



Minnesota Immunization Information Connection Flat File Specification Version 5



The difference between this version of flat file specification and version 3.0 is the addition of 3 characters to the end of the immunization record. This is the location where dose-level eligibility for MnVFC vaccine will be submitted using the 3-character code, V00 – V07.

Health care providers interested in submitting batch immunization data to the Minnesota Immunization Information Connection (MIIC) immunization registry may do so using a flat file or HL7 file format. With flat file submissions, immunization data is passed to MIIC using two or three fixed-length ASCII files: a 574-character client file, a 266-character immunization file, and a 34-character optional comment file. A provider-supplied record identifier uniquely identifies each client and links data in each of the three files. Follow the specifications below to submit flat file immunization data to MIIC.

Providers are encouraged to send information for all available fields; if the information for a specified field is not available, the field should be blank filled. The "Req" column indicates data fields that are required (✓) and fields that are strongly encouraged (*) to maintain registry accuracy and aid in client de-duplication. Each file should have the indicated character length with carriage returns/line feeds at the end of each line. Character fields must be left justified and blank-filled, number fields must be right justified and blank-filled, and date fields must follow the MMDDYYYY format with leading zeroes.

File names should include the organization, date, and a file type indicator. For example, the three files from Gopher Clinic on February 1, 2014 should be named: gopherclinic_02012014_cli, gopherclinic_02012014_imm, and gopherclinic_02012014_com. The combined file submission to MIIC must be less than 50 megabytes and must be transferred securely. Providers may encrypt files and upload them to a MDH FTP server or they may upload files directly within the MIIC application. Contact the MIIC Help Desk at health.miichelp@state.mn.us or 651-201-5503, 800-657-3970 for assistance with file specifications and file transfer to MIIC.

MIIC code set are available at www.health.state.mn.us/divs/idepc/immunize/registry/hp/data.html.

Client File

Client File Length: 574 characters

Column	Data Type	Position	Default	Notes	Req
Record Identifier	Char(24)	1-24		Supplied by sender, used to link a Client to Immunization records.	✓
Client Status	Char(1)	25	A	Use the MIIC code set for Client Status .	
First Name	Char(25)	26-50		If client does not have a first name, "NO FIRST NAME" must be entered in this field.	✓*
Middle Name	Char(25)	51-75			✓*
Last Name	Char(35)	76-110			✓*
Name Suffix	Char(10)	111-120		JR, III, etc.	
Birth Date	Date(8)	121-128		Use MMDDYYYY format.	✓*
Death Date	Date(8)	129-136		Use MMDDYYYY format.	
Mother's First Name	Char(25)	137-161			✓*
Mother's Maiden Last Name	Char(35)	162-196			✓*

Client File, continued

Column	Data Type	Position	Default	Notes	Req
Sex (Gender)	Char(1)	197		Use the MIIC code set for Sex (Gender) .	✓*
Race	Char(1)	198		Use the MIIC code set for Race .	✓
Ethnicity	Char(2)	199-200		Use the MIIC code set for Ethnicity .	✓
[Field not in use]	Char(9)	201-209		Field not in use. Use blanks as space holders.	
Contact Allowed	Char(2)	210-211	02	Use the MIIC code set for Contact . If <null> default to 02.	
Consent to Share	Char(1)	212	<null>	Use the MIIC code set for Consent to Share .	
Chart Number	Char(20)	213-232		Identifier within the sending organization's system, such as medical record number, health plan member number, etc.	
Responsible Party First Name	Char(25)	233-257			
Responsible Party Middle Name	Char(25)	258-282			
Responsible Party Last Name	Char(35)	283-317			
Responsible Party Relationship	Char(2)	318-319		Use the MIIC code set for Relationship .	
Street Address	Char(55)	320-374		Address information is strongly encouraged and is required if Reminder/Recall will be used.	*
PO Box Route Line	Char(55)	375-429			
Other Address Line	Char(55)	430-484			
City	Char(52)	485-536			
State	Char(2)	537-538			
Zip	Char(9)	539-547		If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators.	*
County	Char(5)	548-552		Use the MIIC code set for County .	*
Phone	Char(17)	553-569		Format as digits only starting with the area code, ex. 6081234567. NOTE: "0000000000" is not a valid phone number – if the phone number is unavailable, fill this field with spaces.	
Sending Organization	Char(5)	570-574		The MIIC organization ID number for the provider that administered the immunization(s). This field is not required, and generally better left blank if Sending Organization is supplied in the Immunization file.	

Immunization File

Column	Data Type	Position	Default	Notes	Req
Client Record Identifier	Char(24)	1-24		Supplied by sender, used to link Immunizations to a Client's record.	✓
Vaccine Group	Char(16)	25-40		Providers are encouraged to send both the vaccine CPT Code and Trade Name to indicate vaccine administered. Other identifiers that may be used include (in order of preference): <ul style="list-style-type: none"> - CPT Code - Trade Name - Trade Name and Vaccine Group - CPT Code and Vaccine Group Use the MIIC code set for Vaccines .	✓
CPT Code	Char(5)	41-45			
Trade Name	Char(24)	46-69			
Vaccination Date	Date(8)	70-77		MMDDYYYY or HISTORIC (currently HISTORIC is only valid for smallpox).	✓
Administration Route Code	Char(2)	78-79		Use the MIIC code set for Administration Route .	
Body Site Code	Char(4)	80-83		Use the MIIC code set for Body Site .	
Reaction Code	Char(8)	84-91		Use the MIIC code set for Reaction .	
Manufacturer Code	Char(4)	92-95		Use the MIIC code set for Manufacturers .	✓
Immunization Information Source	Char(2)	96-97	01	Indicates whether this immunization was administered by your organization or the immunization information is historical from client record. Use the MIIC code set for Immunization Information Source .	✓
Lot Number	Char(30)	98-127		Will be displayed in the Complete Immunization Record report but will not detract from inventory tracked in MIIC.	✓
Provider Name	Char(50)	128-177		The historical provider name. This information will display on the Immunization Detail page, if this is an historical immunization.	
Administered By Name	Char(50)	178-227		The name of the person who administered the vaccination (not stored in MIIC).	
Site Name	Char(30)	228-257		The name of the clinic site where the vaccination occurred vaccination (not stored in MIIC).	
Sending Organization	Char(5)	258-262		The MIIC organization ID for the provider that administered the immunization(s). This field is optional if an organization is sending all of its own immunization data but is required if the provider is submitting data on behalf of another organization.	
Action Code	Char(1)	263	A	Indicates whether this is an add or delete immunization transaction. If <null> default to A. Use the MIIC code set for Action .	

Immunization File - continued

Column	Data Type	Position	Default	Notes	Req
Dose level eligibility code	Char(3)	264-266	V00	Indicates the eligibility of the client on the day this shot was given. Use the MIIC code set for Eligibility. If a valid eligibility code is not received on a new immunization, the record will be accepted, but an error will be generated and the default code (V00 - Unknown) will be entered. There may be different eligibility codes submitted for a particular visit.	✓

Comment File (optional)

Comment File Length: 34 characters

Column	Data Type	Position	Default	Notes	Req
Client Record Identifier	Char(24)	1-24		Supplied by sender, used to link Comments to a Clients record. This field is required if a comment code is being sent.	✓
Comment Code	Char(2)	25-26		Use the MIIC code set for Comments .	✓
Applies to Date	Date(8)	27-34		The date to which the comment applies. Use the MMDDYYYY format.	

Examples

Records need to be blank filled. In the following example, blanks are represented with the '*' character for illustrative purposes.

Client Record

*****12345AREBECA*****MAY*****KERRY*****08141985*****JANE***** *****LARSON*****FWNH*****02Y*****33DAVID*****ROBERT*****KERRY***** *****18739*EAST*STREET***** *****TODD*****MN535291234MN017*****6129876543*****

Immunization Record

*****12345DTAP*****TETRAMUNE*****10091985*****00***** *****V02

Comment Code Record

*****12345PD10091985
