAR</small>		FEMALE	01/08/2009			
1441983801	WALTERS, UNKNOWN <small>Primary Name : BRADSHAW, G</small>		MALE	01/17/2009			
2017236	WARREN, UNKNOWN <small>Primary Name : WARREN, UNK</small>						
2017243	WARREN, UNKNOWN <small>Primary Name : WARREN, UNK</small>						
2017245	WARREN, UNKNOWN <small>Primary Name : WARREN, UNK</small>						
2017249	WARREN, UNKNOWN <small>Primary Name : WARREN, UNK</small>						
2017250	WARREN, UNKNOWN <small>Primary Name : WARREN, UNK</small>						
2017251	WARREN, UNKNOWN <small>Primary Name : WARREN, UNK</small>						
2017252	WARREN, UNKNOWN <small>Primary Name : WARREN, UNK</small>						

# Personal Information & Demographics

DUCK, ABBY ClientID: 2098820410 DCN: 67579249  
 VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

**Personal Information** | Address/Contact Information | Family Unit | Provider-Client Relation | Medicaid Eligibility

**Personal Information Instructions:**

Type	Primary	First Name	Middle Name	Last Name	Suffix	Delete
PRINCIPAL	Y	ABBY		DUCK		✗
A.K.A.	N	ABIGAIL		DUCK		✗

Add

Mother's Maiden Name: DAISY DUCK Date of Birth: 9/1/2010 15

Gender: FEMALE

Race:  White  Asian  
 Black or African American  American Indian/Alaskan American  
 Unknown  Pacific Islander

Ethnicity: NON HISPANIC

English Primary Language:  Yes  No

Primary Language: ENGLISH

Special Accommodations/Assistance:  
 BLIND  HANDICAP ACCESSIBLE  
 ENGLISH AS SECOND LANGUAGE - NEED INTERPRETER  HEARING IMPAIRED - NEED SIGN INTERPRETER

Edit

DUCK, ABBY ClientID: 2098820410 DCN: 67579249  
 VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

**Personal Information** | Address/Contact Information | Family Unit | Provider-Client Relation | Medicaid Eligibility

**Personal Information Instructions:**

Type	Primary	First Name	Middle Name	Last Name	Suffix	Delete
PRINCIPAL	Y	ABBY		DUCK		✗
A.K.A.	N	ABIGAIL		DUCK		✗

Add

Mother's Maiden Name: DAISY DUCK Date of Birth: 9/1/2010 15

Gender: FEMALE

Race:  White  Asian  
 Black or African American  American Indian/Alaskan American  
 Unknown  Pacific Islander

Ethnicity: NON HISPANIC

English Primary Language:  Yes  No

Primary Language: ENGLISH

Special Accommodations/Assistance:  
 BLIND  HANDICAP ACCESSIBLE  
 ENGLISH AS SECOND LANGUAGE - NEED INTERPRETER  HEARING IMPAIRED - NEED SIGN INTERPRETER

Apply Cancel

# Adding/Deleting Contact Information

DUCK, ABIGAIL ClientID: 2098820410 DCN: 67579249  
 VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

Personal Information **Address/Contact Information** Family Unit Provider-Client Relation Medicaid Eligibility Pandemic Flu

Address and Contact Information

**Add New Contact**

Client ID: 20988

\*Primary \*Phone Number \*Type Sensitive

Telephone 1: YES    Extn:  HOME NO

Telephone 2: NO    Extn:  MOBILE NO

Telephone 3: NO    Extn:  WORK NO

Email: NO   NO

Ex:support@oa.mo.gov (or) support@dhss.com

Apply Cancel

DUCK, ABIGAIL

Personal Information **Address/Contact Information** Family Unit Provider-Client Relation

**Address and Contact Information Instructions:**

View/Manage Addresses **Contact Information**

Sensitive	Primary	Type	Address	City	State	Zip	Delete
N	Y	MAILING	PO BOX 100	JEFFERSON CITY	MO	65102-0100	✗
N	N	HOME	200 E HIGH ST	JEFFERSON CITY	MO	65101-3207	✗

Add Address Hide History

Sensitive	Primary	Type	Address	City	State	Zip	End Date
N	N	WORK	56 WILDWOOD	JEFFERSON CITY	MO	65109	06/20/2012

# Provider Client Relationship

The image displays two screenshots of a software interface for managing provider-client relationships. Both screenshots show a client profile for "DUCK, ABILGAIL" with ClientID: 396175323 and DCN: 67579249. The interface includes tabs for Personal Information, Address/Contact Information, Family Unit, Provider-Client Relation, and Medicaid Eligibility.

**Left Screenshot: Close Provider Client Relation**

This dialog box is titled "Close Provider Client Relation". It contains the following fields:

- Client ID: 396175323
- Provider: CASS COUNTY HEALTH DEPARTMENT
- Chart Number: [Empty]
- Effective Date: 1/12/2011
- \*Closed Date: 3/3/2011
- \*Closed Reason: [Dropdown menu]

The dropdown menu for "Closed Reason" is open, showing the following options:

- MOVED OR GONE ELSEWHERE
- OTHER REASON
- PARENT/GUARDIAN REQUEST
- PROVIDER REQUEST
- TRANSFERRED
- UNABLE TO LOCATE

Buttons for "Apply" and "Cancel" are visible at the bottom.

**Right Screenshot: Add Provider Client Relation**

This dialog box is titled "Add Provider Client Relation". It contains the following fields:

- Client ID: 396175323
- Provider: CASS COUNTY HEALTH DEPARTMENT
- Chart Number: [Empty]
- \*Effective Date: 3/3/2011
- Closed Date: <M/d/yyyy>
- Closed Reason: [Dropdown menu]

Buttons for "Apply" and "Cancel" are visible at the bottom.

- If a relationship already existed for the client, then the only option available is to close.
- After clicking the Close button, user can enter the Closed Date and Closed Reason.

- If a client's relationship is closed, the provider can re-open or open a new relationship by clicking the Add Provider-client Relation button.
- In the Add screens, the only required field is the effective date.

# VFC Eligibility Information

KIRKLEY, HEAVEN L		ClientID: 2000961	DCN: 63232834	+
		VFC Reviewed: 3/3/2011	Eligible: NO	
Personal Information	Address/Contact Information	Family Unit	Provider-Client Relation	<b>Medicaid Eligibility</b>

Medicaid Eligibility
Status: CLOSED
Parent/Guardian M
DCN: 945083
Phone:
City: URBANA

**Edit VFC**  
Client ID: 2000961  
**VFC Status**  
Race: WHITE  
Medicaid:  Insured?   
VFC Status: NO Under insured?

Client's Medicaid Dates:		
Medicaid Eligibility Begin Date	Medicaid Eligibility Ending Date	Level of Care

# Family Unit With Responsible Persons

DUCK, ABIGAIL		ClientID: 200212953		DCN: 63237157																																																																																				
		VFC Reviewed:		Eligible: NO																																																																																				
				Date of Birth: 02/01/2012																																																																																				
Personal Information		Address/Contact Information		Family Unit																																																																																				
		Provider-Client Relation		Medicaid Eligibility																																																																																				
				Pandemic Flu																																																																																				
<p>Family Unit Instructions</p> <table border="1"> <thead> <tr> <th>Primary</th> <th>Responsible Person</th> <th>Responsible Person DCN</th> <th>Responsible Person Name</th> <th>Family Unit Address</th> <th>Family Unit Phone</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>200212961</td> <td></td> <td>DUCK, DONALD</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Member Id</td> <td>Member DCN</td> <td>Primary</td> <td>Member Name</td> <td>Address</td> <td>Responsible Person's Relationship</td> <td></td> </tr> <tr> <td></td> <td>200212961</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>DUCK, DONALD</td> <td></td> <td>SELF</td> <td></td> </tr> <tr> <td></td> <td>200212953</td> <td>63237157</td> <td><input checked="" type="checkbox"/></td> <td>DUCK, ABIGAIL</td> <td></td> <td>FATHER</td> <td>✘</td> </tr> <tr> <td></td> <td>200212973</td> <td>63237174</td> <td><input checked="" type="checkbox"/></td> <td>DUCK, HUEY</td> <td></td> <td>FATHER</td> <td>✘</td> </tr> <tr> <td></td> <td>200212984</td> <td>63237158</td> <td><input checked="" type="checkbox"/></td> <td>DUCK, LUEY</td> <td></td> <td>FATHER</td> <td>✘</td> </tr> <tr> <td><input type="checkbox"/></td> <td>200212995</td> <td></td> <td>DUCK, DAISY</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Member Id</td> <td>Member DCN</td> <td>Primary</td> <td>Member Name</td> <td>Address</td> <td>Responsible Person's Relationship</td> <td></td> </tr> <tr> <td></td> <td>200212995</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>DUCK, DAISY</td> <td></td> <td>SELF</td> <td></td> </tr> <tr> <td></td> <td>200212953</td> <td>63237157</td> <td><input type="checkbox"/></td> <td>DUCK, ABIGAIL</td> <td></td> <td>MOTHER</td> <td>✘</td> </tr> </tbody> </table>						Primary	Responsible Person	Responsible Person DCN	Responsible Person Name	Family Unit Address	Family Unit Phone	<input checked="" type="checkbox"/>	200212961		DUCK, DONALD				Member Id	Member DCN	Primary	Member Name	Address	Responsible Person's Relationship			200212961		<input checked="" type="checkbox"/>	DUCK, DONALD		SELF			200212953	63237157	<input checked="" type="checkbox"/>	DUCK, ABIGAIL		FATHER	✘		200212973	63237174	<input checked="" type="checkbox"/>	DUCK, HUEY		FATHER	✘		200212984	63237158	<input checked="" type="checkbox"/>	DUCK, LUEY		FATHER	✘	<input type="checkbox"/>	200212995		DUCK, DAISY					Member Id	Member DCN	Primary	Member Name	Address	Responsible Person's Relationship			200212995		<input checked="" type="checkbox"/>	DUCK, DAISY		SELF			200212953	63237157	<input type="checkbox"/>	DUCK, ABIGAIL		MOTHER	✘
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Assign the Current Client as Responsible Person		Add a Responsible Person																																																																																						

# Viewing and Printing Inventory Items

**DOH-CENTRAL OFF**

**Site Inventory Instructions**

Step 1: Choose a Site  
 317 FUND SHELF 221 Manage Site Add Site

Step 2: Set Search Filters (Optional)  
 Show Active  Show Depleted  Show Expired Filter by Vaccine: ALL

**Search Result: 11** Records Per Page: 15 Page 1 of 1

Vaccine	Trade Name	Lot # ▲	NDC Number	Unit	Exp Date	On Hand	Manufacturer	Trans Report
DTAP	TRIPEDIA	1234567	11111-1111-23	0.5	4/7/2012	10	SANOPI PASTEUR	
DTAP	ACEL-IMMUNE	ABC	11111-1111-11	0.5	4/8/2012	8	WYETH	
DTAP	DAPTACEL	ABCDE	11111-1111-12	0.5	4/11/2012	10	SANOPI PASTEUR	
TYPHOID	TYPHIM VI	BSK171	49281-0790-20	0.5	4/1/2013	20	SANOPI PASTEUR	
TYPHOID	TYPHIM VI	BSK272	49281-0790-51	0.5	4/1/2013	20	SANOPI PASTEUR	
TYPHOID	VIVOTIF BERNA	BSK393	58337-0003-01	0.5	4/1/2013	20	BERNA	
HEP B (4 DOSE) DIALYSIS/IMML	RECOMBIVAX HB	BSK909	00006-4992-00	1.0	4/1/2013	20	MERCK	
DTAP	ACEL-IMMUNE	D12	11111-1111-11	0.5	4/12/2012	13	WYETH	
INFLUENZA, PR FREE	FLUZONE	FLU345	49281-0010-10	0.5	3/8/2013	10	SANOPI PASTEUR	
DTAP	ACEL-IMMUNE	S123	11111-1111-11	0.5	4/12/2012	12	WYETH	
INFLUENZA, LIVE FOR INTRANA	FLUMIST	TEST12	66019-0108-10	0.2	9/1/2011	19	MEDIMMUNE	

Add Inventory Show Inactive Items

# Immunization Record

DUCK, ABILGAIL ClientID: 396175323 DCN: 67579249  
VFC Reviewed: 7/20/2011 Eligible: YES Date of Birth: 9/1/2010

Multiple Alerts View Medical History

Other Clients in Family Unit:

- DUCK, LUEY
- DUCK, DONALD
- DUCK, DAISY
- DUCK, HUEY
- DUCK, DUEY
- DUCK, MOLLIE

**Print**

**Immunizations** Immunization Record:

**Common Vaccines:**

DTP/TD				
POLIO	10/31/2010	7/20/2011		*PARENTAL REFUSAL
HIB	10/31/2010	7/20/2011	7/20/2011	
HEP B	9/1/2010	8/15/2011	9/15/2011	
PNEUMOCOCCAL	7/20/2011			
ROTA VIRUS				*MEDICAL EXEMPTION FROM 12/1/2010 TO PRESENT*
MMR	2/9/2011			
VARICELLA				*HAD CHICKENPOX 10/5/2011*
HEP A				
INFLUENZA				
MENINGOCOCCAL				*MEDICAL EXEMPTION FROM 12/1/2010 TO PRESENT*
HUMAN PAPILLOMAVIRUS (HPV)				
ZOSTER (SHINGLES)				

**Travel Vaccines:**

**Other Vaccines:**

Add New Immunization Add Historical Immunization(s)

If alerts exist, you can view & navigate from here to Medical History Screen

Print

If other family members exist, you can switch between their immunization records from here.

User may expand/collapse the list to see all vaccines

# Adding New Immunizations

Immunizations | Immunization Schedule | View Medical History

### Add New Immunization from Inventory

\* Entered By: CASS COUNTY HEALTH DEPARTMENT

\* Select Inventory Site: DJB TESTING

Filter by Family: ALL      Records Per Page: 5      Page 1 of 3

Vaccine	Trade Name	Manufacturer	Lot #	Unit of Measure	Expiration	Doses On
DTAP	DAPTACEL	SANOFI PASTEUR	DJB111	0.5	1/31/2013	9
HEP B (3 DOSE) PEDI/ADOL	RECOMBIVAX HB	MERCK	DJB333	0.5	1/31/2012	3
HEP B (3 DOSE) PEDI/ADOL	RECOMBIVAX HB	MERCK	DJB321	0.5	12/31/2012	10
VARICELLA	VARIVAX	MERCK	DJB334	0.5	1/31/2012	7
DTAP/IPV/HEP B	PEDIARIX	GLAXOSMITHKLINE	DJB444	0.5	1/31/2012	8

(Click on a row above to select a Vaccine)

Cancel

Other Vaccines:

Add New Immunization | Add Historical Immunization

### Add New Immunization from Inventory

\* Entered By: CASS COUNTY HEALTH DEPARTMENT

\* Select Inventory Site: DJB TESTING

Vaccine: DTAP/IPV/HEP B      Manufacturer Name: GLAXOSMITHKLINE  
Trade Name: PEDIARIX      On Hand: 8  
Lot Number: DJB444      [Select Another](#)

\* Date Administered: 1/12/2012      \* Delivery Method: INTRAMUSCULAR

\* Administered By: \_\_\_\_\_      \* Shot Site: \_\_\_\_\_

Vaccine Event: \_\_\_\_\_

DELTOID LEFT  
DELTOID RIGHT  
VASTUS LATERALIS LEFT

Apply      Cancel

# Adding Historical Immunizations

DUCK, LUEY ClientID: 200212953 DCN: 63234342  
VFC Reviewed: Eligible: NO Date of Birth: 8/15/2010

Immunizations Immunization Schedule View Medical History

**Add Historical Immunizations**

**Selected Vaccine:** Vaccine Name: DTAP  
Family Name: DTP/TD  
Trade Name: DAPTACEL  
Manufacturer: SANOFI PASTEUR  
Unit of Measure: 0.5

Select a different vaccine

\* Entered By: COLUMBIA-BOONE CO HD

Administered By:

Historical Service Provider:

\* Date(s) Administered: MMdyyyy 15 MMdyyyy 15 MMdyyyy 15 MMdyyyy 15 MMdyyyy 15

Apply Cancel

Other Vaccines:

Add New Immunization Add Historical Immunization(s)

# Immunization Schedule

DUCK, ABILGAIL ClientID: 396175323 DCN: 67579249  
 VFC Reviewed: 7/20/2011 Eligible: YES Date of Birth: 9/1/2010

Multiple Alerts View Medical History

Other Clients in Family Unit:

Immunizations **Immunization Schedule** View Medical History

**Immunizations Instructions:**

**Immunization Record:**

**Common Vaccines:**

Vaccine	10/31/2010	12/22/2010	7/20/2011
DTP/DT			
POLIO	10/31/2010	7/20/2011	*PARENT
HIB	10/31/2010	7/20/2011	7/20/2011
HEP B	9/1/2010	8/15/2011	9/15/2011
PNEUMOCOCCAL		7/20/2011	
ROTAVIRUS	*MEDICAL EXEMPTION FROM 12/1/2010 TO PRESENT*		
MMR	2/9/2011		
VARICELLA	*HAD CHICKENPOX 10/5/2011*		
HEP A			
INFLUENZA			
MENINGOCOCCAL	*MEDICAL EXEMPTION FROM 12/1/2010 TO PRESENT*		
HUMAN PAPILLOMAVIRUS (HPV)			
ZOSTER (SHINGLES)			

**Travel Vaccines:**

**Other Vaccines:**

Add New Immunization Add Historical Immunization(s)

Click to View/Edit

Date Administered: 7/20/2011

Vaccine Name: DTAP/IPV/HIB

Trade Name: PENTACEL

Service Provider: DOH-CENTRAL OFF

DUCK, ABILGAIL ClientID: 396175323 DCN: 67579249  
 VFC Reviewed: 7/20/2011 Eligible: YES Date of Birth: 9/1/2010

Multiple Alerts View Medical History

Other Clients in Family Unit:

Immunizations **Immunization Schedule** View Medical History

**Immunization Schedule Instructions:**

**Immunization Schedule:**

Vaccine	Next Dose	Next Dose Date	Min Date	Overdue	Recommendation	Dose Validity
DTP/DT	4	1/18/2012	1/18/2012	2/28/2012	DUE	ⓘ
POLIO	3	8/17/2011	8/17/2011	9/1/2011	OVERDUE	ⓘ
View ACIP Recommendations						
HIB	3	8/17/2011	8/17/2011	8/17/2011	OVERDUE	ⓘ
HEP B	3	11/10/2011	11/10/2011	11/11/2011	OVERDUE	ⓘ
PNEUMOCOCCAL	2	8/17/2011	8/17/2011	8/18/2011	OVERDUE	ⓘ
ROTAVIRUS					COMPLETE	ⓘ
MMR	1	9/1/2011	9/1/2011	11/30/2011	OVERDUE	ⓘ
VARICELLA					HAD DISEASE	ⓘ
HEP A	1	9/1/2011	9/1/2011	10/1/2011	OVERDUE	ⓘ
INFLUENZA	1	9/1/2011	9/1/2011	10/1/2011	OVERDUE	ⓘ
MENINGOCOCCAL					UP TO DATE	ⓘ
HUMAN PAPILLOMAVIRUS (HPV)					UP TO DATE	ⓘ
ZOSTER (SHINGLES)					UP TO DATE	ⓘ

## ACIP Recommendation

### Summary of ACIP Recommendations for Childhood and Adolescent Immunization for POLIO

- Give to children at ages 2m, 4m, 6-18m, 4-6yrs.
- May give dose #1 as early as age 6wks.
- Not routinely recommended for U.S. residents age 18yrs and older (except certain travelers).

OK

Show Recommendations for Adult Immunization

# Vaccine Schedule / Dose Validity

DUCK, LUEY ClientID: 200212953 DCN: 63234342  
 VFC Reviewed: Eligible: NO Date of Birth: 8/15/2010

Immunizations **Immunization Schedule** View Medical History

Immunization Schedule Instructions:

Immunization Schedules:

Vaccine	Next Dose	Next Dose Date	Min Date	Overdue	Recommendation	Dose Validity
DTP/DT	4	11/13/2011	8/24/2011	2/11/2012	OVERDUE	❌
POLIO	2	3/25/2011	3/25/2011	3/26/2011	OVERDUE	❌
HIB	1	11/13/2011	11/13/2011	2/11/2012	OVERDUE	❌
HEP B					COMPLETE	✅
PNEUMOCOCCAL	1	10/14/2010	9/26/2010	11/13/2010	OVERDUE	❌
ROTAVIRUS					COMPLETE	✅
MMR	1	8/15/2011	8/15/2011	11/13/2011	OVERDUE	❌
VARICELLA	1	8/15/2011	8/15/2011	11/13/2011	OVERDUE	❌
HEP A	1	8/15/2011	8/15/2011	9/14/2011	OVERDUE	❌
INFLUENZA	1	9/1/2011	9/1/2011	10/1/2011	OVERDUE	❌
MENINGOCOCCAL					UP TO DATE	✅
HUMAN PAPILLOMAVIRUS (HPV)						
ZOSTER (SHINGLES)						

Immunization Schedule Instructions:

### Dose Validity

HEP B			Next Dose	
Service Date	Vaccine Name	Valid? *	Next Dose Date	
08/15/2010	HEP B (3 DOSE) PED/ADOL	YES	Min Due	
10/17/2010	HEP B (3 DOSE) PED/ADOL	YES	Overdue	
02/25/2011	DTAP/IPV/HEP B	YES	Recommendation	COMPLETE

\* This column indicates if the dose was considered as valid or invalid by immunization scheduler according to ACIP recommendations.

OK

# Age inappropriate vaccine (DTaP given to adult)

Shot administered after maximum age

Maximum age for this vaccine is 2555 days.  
Are you sure you want to continue?

OK Cancel

**Add New Immunization**

\* Select Inventory

DEPARTMENT

Manufacturer Name: GLAXOSMITHKLINE  
On Hand: 14  
Select Another

\* Date Administered: 5/13/2014 15

\* Delivery Method: INTRAMUSCULAR

\* Administered By: DF

\* Shot Site: DELTOID LEFT

Vaccine Event:

Apply Cancel

Please wait...  
Retrieving Records

# Too closely spaced (hep. B)

**Add New Immunization from Inventory**

\* Entered By: COLUMBIA-BOONE COUNTY HEALTH DEPARTMENT

\* Select Inventory Item: [Dropdown]

Trade Name: GLAXOSMITHKLINE  
Lot: [Dropdown]

\* Date Administered: [Dropdown]

\* Administered By: DF

\* Shot Site: DELTOID LEFT

Vaccine Event: [Dropdown]

Apply Cancel

Please wait...  
Retrieving Records

**Shots too closely spaced**

The shot is too closely spaced to other existing similar shot(s).  
Are you sure you want to continue?

OK Cancel

# Medical Alerts

DUCK, DONALD

ClientID: 100000018003

DCN: 64674297

VFC Reviewed:

Eligible: NO

Date of Birth: 4/1/1959

This patient is allergic to EGGS.

Other Clients in Family Unit:

**Immunizations**

Immunization Schedule

View Medical History

**Immunizations Instructions:**

**Immunization Record:**

**Common Vaccines:**

DTAP/DTP	
TDAP/TD	4/1/2000 4/1/2014
POLIO	
HIB	
HEP B	
PNEUMOCOCCAL	
ROTAVIRUS	
MMR	
VARICELLA	
HEP A	
INFLUENZA	
MENINGOCOCCAL	
HUMAN PAPILLOMAVIRUS (HPV)	
ZOSTER (SHINGLES)	

**Travel Vaccines:**

**IG Vaccines:**

**Other Vaccines:**

Add New Immunization

Add Historical Immunization(s)