



Immunization Interface Development, Promoting Immunization Data Exchange Mini Grant Application

BACKGROUND AND SUMMARY:

The Rhode Island Department of Health's (RIDOH) Rhode Island Child & Adult Immunization Registry (RICAIR) captures immunization administration data for those individuals' receiving services from Rhode Island based immunizers. Recognizing that good health outcomes are often contingent on well-coordinated systems of care, RIDOH has a long history of investing in system development and building data exchange capability to support planning, inform policy, and assure preventive health care through programs such as Immunization. RICAIR facilitates the collection and appropriate sharing of immunization data for the provision of timely and appropriate follow-up care. The Rhode Island immunization registry began as the immunization component of KIDSNET, an integrated child health information system which contains immunization data for individuals born on or after January 1, 1997 and serves as Rhode Island's childhood immunization registry. The expansion of the immunization registry in RICAIR to include adults went live in late October of 2020. Due to the recency of the expansion to a lifelong registry, many adult immunization providers have not yet established electronic HL7 immunization interfaces with RICAIR for the exchange of immunization data, as required in the state supplied vaccine (SSV) agreement. Development of new or upgraded HL7 interfaces with RICAIR, making use of the most current HL7 version 2.5.1 messaging standards, as well as emerging specifications established by the CDC's panel of national experts will enable improved interoperability and, for some EHRs, bidirectional data exchange.

OPPORTUNITY AND ELIGIBILITY:

RICAIR will award mini grants of up to \$4,975 to establish or upgrade an electronic interface between the provider's electronic health record and RICAIR. The interface will employ the current HL7 version 2.5.1 Immunization data messaging standard for electronic data exchange. Eligible applicants include provider practice offices, independent pharmacies, mass immunizers, school districts, and skilled nursing facilities with a federal Employee Identification Number (EIN) or federal Tax Identification Number.

RIDOH will fund mini-grant recipients for partial costs as an incentive and partnership with immunization providers to offset some of the cost of interface development. Once in place the interface will provide for the timelier exchange of, and increased completeness of, immunization data reported to the immunization registry (RICAIR), and for some EHRs will allow for bidirectional data exchange.

APPLICATION:

Please **use the following attached templates, and do not exceed eight typed pages**. (Note: Total page count **does not include** the cover sheet, budget page, or W-9 form)

Completed applications must include:

- Mini-Grant Cover Sheet
- Mini-Grant Application (forms on the following pages, including timeline)
You may submit a Word or PDF file all required information is provided.
- Signed W-9 form (2022) *Note: W-9 does not count toward page limit*



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Rolling Receipt of Applications Begins Monday, November 28, 2022

Please submit your application to:

via email to: RIDOH.RICAIROnboarding@health.ri.gov (preferred)

or via mail to:

RIDOH KIDSNET/RICAIR Provider Onboarding
c/o, Danielle Woods
3 Capitol Hill, Room 302
Providence, RI 02908

**For application assistance please email;
RIDOH.RICAIROnboarding@health.ri.gov**

MINI GRANT COVER SHEET

Organization/Agency Name	
Organization/Agency Address	
Organization/Agency Phone Number	
Federal Employer Identification Number (FEIN)	
Primary Contact Name	
Primary Contact Email	
Primary Contact Phone Number	

**For questions about this opportunity, please email RIDOH.RICAIROnboarding@health.ri.gov. **



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Application for Mini-Grant

** Note: Applications must be received and approved, and a purchase order issued by the State of Rhode Island before work begins.*

No reimbursement can be made for activities and expenses incurred prior to a Purchase Order having been issued by the State of Rhode Island.

Establishment of a working interface is required before any expenses will be paid.

***The successful completion of this project must include a New or Upgraded HL7 2.5.1 Immunization Interface exchanging data on an ongoing basis to RICAIR's Production data base, as determined by RICAIR.*

Date of application: _____

- Enter date application is submitted.

Health Care Provider that will submit invoice when work is complete

- Name, address, FEIN (federal employer identification tax ID number) and RICAIR Provider Reporting ID for provider practice that will be submitting the invoice and sending the immunization data.
- Reimbursement cannot be made without a FEIN.
- Reimbursement checks will be made out using this information.

Name of Provider: _____

Address: _____

FEIN (federal employer identification tax ID number): _____

Practice State Supplied Vaccine Ordering Pin _____



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Primary contact for communication

- Name, address, email, and phone contact information for primary contact. This individual will be included on all communications related to this funding.

Name: _____

Address: _____

Email: _____

Phone: _____

Proposed timeline for work:

- Start Date work will begin. Enter “immediately upon approval” if work will begin as soon as award notification is made. **Costs incurred prior to final award notification (P.O. Issue Date) are not reimbursable.**
- Estimated Completion Date must be prior to March 31, 2024. If a working interface is not established prior to this date, no reimbursement will be made.

Start Date: _____

Estimated Completion Date: _____

(Must be prior to March 31, 2024)

Budget amount requested:

- Attach a detailed budget of \$4975.00 or less detailing how funds will be used to accomplish the work plan. Allowable costs include but are not limited to purchase of EHR upgrade or interface that will allow exchange of immunization data using HL7 2.5.1 Immunization Messaging Standard.
- Reimbursement is allowed for costs incurred for interface development and implementation, technology upgrades related to the Immunization Interface, E.H.R vendor costs related to retrieval and submission of archival E.H.R system patient immunization data.
- **Only work begun and expenses incurred after final approval and the issuing of a purchase order by the State of Rhode Island and before March 31, 2024, will be eligible for reimbursement. Establishment of a working interface is required before any expenses will be paid.**



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Budget:

Total Budget amount requested: _____
(Total amount \$4975.00 or less.)

Statement of work plan:

- Attach a work plan of no more than 3 pages that describes planned activities and timelines.
- The plan must establish or improve an HL7 immunization interface with RICAIR as described in the CDC HL7 Version 2.5.1 implementation guide for immunization data [HL7 Version 2.5.1 Implementation Guide: Immunization Messaging \(immregistries.org\)](#)
- The use of CVX and/or NDC codes is required for all reported vaccines, along with the additional data components identified under **application guidance** below are required for reimbursement.



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Application Guidance

Purpose: Provide funding to aid in covering the cost to establish or improve an HL7 immunization interface for data exchange between RICAIR and a Immunizing Provider Practice electronic health record systems.

General Guidelines:

- Only Rhode Island immunizing healthcare providers utilizing State Supplied Vaccine for individuals receiving administrations in Rhode Island are eligible to apply.
- New Application deadline is March 1st 2024. Applicants will be notified if application has been approved or denied.
- Funding is limited. Awards of \$4975.00 (or less) will be made on a first come, first serve basis.
- Proposed work must establish or improve an HL7 immunization interface with RICAIR as described in CDC's HL7 Implementation Guide for Immunization Transactions and Rhode Island Addendum
[HL7 Version 2.5.1 Implementation Guide: Immunization Messaging \(immregistries.org\)](https://www.cdc.gov/ncidod/d11/pubs/201808-1015hl7ig-immregistries.pdf)
- Electronic Immunization Data exchange will include both administered and historical vaccine transactions. The following data must be included for each administered vaccine: Patient name, date of birth, Race, Language, Ethnicity, Vaccine administration code (CVX and or NDC) Administered Amount and Units, Manufacturer, Lot Number, Expiration Date, Route of Administration, and Site of Administration. Source of update is required to be messaged for both administered and historical immunization data transactions and are required for funding approval.
- Awards are cost reimbursement and made only when interface or enhancement is approved and implemented in production as determined by RICAIR. Only work begun and expenses incurred after final approval and the issuing of a purchase order will be eligible for reimbursement.
- No costs will be reimbursed beyond June 30, 2024. If successful production implementation of HL7 immunization data exchange is not completed by that date, **no costs will be reimbursed.** RICAIR will supply an approval notice to be submitted with the invoice for reimbursement.
- Upon completion of work and establishment of a successful new or upgraded HL7 2.5.1 immunization interface, an invoice should be submitted to Danielle Woods, RICAIR, RI Dept. of Health, 3 Capitol Hill, Providence, RI 02908 with an approval notice from RICAIR. Detailed documentation of all expenses as related to work plan must be provided with the invoice.



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Submit Application to:

By mail:

Danielle Woods

RICAIR Onboarding

Rhode Island Department of Health

3 Capitol Hill, Room 302

Providence, RI 02908

Or by email:

RIDOH.RICAIROnboarding@health.ri.gov



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APPENDIX A

Budget Table

Agency Name

Immunization Interface – Mini Grant

7/1/2023 – 3/31/2024

The Organization estimates that the budget for allowable expenses for work to be performed under this Agreement is as follows;

:

Expense Category	Approved Budget Amount
1. Cost of Interface Development and Implementation	
2. Cost of Equipment/Technology upgrades related to electronic immunization data submission via the interface	
3. Costs associated with the retrieval and submission of archival immunization data from immunizing provider E.H.R. system.	
Sub-total	
Total	

It is understood and agreed that the amounts indicated above for the several line items are estimates of expenditures to be incurred by the Contractor on behalf of this Agreement and to be claimed by the Provider Practice for reimbursement under this Agreement. It is further understood and agreed that actual variations shall not in themselves be cause for disallowance of reimbursement by RIDOH; provided, however, that the Contractor shall notify and obtain the approval of the contract officer, in writing, if expenditures to be claimed for reimbursement in any line item above shall begin to vary significantly from the estimate given above; and provided further, that unless permission of the contract officer shall have been obtained in advance; no expenditure shall be claimed by the Contractor for reimbursement by RIDOH under this Agreement if such expenditure shall have been incurred in a line item category not listed above. All transfer of funds between budget line items requires prior written approval by RIDOH. All Expense Category line items are required to be supported with verifiable copies of detailed Invoicing provided to Contractor for costs incurred and submitted for reimbursement as part of



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APPENDIX B

Budget Narrative

Agency Name

Title of Agreement: Immunization Interface – Mini Grant

Period of Performance: 7/1/2023 - 3/31/2024

<u>Expense Category</u>	<u>Brief Work Description</u>	<u>Cost</u>	<u>Total</u>
Total			