**Request for Pennsylvania Vaccination Record Data**

Request ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For DOH Use Only**

**for HEDIS® Reporting**

This form is intended for use only by a qualified health plan insurance company licensed in Pennsylvania who is seeking information on vaccination records for its beneficiaries as part of the Quality Rating System measures reported to the Centers for Medicare and Medicaid Services.

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| --- | --- |
| **HEALTH INSURANCE COMPANY’S INFORMATION** | |
| **Health insurance name:** | Click or tap here to enter text. |
| **Company address:** | Click or tap here to enter text. |
| **Contact Name:** | Click or tap here to enter text. |
| **Contact Email address:** | Click or tap here to enter text. |
| **Contact Phone number:** | Click or tap here to enter text. |
| **PATIENT FILE FORMAT REQUIREMENTS** | |
| Once your application has been approved, you will be instructed to transmit a patient file via secure email protocol or SFTP/FTP.  **Do not send your file until we have instructed you to do so.** No more than 1 million patients can be included in a file. In addition, the file must meet the following requirements:   * Tab-Delimited Text File * Fields with the following field headers listed in the order shown below   + First\_name   + Last\_name   + DOB – Date of Birth must be formatted as MM/DD/YYYY   + ZIP – Only include first 5 digits of zip code   + Member\_ID – Unique patient identifier (typically a health plan member ID). **DO NOT use a social security number.** | |
| **RETURNED PA-SIIS DATA** | |
| Please note that all fields provided in the patient file are used as part of the exact matching process. Due to the limited data being used for this matching process, it is possible for a false positive to occur. When an exact match occurs, the following patient information will be returned to you via secure email or SFTP/FTP protocol:   * Member\_ID – Return of the unique patient identifier you provided * CVX\_Code – The CVX code for the vaccination as on file in PA-SIIS.   + Values are available <https://www2.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx> * CVX\_Description – The vaccination description as assigned to the CVX code * Vaccination\_date – The date the vaccination was administered * Chicken\_pox indicator -- Indicates if the patient is documented in PA-SIIS as having had the chicken pox disease   + Values are 0=no and 1=yes | |
| **AUTHORIZED REPRESENTATIVE OF THE HEALTH INSURANCE COMPANY** | |
| My signature below attests that I am an authorized representative of this health insurance company and that I am requesting information in accordance with the HEDIS® National Committee for Quality Assurance (NCQA) standards. I understand that information in Pennsylvania’s Immunization Regitry is protected health information under the Disease Prevention and Control Law, Title 28, Chapter 27 Communicable and Noncommunicable Disease Regulations. | |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Signature:** |  |
| **Date:** | Click or tap here to enter text. |

**Submit this completed form to the following:**

Pa. Department of Health

Bureau of Health Statistics and Registries

Immunization Registry

Email: [RA-DHPASIIS-DATA@pa.gov](mailto:RA-DHPASIIS-DATA@pa.gov)

Fax: 717-213-6936