

Transcript for Batch FTP Production and Ongoing Submission

March 22, 2021

>> The broadcast is now starting. All attendees are in listen-only mode.

>> Murphy: Closed captioning for this presentation is available at the following link: <https://tcc.1capapp.com/event/dshs/>. The link will also be provided in the chat. This webinar content will be uploaded to the DSHS website in the future. Today, we will be discussing Batch FTP Production and Ongoing Submission, for the Texas Immunization Registry. Hello, everyone. My name is Suzanne Murphy. I am the main presenter today. I am a Technical Support Specialist with the Texas Immunization Registry.

Today, joining us for the question and answer portion after our main presentation is Jonathan Patterson, an Interface Analyst with the Texas Immunization Registry. At the bottom of the screen, you see an option for submitting questions. Please submit your questions there, so we can address and answer those questions once the presentation is complete.

The topics covered in today's presentation include: what is production and ongoing submission, requirements for all organizations for FTP production and ongoing submission, production, historical load, and ongoing submission. All right, let's get started. Production and ongoing submission of data are the final steps of establishing data exchange with the Texas Immunization Registry. After entering the production phase, all error-free patient records sent to the registry by your organization are added to ImmTrac2. Ongoing submission of data describes the routine activities your organization must perform for monitoring and maintaining your data exchange connection with the registry.

Before your organization may enter production with the registry, you must successfully complete data exchange testing by submitting three to five error-free test files. After that, you must request review for promotion to production by the registry. When promotion is completed by the registry, you will receive an email congratulating you for entering production.

When your organization enters production, you are now live with the registry. From that point on, all error-free records sent via FTP data exchange are added to ImmTrac2. Only true and accurate patient records should be sent from this point forward. Please be sure that your EHR vendor is aware that you've finished testing and entered production. You also need

to notify the registry of what day you intend to submit your first production file via FTP data exchange.

Now that you've entered production, you should consider submitting a historical load. A historical load is a one-time submission of the historical immunization records for all your patients. This helps to ensure the completeness and accuracy of your patients' records in the registry. You should speak with your EHR vendor about your options. Ask your EHR vendor about your options. Can your EHR submit a one-time historical load? How far back can the historical load go?

Ongoing submission is the final portion of batch FTP data exchange. These are all the activities you must perform on a regular basis to maintain your FTP data exchange connection with the registry. Many of these activities are the same as during the test phase. First, you must deliver data exchange files on a routine schedule. Files should be sent no more than ONCE per week and no less than once per month. Please note that submissions for COVID-19 immunizations may be submitted daily in accordance with reporting requirements.

You must monitor your DQA reports for errors. It is best practice to check for new DQA reports at least once per week. You must address all errors you find in your DQA reports in the same manner as during testing. Take ownership of the quality of data you send to the registry. Remember that your patients depend on the completeness and accuracy of the immunization records you submit to the Texas Immunization Registry.

Now let's finish by reviewing some of the resources that are available to you from the registry. The ImmTrac2 website is where you can submit and check the status of your registration and renewals. The DSHS website is where you can find all our latest announcements, our contact information, and a wide variety of documents and training materials to assist you with using our system.

As stated previously, our DSHS website offers guides, training videos, and webinars covering the following topics: how to complete a site registration or renewal in ImmTrac2, how to run or retrieve reports in ImmTrac2, how to add and manage clients and immunizations in ImmTrac2, identifying or addressing data quality issues in ImmTrac2, and identifying or addressing data quality errors in HL7 messages. Please always check our website regularly as we have more resources on the way.

Also available on our DSHS website are publications that include registry consent forms, registry posters and brochures for patients and providers, and vaccine-related publications. Many items can be ordered and delivered from DSHS to your organization at no cost to you.

The registry offers customer support by phone and email. Phone support is available at 800-348-9158. Unfortunately, our phone line is unavailable at the time of this recording due to remote work safety measures. However, email support is available via ImmTrac2@dshs.texas.gov for all registration/renewal or ImmTrac2 questions, and ImmTracMU@dshs.texas.gov for all data exchange-related questions.

This concludes our presentation on Batch FTP Production and ongoing submission. Thank you, from the Texas Immunization Registry. Please submit any additional questions at the bottom of the screen. We will begin by answering questions made during the presentation.

>> Patterson: Okay. So, our first question here. So, this one is asking about a couple of fields in HL7. I'm going to paraphrase the question. They're saying that ImmTrac2 requires 2.5, but they see we require MSH 22, apparently also part of the HL7 2.7.1 standard. So, they're just asking us to confirm that we need MSH22, and whether or not we need that with the queries, which would only be for bidirectional.

And if you're not comfortable with that one, I can go ahead and take that question. So, to answer that question, we do currently use HL7 2.5.1 as our standard. We are not using 2.7.1. As far as MSH22, I believe you mentioned MSH23, we are not using HL7 2.7.1 standards. So whatever that standard requires for those fields, you can ignore. For the Texas Immunization Registry, we have a custom requirement for MSH22.

You can find that in our HL7 2.5.1 implementation guide. It explains when those fields are needed and what needs to be in that field. Okay. Next question here. It looks like this one is coming from the same person. So, they have a question, again, about the HL7 guide. So, they're asking about fields that are marked as R in that guide, RE basically just means required but may be empty.

Essentially, what that means in practice is that you are expected to send that information that's marked as RE if you have that information. If you do not, it will not cause an error. So, it may be left empty. But if you have the information, you should send it. Okay. So, we don't have very many questions here. I'll keep looking. So, we have a question here about adding new patients. If you have a duplicate patient, what do you do when you go to add the account and it tells you that the patient already exists?

>> Murphy: So, oftentimes when you run the query and it's going to look for someone that matches those parameters. So, if you go in there and somebody matches but that's not the person, you're just going to go ahead and continue on as if you're entering in a new person. Is there anything

you'd like to add to that, Jonathan?

>> Patterson: Yeah. I believe this question is about if you're going through the website. If you're going through the website, it should give you an option to say no, this isn't the person, and there should be a button to add a new client. We do have training videos available on our training website. And I can go ahead and post a link to that in a moment here. Okay. So, our next question. So, this one is related to an error that they are receiving.

They're saying they're getting an error that says OBX has been ignored because a required field, OBX14 is missing. That would be the observation date. So they don't really state it as a question, but can you kind of explain what happens when the immunization is rejected because OBX14 is missing?

>> Murphy: For any of the errors that you're experiencing, you can go to our HL7 error guide, which is on our website. And that will show you how to correct that error. Do you want to speak on the OBX14 in particular, Jonathan?

>> Patterson: Yeah, that's fine. I just posted a link to the training website where you can see more training videos about how to add clients on the website. Back to the OBX14, that is the observation date. OBX is used to send a lot of additional information about the immunization. It's used for reporting vaccine information sheets, what date they were published, what day they were presented.

And the observation date that goes in OBX 14 is just what date that occurred, typically the same day you gave the shot. What we most often see when OBX 14 is missing is it's a problem with what we call the mapping, basically the way that your messages are being set up by your EHR vendor. Typically, you bring that to their attention and they can correct that for you. If they have any additional questions, you can always direct them back to us at the ImmTracMU email address.

All right. A question here is where do we find COVID-19 reporting codes, like CDX? Those are actually going to be on the CDC's website. If you look up CDC CDX codes for COVID on a Google search, you should be able to find the website. They have an entire website dedicated just to COVID-19 immunizations and all the different codes you need for that.

Next question is asking where they can get samples of HL7 messages. We can provide samples. Just email us.

>> Murphy: And also, a lot of times there will be samples within that HL7 error guide that's available on our website to kind of give you an idea.

>> Patterson: Yeah, exactly. A lot of those, if you go in there and

you're looking up a specific error and trying to figure out how to solve it, we often give you an example. Okay. Give me just a moment here. I'm reading through some of our other questions. All right. So, this question here is, they're saying that their EMR vendor has mapped -- they're saying they've set up an interface with Texas and they've noticed that their records are showing up, but they don't remember sending any test files.

So, they're asking if the messages they're already sending will count as test files.

>> Murphy: So that could be a number of things. It depends on whether or not you have an FTP connection already set up and you're testing for bidirectional. If you have been entering things manually through the ImmTrac2 website, your patients' injections are going to show up within ImmTrac. So as far as the injections you're seeing, I can't really speak to that exactly without some more information.

But if you're entering it manually into the website, those would show up. However, the test files are usually done not with real patient information. And so, I don't really see a reason why those would be coming over from tests. And in that case, yes, you would still need to submit test files.

>> Patterson: Yeah, it's really going to depend on what your situation is. If you are certain that you're not entering them in manually, nobody at your organization is doing any manual entry, then the fact that your records are coming through and showing up in ImmTrac means that you are likely in testing. You just may not be aware of what your EHR vendor did. The best way to help get you an answer is to include information you have about your organization, such as the org code or your TX IIS ID number.

Just put that in your question asking us what your current status is with the data exchange. Okay. Next question is here, they're saying that they're having trouble with multiple patient data entry. They're saying that they tried to reach out, but they have not yet received any response.

>> Murphy: I'm not quite sure what you mean by multiple patient data entry, if you're talking about actually submitting a batch of real patient data, or entering in multiple immunizations at once. So, I would need some more information to answer that.

>> Patterson: Yeah. We did recently go live with a new tool for adding multiple patients at once for COVID records. If that's what you're referring to, you want to reach out to the ImmTrac2 email address. That's the first one at the top there. I do apologize that response times are taking a little while right now just because of the volume of emails. It may take a little bit of time.

Okay. So, the next question. So, they're saying that right now they're only using the system for COVID-19 immunizations. Is this webinar relevant to them?

>> Murphy: Yes. So, this webinar is going to be relevant to anyone who is giving immunizations that have to be reported, which COVID-19 falls under. And it's a way of expediting for your organizations to provide us the immunization data. And so, it makes your job a little easier if you do FTP or bidirectional data exchange. It prevents you from having to do a lot of the manual things, so I would say it's very relevant.

>> Patterson: Yeah. If you're interested in adding those records without having to do any manual work, then setting up a data exchange connection can be extremely helpful, even if you're only doing COVID. Let's see. Next question here. Okay. So, they're asking what kind of records their EHR would be sending. Would they only be sending records for vaccines in their office, or would it also be including vaccines that were done in the past, like historical immunizations from outside of our office?

>> Murphy: So, it's going to send over the immunization that you have on file. So, with that historical load, that would include anything that you have in your system from the day that you're starting. For that it would be immunizations whether your patient received them at your facility or not, so long as they brought you those files. And then for transmitting ones from that point on, those would be only the ones from your office.

>> Patterson: Okay. Next question here. So, this one is a little bit more of a technical question about querying. This presentation was focused primarily on just production for the FTP, not for the bidirectional. But we can still answer some of those questions. For this question here, they were asking when they query, should they expect a return of one match, or a maximum of ten matches?

>> Murphy: So, in the case of query, it would be a maximum of ten.

>> Patterson: Yeah.

>> Murphy: The criteria meets and it's only one response, then you'll only get one.

>> Patterson: Yeah, exactly. And it really depends on what your EHR is capable of. When you send that query, there's a setting in your EHR where you can say how many responses your EHR can handle. And so, you can specify any number you want between one and ten. If you can only handle one at a time, that's what you'd expect.

We do have some people experiencing technical difficulties, with either the screen or the audio. We will be posting a recording of this session at a

later date on our website. It's actually going to be at that same training website that I posted earlier, so just keep an eye on that, and you should see a recording posted eventually. If you're having trouble viewing this webinar, you can just go back and re-watch that.

>> Murphy: If you have questions, we'll also be giving this webinar on Friday from 1:00 to 2:00 as well.

>> Patterson: Okay. More people asking for a link to the implementation guide for HL7. I actually did just post that a few minutes ago, and you can see that there. Next question. If it's the NK1 segment appropriate for an emergency contact?

>> Murphy: I'm going to leave that one to you. I know it's appropriate for parent to a minor, but I'm not sure about emergency contact.

>> Patterson: Yeah. You can include any kind of relation in there as long as it is relevant to that patient. So, an emergency contact would be fine. It is a mandatory field for -- or segment for minors. We do require parent's information to be reported. It will not cause rejection, but it will cause an error if it's absent. For adults it's more optional, but we would still like to see that information included if possible, the emergency contact.

All right. So, let me read this one. Okay. So, I think that they're asking here what happens if they send more than one file per week. Will the second file be ignored?

>> Murphy: If you don't have a unique naming convention, you will have errors on the second file. However, if you're not submitting COVID data, we're not really allowing multiple submissions unless you're adhering to CDC guidelines for COVID immunization reporting. Anything you'd like to add, Jonathan?

>> Patterson: No. As long as the file names are unique, it should process. But like Suzanne said, if you're not sending COVID records, you should only send one file per week. It's not going to cause rejection if you're sending more than one, but just because of the load it puts on our system, we're asking only people sending COVID to send more than one per week. But any file you send must have a unique name. If they do not have a unique name, it will cause a rejection.

In fact, in some situations I've seen recently, where organizations actually have multiple systems sending files, they sometimes end up sending a bunch of files on the same day. In that case, if they have the same name, it will overwrite the previous file. You may not get a rejection telling you it didn't process.

Let's see.

>> Murphy: And just a note, for FTP, it can take a couple days to process those files. So, if you look at two days later, it might not have been uploaded to ImmTrac2. If you're looking for that kind of responsiveness, you should really look into bidirectional.

>> Patterson: Yeah. Right now -- I've seen some files in the past month or so take up to a week to process. Okay. So, we have somebody here asking about county information, which has been a high-profile topic lately. It's one of the things that the CDC has asked for COVID records, so we're asking to everyone send county information. That would be the county of residence for your patients.

This person here is saying they realized their EHR has not been sending county information, and asking if there is any quick way they can update that in the records. The quickest way is if you have that documented somewhere in your EHR, you already have the county information, would be to ask your EHR vendor to resend those records. What will happen is you'll probably get a lot of notifications about that record already existing in our system, and that's fine.

It should not be creating duplicates of those records, as long as the information is the same. The only new thing would be the county for your patient's address, and ImmTrac should update it. That would be the quickest way. The other possibility would be going through manually. I realize that would be a lot of work for a lot of sites. So, if your EHR vendor is able to resend those messages with the county, ask them to do so.

A few more people mentioning technical problems. I do apologize if you're encountering that. We will have another session on Friday, and we will be posting these online. Okay. Next question. So, during the testing phase for FTP, how frequently can we send HL7 batch files?

>> Murphy: During the testing phase, that's going to be setting up with your EHR vendor to make sure that everything is technically reporting to us correctly. And so, we won't truly accept the batch files until you're promoted into production. Not with true patient immunization information.

>> Patterson: As far as the test files themselves go, you can send as many as you want. You just have to make sure that they all have unique names. They do take a little while to process, especially lately. A lot of the processing load has been shifted over to the processing COVID files. So right now, test files are taking sometimes a few weeks to process. If you have a file that you need processed urgently, especially if you're a COVID site, just let us know. Send us an email.

We'll try to speed up the processing on those. But as far as how many you can send, there's not a limit in testing, they just need to be uniquely

named. All right. So, we have a question here. What is the timeline for CES data to be uploaded? Are those coming via batch files or individually?

>> Murphy: So, from my understanding, CES would be coming through batch file. As far as the time delays on that and how long it's going to take to upload, I have no clue. Do you know anything more on that, Jonathan?

>> Patterson: I'm not entirely sure what the timeframes on that look like, but it should be pretty typical for any organization. My understanding is that CES should be sending records daily. So, they should be batching the records they documented that day and sending them to us, but I'm not entirely certain. You may want to talk to whoever your CES contact is to confirm that.

>> Murphy: And Alan, you can reach out with that to the ImmTracMU, that second email there, if you're having trouble getting an answer from your contact. And I can pass it along to the CES contact within our team as well.

>> Patterson: Okay. So, next question here. So, they are saying that they've been doing manual entry for years, but they've now entered production, I'm assuming with FTP. They're asking if they submit a historical load, will it override everything already in ImmTrac2?

>> Murphy: Well, if you've been reporting manually for years, then you don't need to re-report things that are already existing.

>> Patterson: Yeah. The two reasons you would do a historical load in your situation would either be A. if you weren't reporting. If you know there are big gaps in your patients' records, that's a situation you would want to do a historical load. The other one would be if you have updated information. You may have not been entering complete records, or there may have been gaps in the information you were providing.

If you can provide additional information, you may want to consider doing a historical load. But if your information was accurate, it should be just updating those records with whatever additional information you provided. If you've been thorough about adding everything, there may not be a need for a historical load.

Okay. So, another question about CES asking about how we handle questionable matches.

>> Murphy: For questionable matches, anytime you're going to go to input something you will have potential matches. However, if your patient does not match with that, then you just decline that one and say no, this isn't that person and go on to enter a new client information. So as far as

questionable matches, if that's what you're referring to, whoever is putting that information in will have that option.

>> Patterson: I believe specific to CES, there's education material in the works that will be coming out soon. Okay. So, the next question is, what value should we use for PID3 if the patient is not in the provider's EMR? So, PID3 if I remember correctly is the patient ID number. If the patient's not in your EMR, I'm not sure how you would be sending records in that case without them being in your EMR.

But if it's a special use case, you may need to develop a way of generating a unique ID number for whichever system is sending records. Next question here. This question is asking about MSH10. Let's see. I'm trying to remember off the top of my head what MSH10 is. Is that the message ID number? I believe -- if that's the message ID number, it's just going to be whatever, kind of, unique number you want to generate.

It really doesn't matter too much how you create that number, as long as it's just something unique that you know is specific to that message. I believe a lot of systems I have seen will use a timestamp as specific down to the millisecond. That way they have some sort of unique ID attached to that message. But that's usually something that an EHR would be able to generate on their own. But if you have specific questions about that, you can always email us.

For the most part, MSH10 can be random. As long as you have a way of generating a unique, random ID number, it should be fine. Okay. Let's see.

>> Murphy: I see a question, Jonathan, regarding CSV or Excel files. It came in at 1:18. It's asking if data can be uploaded to ImmTrac through CSV or XLS files instead of manually. And unfortunately, the registry cannot accept either of those file formats, so you would have to continue entering manually until you get the HL7 setup.

>> Patterson: Yeah. Unfortunately, we can't take the CSV files. I know that that was a process in the past with past disaster scenarios, but unfortunately that functionality no longer works. Let's see. So, we've got some questions about duplicate patients and the rapid entry tool. Unfortunately, we can't really answer a lot of those questions. You may want to check the training website as far as how to deal with duplicate patients.

I believe that is covered in one of the training videos. As far as the rapid entry tool, you want to email the ImmTrac2 email address. It's a fairly new tool. I believe they should have some training material either already available or coming soon to answer some of those questions. Okay. So, question here. What is the difference between error code IMR132,

immunization rejected for an unconsented client, or CLR100, immunization rejected for no consent on file?

>> Murphy: So, the difference between those, and correct me if I'm wrong, Jonathan. But for the 132 that would be somebody who had filled out specifically that they do not consent. And a CLR100 would be that that person has neither consented nor not consented.

>> Patterson: So, what's going on with the IMR132 is it's actually related to the disaster consent right now.

>> Murphy: Okay.

>> Patterson: Basically, because of our disaster laws, we're allowed to accept disaster immunizations without any kind of consent. And when that happens, we create what's called a disaster unconsented account for that patient. And that account is only allowed to accept disaster records. So, whenever a non-disaster immunization is reported such as a flu vaccine or something like that, for a disaster patient you will get that IMR132 back.

You know that ImmTrac found the patient, but is not able to accept that immunization. You'll probably see that more frequently these days because of the number of people receiving COVID vaccines. In that case, you pretty much treat it the same way you would treat it a CLR100. You don't have consent for that record to be saved, but if you ask that patient if they want to have some sort of a process for following up for that patient if they'd like to consent to record it, that way records can start being added for that patient.

Okay. So, if we stop giving COVID immunizations, how do we change back to weekly submissions?

>> Murphy: So, if you stop giving out COVID immunizations, to go back to weekly, you'll just need to get in touch with your EHR and also notify the ImmTracMU account, so we can update that information. And then from there you would just -- you and your EHR would work to revise that so it's only being sent to the registry once a week.

>> Patterson: Okay. So, we have a follow-up question about that MSH22 field. Just to kind of really briefly go over what's going on there, MSH22 is going to be the ID number of whichever organization is reporting either the immunization or consent. MSH22 is not required normally. If you're just sending regular batch files to the registry, not a field you have to worry about.

MSH22 becomes required for batch files when you start reporting consent. In that case, MSH22 is used to identify what organization collected that consent. But that's only if you're doing the PD112 consent fields. If

you're doing HL7 consent. For bidirectional, real-time remember services, MSH22 becomes required at all time. If you're doing the real-time web services, then MSH22 is required.

Okay. So, next question here is, sometimes we get a patient -- a new patient who declines ImmTrac participation, but we find out later they have an ID number. Since they are now declining, how do we prevent their records from being in ImmTrac?

>> Murphy: So, if somebody has consented to ImmTrac and they've opted in, then they actually need to email us requesting to opt out after opting in. So that's not something to do on your end. That's actually -- falls on the patient.

>> Patterson: Yeah, just direct them to us, ask them to email us and we can take care of it for them. But otherwise you're under no obligation to pull their records from the registry, because they've already granted consent.

Okay. A question here is asking how do I reset my password? I'm not sure if they're asking about FTP or ImmTrac.

>> Murphy: So, I'll just kind of answer both. [Chuckling] So in ImmTrac, you should be able to click "forgot password" and do a password reset in that manner. However, with the FTP account where you're going in through the FTP thin client log-in, you should contact your organization's ImmTrac2 point of contact and they should have the credentials. However, if you are that person and you are not aware of the log-in information, please note that we can only release credentials to the point of contact for an organization, and we can only release them in the organization's point of contact has requested them.

So, if you have an employee who's trying to log in and they email us and ask us, it's going to be forwarded to you. And you will have to email us for us to be able to release those. And then from there the point of contact for an organization is the person responsible for distributing the FTP credentials to the correct personnel.

>> Patterson: Okay. So, the next question here. They're asking about the FTP website. Basically, they're saying that they use that website currently to submit IHQ files. Would this be the same website they would use to submit HL7 files?

>> Murphy: Yes.

>> Patterson: Yep. It's going to be the same site. A few minutes here to look through some of these other questions.

>> Murphy: Somebody had asked about training videos and methods

around 1:30. You can opt to have a representative from the local health department that your organization falls under to come and provide training. If that is the preferred method. And then I would say there's no real best training video or method. It just depends on whether you'd rather have that kind of instruction or you'd prefer to work along with one of our recorded videos, which are available on the ImmTrac DSHS website.

>> Patterson: Yeah. The one thing I would caution right now is just because of COVID, some local health departments may not have a lot of availability for that sort of in-person training. So, it may take some time before they're able to provide that.

>> Murphy: And then we had one at 1:32 from Glenda about adult patients that don't provide their mother's name. In the case that a patient does not provide their mother's name, we actually prefer that you put the patient's name in those slots rather than N/A. And so, the reason for doing that is it's more helpful in preventing a duplicate coming up than if you put N/A.

>> Patterson: Yeah, ImmTrac does use that mother's name as one of the fields it tries to use to match patients up. If you have a lot of patients with N/A in that field, it can create a lot of false matches.

>> Murphy: As far as the error report, which Rita was asking at 1:33, how do I find the error report. When you're doing ongoing submissions, the error report is going to be found within your FTP. You're going to have four folders -- received, accepted, HL7 Dropbox or submit depending on when it's from, and then DQA report. The DQA report folder is where you're going to find the error reports for each submission.

And you'll know which submission it goes along with based on the naming convention in there. So then from there, the errors that are shown within the DQA report will coincide with the HL7 error guide for those who are submitting in HL7. And you're able to troubleshoot in that manner. However, if you have questions regarding your errors, please email the ImmTracMU@dshs.texas.gov email and we can help you with that.

>> Patterson: So, the next question, is there a file size limit for the weekly batch file?

>> Murphy: I don't know of one. Do you, Jonathan?

>> Patterson: Yeah, so right now the file size limit is about 15 mega-bytes. It's very rare for anybody to get to that size, but that is the cutoff. If you go above that, your file will often reject.

>> Murphy: But if you have more than that, then we are able to accept the entire load by doing some unique naming conventions if you ever

ran into that issue.

>> Patterson: Yeah, you'd want to break it up into multiple files and just add some unique identifiers onto the file names to prevent them from duplicating. Let's see. So, I don't really see a question here, but they're saying MR, which is medical record number, PI which is a personal identifier, PN or PT -- I don't remember off the top of my head what those two mean.

>> Murphy: Patient number?

>> Patterson: I guess all COVID-19 recipients will require to be in EMR? Thanks. I think this is probably referring back to the question about what happens if you have a patient who doesn't have an ID number in your EMR. Yeah. Again, you would just have to have some way of providing a unique number. There really aren't any strict rules I'm aware of about how those are generated. As long as that's a unique number for your patient in your system, however you go about generating it is fine as long as you have some way of providing a unique number.

>> Murphy: Will we be required to include file or batch message segments? I'm not sure what that's asking.

>> Patterson: When you're sending batch files, in HL7 standard there's a few segments called batch headers and file headers, and there's also a file trailer and batch trailer that go with those. Those are not required in ImmTrac. We do occasionally run into errors where the system may confuse segments if they're not included, but we don't strictly require them. So it's really optional whether or not you want to use them.

>> Murphy: And then additionally, Jonathan, for the next question, what format is acceptable for flat file consents?

>> Patterson: So, the flat file consent is not HL7. It's called flat file. It has to do with files -- the spacing of the information within the file. We actually have our flat file format guide on our website, on our forms page. I will go ahead and post a link to that real quick here. All right. So, I just posted a link to that. And that will explain the requirements for that document.

>> Murphy: The point of contact changes the password on FTP log-in site, will it disable the interface connection to our EMR? It shouldn't disable the EMR's connection.

>> Patterson: Actually, what's going to happen --

>> Murphy: Pardon me?

>> Patterson: Sorry. It actually might.

>> Murphy: Yeah.

>> Patterson: What's going to happen is that FTP account is actually shared. Both your point of contact, whoever is going to that website, and your EMR are all using that same password. So, when it changes for one, it changes for everybody, which would have the effect of essentially disabling the connection between your EMR and registry, which is why we say to work with your EMR ahead of time if you're going to change your password.

>> Murphy: That's why we limit it to the point of contact, particularly for large organizations submitting through a parent site. So, if somebody changes the password and every site but yours gets the new password, they would report it, but you're going to have the correct credentials for your information to be transmitted.

>> Patterson: Okay. Just asking about whether we're going to have more training for anybody who wasn't able to make it today. We will have one more session on Friday. And then we will be posting a recording of one of the two sessions on our website. Okay.

>> Murphy: So, the question, do we send test files to the sandbox folder? For that one, you can put them in the sandbox folder or if you're a new user, a lot of times people just put them into the HL7 drop-off folder. It's just so long as that's communicated. If you are already submitting via FTP, probably prefer that you put them in the sandbox, particularly if you're going to continue reporting while you're making adjustments.

>> Patterson: Yeah, most sites don't have a sandbox folder. If you do have a sandbox folder, you should be sending your test files there. The reason the sandbox folder exists is once you go into production, meaning that your records are making it into ImmTrac, we have no way of rolling you back into a testing phase, so anything you send in the drop-off folder gets treated like a real file.

If you have anything you're trying to test using fake records or anything like that, it will go in your sandbox folder. If you don't have one and you want to do testing, you can email us and we'll let you know if you need a sandbox folder or not. So, are test HL7 files loaded to the same website as production HL7 files? Is there a naming convention to distinguish between test and production files?

>> Murphy: So that kind of goes along with what we just talked about with the sandbox. Someone may start running testing with you and your EMR vendor, once we do that, you'll submit. And you will go through the same interface that you would submitting production files. The difference is going to be if you're a brand-new FTP user, you're probably just going to put it in the HL7 drop-off. However, if you're an existing user and you're making some changes or something like that, then you will most likely have a

sandbox folder where you will be placing the test files.

But if you're new to FTP, then yes, you're going to go in the same client interface to drop off your test files.

>> Patterson: It's the same website whether you're in test or production. It doesn't change. We actually have a related question to this one. So, they're asking should MSH11 be T for test phase? And that is the HL7 standard. If you're doing testing, you would put T in MSH11. There is a bug right now in ImmTrac where if you send T for testing it will actually return an error even though you're in testing.

But once you're in production, if you're send T to MSH11 it's not going to treat it as a test file. Anything that goes into production it's going to treat as a production record.

>> Murphy: And yes, to confirm, you are not required to use batch header and trailers for the batch submission for ImmTrac2.

>> Patterson: So, another question is how to request a sandbox folder. You would just email us at the ImmTracMU email address. Just let us know that you need to do some testing, and we will either create the sandbox folder for you, or we will let you know if you don't need it.

>> Murphy: Sorry if I say your name wrong. Someone asked, you mention put in last name if mother's last name unknown. What about first name? So, put the correct information that you have. So, if you know a mother's first name, but not last name, put in the correct mother's first name. And then the client's last name.

>> Patterson: Someone asking if they are currently using the sandbox folder. Just email us to ask. If you are able to get into the FTP website, that would be another way, just go there and see what folders you have.

Okay. Is there a limit on the size of a batch file submitted for tests or production? Yeah, it's 15 mega-bytes. And that was actually the last question.

>> Murphy: Any last-second questions? All right. Well, thank you, everyone, for joining us. If you had technical issues, or you'd like to tune in again, we will have another webinar this Friday from 1:00 to 2:00 p.m. central standard time. So that will be the 26th, 1:00 to 2:00 p.m. central standard time. All right. Have a great day, everyone.

[End of Session, 1:59 p.m. CT]