



KIDSNET UPDATE

RHODE ISLAND'S INTEGRATED CHILD HEALTH INFORMATION SYSTEM

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RICAIR is Here!

Based on legislative authorization to expand the immunization registry to include all ages, the Rhode Island Child and Adult Immunization Registry (RICAIR) is now integrated with KIDSNET. Several features of KIDSNET have been updated to reflect the shared user interface, including the login screen, search page, demographics page and immunization page. KIDSNET users who serve patients, clients, and students older than 18 can now access those immunization records. Please note that many adult immunizers do not yet have online access to RICAIR and are not yet submitting data. The KIDSNET/RICAIR team is working hard to complete training, establish electronic data reporting interfaces and login credentials so that adult immunizers can access and report to the immunization registry.

Removal of Age-Based Filtering

Immunization data should now be submitted to RICAIR for patients of all ages. Many provider offices have legacy age-based filtering for immunization data in place since KIDSNET did not previously collect adult immunization information. However, immunization data for all ages should be sent to the new RICAIR registry. Please work with your IT professionals and electronic health record (EHR) vendor to ensure that all immunization data for administered vaccines and all new patient immunization historical data entered in the medical record/EHR are sent electronically to the immunization registry. This will maintain compliance with data reporting requirements as outlined in signed agreements with RICAIR and the Immunization Program. For more information, please contact Jeff Goggin email Jeff.Goggin@health.ri.gov or call 401-222-4968

Meet the New Members of our Team

We are very pleased to announce that Danielle Woods has joined the Rhode Island Department of Health (RIDOH) Center for Health Data Analysis (CHDA) team as the RICAIR Data Manager. As a lifelong resident of Rhode Island, she is proud to be given the opportunity to work for RIDOH to prevent and control vaccine-preventable disease in Rhode Island. As the RICAIR Data Manager, Danielle will provide data management and maintain data quality for adult immunizations by applying best practices and current standards for immunization data quality recommended by CDC and the American Immunization Registry Association (AIRA). To contact Danielle with any questions, email Danielle.Woods@health.ri.gov

We are also very happy to introduce Alyson Schena as a new member of the Provider Relations Team. Alyson began working in September of this year. She works closely with RICAIR to support adult provider practices utilizing the system. If you have questions for Alyson, please email Alyson.Schena@health.ri.gov



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Danielle Woods



Alyson Schena

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Requirement to Collect and Report VFC Program Eligibility and Funding Source

Providers reporting vaccine administration to RICAIR are required to collect and report Vaccine for Children (VFC) program eligibility (dose level eligibility) and the vaccine funding source (dose level public/private indicator). Please verify that your practice is capturing and reporting this information. Below is a brief description of the two data fields, as well as the codes expected in Rhode Island.

- **Patient Eligibility Category for Vaccine Funding Program (VFC Eligibility)**

This value represents the funding program that should pay for a given immunization. It is determined based on characteristics of the patient (“client”) and the type of vaccine administered. Rhode Island currently accepts the following code options for reporting VFC eligibility:

CODE	LABEL	DEFINITION
V01	Not VFC eligible	Client does not qualify for VFC because they do not have one of the statuses below. (V02-V05)
V02	VFC eligible- Medicaid/ Medicaid Managed Care	Client is currently on Medicaid or Medicaid managed care, is younger than 19, and the vaccine administered is eligible for VFC funding.
V03	VFC eligible- Uninsured	Client does not have private insurance coverage, is younger than 19, and the vaccine administered is eligible for VFC funding.
V04	VFC eligible- American Indian/Alaskan Native	Client is a member of a federally recognized tribe, is younger than 19, and the vaccine administered is eligible for VFC funding.
V05	VFC eligible- Federally Qualified Health Center (FQHC) patient (under-insured)	Client has insurance, but insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount, so client is eligible for VFC coverage at an FQHC. The client must be receiving the immunizations at the FQHC or a FQHC designated clinic, be younger than 19, and the vaccine administered is eligible for VFC funding.

- **Immunization Funding Source**

These codes indicate the inventory stock (i.e., public or private with a two-stock storage model) from which each vaccine dose was taken. All vaccines ordered through OSMOSSIS are public vaccines. Rhode Island currently accepts the following code options for reporting funding source:

CONCEPT CODE	CONCEPT NAME	DEFINITION
PHC70	Private funds	Immunization was funded by private funds, including insurance.
VXC50	Public	Vaccine stock was publicly funded.

2020 Accomplishments

Despite 2020 being a year like no other, KIDSNET has many accomplishments to share. Major new development and enhancements during 2020 include:

- Expansion of the immunization registry component of KIDSNET to include all ages in RICAIR.
- Compliance with authorizing legislation to ensure patients have a right to block or delete their immunization data in RICAIR.
- Updating the hearing assessment page based on feedback from audiologists and other KIDSNET partners:
 - Speech delay is a new option under reason for visit.
 - Additional Joint Commission of Infant Hearing (JCIH) risk factors were added.
 - Behavioral testing options were consolidated into fewer choices for Tests Performed.
 - Primary Diagnosis (ICD-10) is now a mandatory field.
 - Suspected and Unconfirmed-sound field are no longer choices for hearing loss diagnosis.
 - Amplification is not recommended and Parent Declined were added as choices under amplification.
 - A character limit was added to the comment field.
- The address from lead tests has been added to the database to improve capacity to analyze lead screening data by city/town.
- Intended primary care provider indicated at time of birth now links newborns to practices so they appear on reports immediately after birth. The link remains unless an immunization is reported by another practice, or the infant turns six months old and no immunizations have been reported.
- The search page has been enhanced to allow searching based on all parents/guardians associated with a child, instead of just the mother.
- Address updates are no longer permitted if a child is in foster care.
- The parent and address displays were simplified for children.
- Email addresses can be collected or entered on the demographic page and are displayed.

COVID-19 Response

- COVID-19 vaccines can be ordered in OSMISSIS and will be displayed on the immunization page.
- SSV re-enrollment was simplified in OSMOSSIS to alleviate burden on providers.
- Provided data support to primary care practices as they work to remediate the decline in routine immunizations and lead screening that occurred during the COVID-19 pandemic.
- Established linkages with multiple state and federal information systems to allow provider participation in the Covid-19 response.