



Health Plan Connection to City Immunization Registry (CIR) via HL7 Step by Step Checklist

For questions contact: cir interop@health.nyc.gov

Version history

Version	Date	Notes
1.0	05/11/2021	
1.1	05/23/2023	

Phase 0: Ensure you have the following from DOHMH:

7	Register for a	CIR facility	v code (d	only for i	plans without one)	
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☐ Technical manual

☐ CIR <u>Health Plan Confidentiality Agreement</u>

☐ CIR Health Plan Interface Vendor Agreement

☐ HL7 SOAP example

QBP guide for providers





Phase 1: Send DOHMH basic information (3 days)

Mark complete	Step	Information to transmit to DOHMH
	Share contact information of the technical lead for the HL7 process with CIR interoperability leads.	Name of HL7 technical lead: Title of HL7 technical lead: Phone of HL7 technical lead: Email of HL7 technical lead:
	 Identify the CIR facility code that will be used for HL7 connection. a. If you don't have a CIR facility code for your plan, register for a CIR facility code at: https://immunize.nyc/prod/cir-facility-manager and notify CIR as soon as you do. b. If you already have a CIR facility code for your plan, it will be used when we create your HL7 test account and credentials. c. If you have multiple CIR codes for your lines of business, confirm with CIR which of the CIR facility codes associated with your plan should be used. 	CIR facility code that will be used for HL7:
	 3. Review the technical manual and provide answers for the questions below to interoperability analyst know: a. Will you build the HL7 interface in-house? b. Will you use a vendor to build the HL7 interface? If yes, which vendor? c. If using a vendor, which vendor? 	Select one of the following: a. Will you build the HL7 interface in-house? b. Will you use a vendor to build the HL7 interface? c. Vendor's name?
	4. Let interoperability analyst know if your plan is interested in: a. Immunization history only; or b. Immunization history and forecast and recommendations for immunizations	Select one of the following: a. My plan is interested in immunization history only b. My plan is interested in immunization history and forecast and recommendations for immunizations





Phase 2 – Health plan/vendor legal counsel execution of agreements (3 days – 1 month)

Mark	Step		Information to transmit to DOHMH
complete			
	5.	Sign the CIR Health Plan Confidentiality Agreement and send to	Signed Health Plan Confidentiality Agreement
		indicated email address with Emily and Bancroft in cc.	
	6.	Sign the CIR Health Plan Interface Vendor Agreement to the indicated	
		address with interoperability analyst in cc	Signed Health Plan Interface Vendor Agreement
		 If you will build the interface in house, an authorized signatory 	
		for your plan should sign the CIR Health Plan Interface Vendor	
		Agreement.	
		o If you will hire a vendor to build the interface, the vendor you	
		hire should sign the CIR Health Plan Interface Vendor Agreement.	
		If they are not already a data exchange partner with the CIR	

Phase 3 - Development and Testing (3 weeks-2 months)

Mark complete	Step	Information to transmit to DOHMH
	 7. Once Phase 2 is completed, interoperability analyst will reach out to your HL7 Technical contact to do the following: CIR may share test credentials with you or your HL7 technical lead. Credentials are comprised of a username, CIR sending facility code, password, and sometimes an identity key. These credentials are required to connect with us. They are needed in the HL7 SOAP message. See QBP SOAP Message example if needed. Review the CIR-QBP Full Guide. Demo is not required for health plans. Our test web service API is: 	Inform interoperability analyst about QBP test messages submitted for review and reach out for any issues with HL7 rules, formatting, and connectivity





 CIR UAT End Point URL: https://immunize.nyc/hl7-service-uat/services/CirService WSDL version: https://immunize.nyc/hl7-service-prod/services/CirService 	

Phase 4 – Launch and query the CIR

Mark complete	Step	Information to transmit to DOHMH
	Launch	Estimate of timing, cadence, and volume of queries