



ImmTrac Payor Registration Form and Instructions

Texas Law mandates reporting of immunization histories by health care providers and payors to the Texas Immunization Registry (ImmTrac) for vaccines administered to any person younger than 18 years of age, if a parent or legal guardian consents for their child to participate in the Registry. The term "payor" is defined in ImmTrac's rules as "An insurance company, a health maintenance organization, or another organization that pays a health care provider to provide health care benefits, including the administration of vaccines to a person younger than 18 years of age."

ImmTrac offers authorized entities secure Internet access to Texas immunization data. Submit registration forms by mail or fax. Call or e-mail ImmTrac Customer Support with any questions.

<u>Mail</u>	Texas Department of State Health Services ImmTrac Group MC1946 PO Box 149347 Austin, TX 78714-9347	<u>Fax</u>	(512) 458-7790
			ImmTrac Customer Support (800) 348-9158
		<u>E-mail</u>	ImmTrac@dshs.state.tx.us

ImmTrac Registry Application

The ImmTrac Registry Application allows users to login to ImmTrac via their site's T1 line, DSL, or Internet Service Provider (ISP). Individual client information can be viewed and updated through the ImmTrac Registry Application.

ImmTrac Import Access

ImmTrac Import Access allows authorized users to upload data files to our system. Files can be sent by FTP directly to our server or through the ImmTrac web application. Please note: When sending via the ImmTrac web application, the upload file size limit is 25 MB. Uploaded files are verified by ImmTrac staff before being imported into the Registry. Most verified data files are imported into the Registry within 3 – 5 business days of receipt.

Required registration forms for the ImmTrac Registry Application and Import Access

- *Payor Registration Form-Page 2*
- *Memorandum of Understanding and Confidentiality Statement (MOU)-Pages 3 and 4*

After receiving the required registration forms, ImmTrac staff will contact you by e-mail to provide additional instructions for printing the ImmTrac Instruction Manual and checking your browser version. When you have completed this process, notify ImmTrac Customer Support. We will then assign a user id and call the site contact person with a browser activation code, user login credentials, upload specifications (provider information segment details, file naming convention, ftp information, etc.) and basic user training.

Minimum Computer System Requirements:

- T1 line, DSL, or an Internet Service Provider
- Internet Explorer 5.5 or greater with 128 bit encryption
- Internet Explorer set to accept and retain cookies
- Internet Explorer text option set to "Medium" or "Small"
- E-mail contact required
- Adobe Acrobat Reader 4.05 or later
- Windows 95 or greater
- Monitor set at 800X600 resolution or greater
- Macintosh and Netscape not supported

Thank you for completing this form in its entirety



ImmTrac Payor Registration Form

Please check a box below for the ImmTrac features this payor wishes to use:

- ImmTrac Registry Application
- ImmTrac Import Access

Payor Name _____

NAIC Number _____ TDI Company Number _____

Address _____

City _____ State _____ Zip _____ County _____

Phone# (_____) _____ Fax # (_____) _____

Mailing address (if different) _____

City _____ State _____ Zip _____ County _____

Required Site Headquarters Information for ALL registrants: If a primary office owns/manages this site (e.g. this site is a sub-office, satellite office, or mobile unit), please include the primary office's information below. If this site does not have a primary office, enter "NA".

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone# (_____) _____ Fax # (_____) _____

Facility Type

Check all that apply:

Is this site? Primary Office Sub-Office (satellite office)

Health Maintenance Organization (HMO)

- Staff Model
- IPA
- Group Model
- Network Model

Medicaid

- Fee-for-service
- Primary Care Case Management (PCCM)
- HMO

Insurance Company

CHIP

Preferred Provider Organization (PPO)

Other Insurer

Point-of-Service (POS)

Other _____

Name of contact person at this location _____

E-mail address of contact person at this location _____

Third-Party Administrator: This payor authorizes the following third-party administrator to provide immunization data to ImmTrac.

Company Name: _____

Technical Contact: _____ Phone: _____

Texas law requires a payor to provide immunization data to ImmTrac and authorizes a payor to obtain data from ImmTrac. State law defines a payor as "an insurance company, a health maintenance organization, or another organization that pays a health care provider to provide health care benefits, including providing immunizations to a person younger than 18 years of age." I affirm that this organization and site/facility is a payor as defined by law and is authorized to provide data to and obtain data from ImmTrac.

Print Name of Authorized Personnel _____

Title _____

Signature of Authorized Personnel _____

Date _____

OFFICE USE ONLY:

PFS # _____ HQ PFS # _____ IMPORT CODE _____

DATE _____ STAFF _____ USER ID _____

Thank you for completing this form in its entirety



**Texas Department of State Health Services
ImmTrac – Texas Immunization Registry
Memorandum of Understanding and Confidentiality Statement (MOU)**

This agreement and confidentiality statement, by and between the Texas Dept. of State Health Services (DSHS, hereinafter) and _____ (Payor, hereinafter) made and entered into on _____ concerning the access and use of ImmTrac, the statewide immunization registry.

Site Name
Date

1. DSHS agrees to:

- A. Provide secure Internet access to ImmTrac on existing and compatible payor computers.
- B. Provide service and support for the ImmTrac registry application, but will not support other software or hardware defects or problems that are unrelated to ImmTrac.
- C. Provide training and support to payor staff on using the immunization registry, including periodic briefing sessions as needed.
- D. Provide ImmTrac Customer Support for assistance with questions and technical support. Customer Support is available Monday through Friday from 7:30 am to 4:45 pm by calling (800) 348-9158.
- E. Maintain registry data from participant’s birth to age eighteen.
- F. Maintain registry information privacy in accordance with state and federal law.

2. Payor staff agrees to:

- A. List their site’s authorized ImmTrac users below, and notify ImmTrac Customer Support at (800) 348-9158 of any change of staff accessing ImmTrac.

List of staff to access ImmTrac under the agreement of this MOU

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- B. Provide the following data elements, if available, to DSHS within 30 days of receipt from a provider who administers an immunization to a person younger than 18 years of age: the date the vaccine was administered; the type of vaccine administered, vaccine manufacturer and lot number; and the name, address, and, if appropriate, the title of the provider administering the vaccine.
- C. Instruct personnel on the confidentiality of information in the ImmTrac database. (If an immunization history is requested, print from the immunization history report.)
- D. Ensure that ImmTrac or any immunization information is not used in a punitive manner (e.g. to deny services or track immigration status), or used to solicit new patients or clients.
- E. Loss of user rights if abuse of registry data is suspected.
- F. Allow other users to enter into this same agreement with DSHS and participate in the immunization registry. Note: Using accurate identifying data any user can “view” any client immunization record in the database.

Thank you for completing this form in its entirety

**ImmTrac - Texas Immunization Registry
Memorandum of Understanding and Confidentiality Statement (MOU) cont.**

3. Confidentiality Statement:

By signing this confidentiality statement, I certify that I have read this confidentiality statement and agree to comply with the following:

- A. I will distribute copies of this confidentiality statement to staff accessing ImmTrac.
- B. Agree to be held responsible for my staff's actions regarding information contained in the registry.
- C. The information entered in the ImmTrac registry is confidential and must be used only for the purpose it is collected.
- D. Unauthorized disclosure of personally identifiable information is prohibited. A person commits an offense if the person: negligently releases or discloses immunization registry information in violation of Sections 161.007, 161.0071, 161.0073, or 161.008 of the Health and Safety Code; or negligently uses information in the immunization registry to solicit new patients or clients or for other purposes that are not associated with immunization or quality-of-care purposes.
- E. Any unauthorized disclosure of registry information will result in my losing the ability to access the ImmTrac application.
- F. I agree not to disclose any past, present, and future immunization records other than to a parent, managing conservator, or guardian of the child and any of the following:
 - 1) public health district;
 - 2) local health department;
 - 3) physician or healthcare provider to the child;
 - 4) school in which the child is enrolled;
 - 5) licensed child-care facility in which the child is enrolled;
 - 6) state agency having legal custody; and
 - 7) insurance company, health maintenance organization, or payor.
- G. I agree not to share the ImmTrac User ID and password with unauthorized users.
- H. I verify that I am an authorized ImmTrac registry user, and I will use the security level assigned by the Texas Department of State Health Services.
- I. I have read and agree to the terms on this Memorandum of Understanding and Confidentiality Statement.

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Print Name of Authorized Personnel

Title

Signature of Authorized Personnel

Date

Office Use Only

Staff Initials _____ Date Processed _____