

NMSIIS HL7 Data Submission and Message Review (Data Quality)

Immunization vaccine providers are expected to submit messages with minimal critical errors, failures, or significant issues. These messages must contain high-quality data representing your patients and immunization practices.

During onboarding for a data exchange provider, the NMSIIS Data Exchange Coordinator will provide feedback on message and data review findings, including issues that must be addressed prior to proceeding in the process. Testing is anticipated to be completed within a two-week period; however, this timeline will be extended until issues are sufficiently addressed. Provider organization and EHR/health IT representatives are expected to work in collaboration with NMSIIS staff to resolve issues identified in testing.

Message Review

1. Conformance to HL7 specifications, including local requirements:
 - a. Appropriate use of delimiters
 - b. Appropriate cardinality (presence and repetition of elements)
 - c. Appropriate implementation of usage
 - d. Appropriate element length
 - e. Appropriate use of data types
 - f. Appropriate codes/values for coded elements
2. Minimal critical errors, failures, or significant issues, as indicated in ACK messages:
 - a. No messages resulting in AR (application reject)
 - b. Minimal messages resulting in AE due to severity “E” and severity “W” errors

Data Review

1. Validity and Accuracy
 - a. Vaccines administered by the organization are represented in the data received by NMSIIS.
 - b. Administered vaccinations have active and specific CVX/NDC codes (not “unspecified” CVX codes).
 - c. Historical vaccinations have historically correct CVX codes.
 - d. Vaccination encounter date must not be before a patient date of birth.
 - e. Vaccination encounter date must be less than or equal to (before or the same as) the submission date.
 - f. Every administered vaccine should be recorded as a single vaccination event (i.e., a combination vaccine should be recorded as one event rather than separate events for each antigen).
 - g. Vaccination encounter date should not be the same as the patient date of birth, unless it is recommended for administration on the date of birth, e.g., hepatitis B.
 - h. Manufacturer and CVX/NDC code should not contradict one another.
 - i. Route and site should not contradict each other for a given vaccine type and patient age.
2. Completeness
 - a. The volume of vaccines submitted appropriately reflects the organization’s immunization practice for a given time.
 - b. Submission of data from each facility/site is associated with the organization, appropriately identified in HL7 messages, and mapped to the organization/facility/site record within the NMSIIS for both historical and administered vaccinations.

- c. Submission reflects appropriate proportion of historical and administered vaccinations, given the organization's immunization practice.
 - d. Submission of key data elements associated with patient immunizations includes but are not limited to:
 - i. Medical record number/client ID
 - ii. Patient name (first and last)
 - iii. Mother's maiden name (if the patient is a minor)
 - iv. Patient date of birth
 - v. Patient race
 - vi. Patient ethnicity
 - vii. Patient gender
 - viii. Patient address
 - ix. Patient phone, mobile phone
 - x. Patient protection indicator (if the patient is 19+ years old)
 - xi. Mother/father/guardian, aka next of kin (if the patient is a minor)
 - xii. Vaccination encounter date
 - xiii. Vaccine administered product type (CVX/NDC)
 - xiv. Administered/historical indicator (unless refused/not administered)
 - e. Submission of key data elements for administered vaccines includes:
 - i. Lot number
 - ii. Vaccine lot expiration date
 - iii. Dosage (administered amount)
 - iv. Manufacturer
 - v. Dose-level vaccine eligibility, aka vaccine funding program eligibility
 - vi. Vaccine funding source
 - vii. Route
 - viii. Body site
 - f. Submission of key data elements associated with the licensed clinician providing the service:
 - i. Ordering provider New Mexico license number or NPI number
 - g. Depending on data review findings, provider organizations may also be asked to participate in patient record review to compare NMSIIS data to the originating medical record. NMSIIS staff will work with you if needed to complete this record review/chart audit.
3. Timeliness
- a. Routine vaccinations, including COVID-19 vaccines must be reported to NMSIIS within ten (10) days of administering the vaccine(s).
 - b. Mass event vaccination events must report all administered doses to NMSIIS within thirty (30) days of administering all vaccines.