

Question Nos	Survey Questions to be completed during Registration Process	Possible Answers or Free Text
Eligible Providers (Hospitals and Eligible Professionals) details		
1	Provider NPI:	Provide NPI number.
2	Provider type	Please reply either 'Hospital' or 'Professional'
3	Hospitals or Eligible Professional Name	If Hospitals please provide Hospital Name else enter NA. If Professionals provide First Name, Last Name else enter NA.
4	Address	Please provide organization address.
	Phone	Please provide phone number.
MU information		
5	Stage 1 status	Please summarize the stage 1 status, if applicable
6	Stage 2 Reporting Period Begin Date:	Please enter the date
	Stage 2 Reporting Period End Date:	Please enter the date
Contact Details		
7	MU contact - Email id:	Please provide email id, contact number and address.
	Contact no:	
	Address:	
8	IT/ Vendor contact- Email id:	Please provide email id, contact number and address.
	Contact no:	
	Address:	
9	NCIR contact- Email id:	Please provide email id, contact number and address.
	Contact no:	
	Address:	
EHR Questions		
10	EHR Vendor name	Please enter the EHR Vendor for this provider
11	Software Product name	
12	Software version:	
13	Is your EHR capable of sending HL7 2.5.1 transactions?	Please enter 'Yes'/ 'No'/ 'I don't know'

14	Is your EHR capable of creating VXU 2.5.1 messages?	Please enter 'Yes'/ 'No'/ 'I don't know'
15	Is your EHR capable of accepting and processing ACK HL7 2.5.1 messages?	Please enter 'Yes'/ 'No'/ 'I don't know'
16	Is your EHR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?	Please enter 'Yes'/ 'No'/ 'I don't know'
17	Which of the following interfaces are you planning to implement Update transaction (HL7 2.5 VXU/ACK) /Query/Response (HL7 2.5 QBP/RSP) / Both	Please enter the any one of the options.
18	If implementing Query/Response, do you plan to use NCIR series and/or recommendation information to display in your EHR? [NCIR can turn these features on as needed.]	Please enter 'Yes'/ 'No'/ 'I don't know'
19	Does your EHR support real-time messaging using web services?	Please enter either 'Yes' or 'No'
20	Do you have a hub through which all your organizations will send data, so that a single connection can be made to the NCIR?	Please enter 'Yes'/ 'No'/ 'I don't know'
21	Do you have a test environment? (NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.)	Please enter either 'Yes' or 'No'
22	Please provide the name of the person who will be the primary contact for addressing errors / rejects in HL7 messages	Please enter name, contact name, phone, email details.
23	How does your application handle reporting errors/warnings (ACKs returned in response to VXU)?	Free Text
24	Are you planning to connect directly with the NCIR or go through the NC HIE?	Please enter 'Yes'/ 'No'/ 'I don't know'

25	How adaptable is the software being used? Are you able to change aspects of the software (and/or HL7 messages) to meet the NCIR requirements, if needed?	Please enter 'Yes'/ 'No'/ 'I don't know'
26	Does your facility have any plans to migration to a new electronic health record or a newer version of existing electronic health record in the near future?	Please enter 'Yes'/ 'No'/ 'May be'
	If yes enter following details else go to NCIR details section.	
	Estimated time for this transition: N/A / In process / 1-2 months / 3-6 months / 7-12 months More than	Please enter the any one of the options.
	EHR Vendor name	
	Product name:	
	Software version:	
Transition comments:		
NCIR Details		
27	For EP: Please enter the NPI and name of the organization in which this provider practices (e.g. ABC pediatric associates): Organization NPI:	
28	For EP: Organization Name :	
	For EH: If you are a current NCIR user but your organization's name is listed differently in NCIR, please provider your NCIR organization name:	

29	<p>For EP :</p> <p>Please select the specialty of this provider.</p> <p>All/ Deputized provider/ FQHC / Health Department/ Internal Medicine/ OB/GYN / Pediatrics Practice</p>	
30	<p>Does your organization participate in the Vaccine for Children (VFC) Program? (In other words, does your organization order and receive state supplied vaccines?)</p>	Please enter either 'Yes' or 'No'
31	<p>If VFC provider, does your EHR have the ability to capture eligibility codes for VFC doses?</p>	Please enter either 'Yes' or 'No'
32	<p>Do you plan to setup privately purchased vaccine in NCIR?</p>	Please enter either 'Yes' or 'No'
33	<p>Does your EHR have the ability to capture dose-level inventory information like Lot Number, dose size, expiration date, manufacturer and VIS date?</p>	Please enter either 'Yes' or 'No'
34	<p>What type of patients do you administer vaccines to? Select one or more entries. Pediatric/ Adolescent/ Adult</p>	
35	<p>Does your EHR collect historical immunizations?</p>	Please enter either 'Yes' or 'No'
36	<p>What is your total patient population at your organization's level, approximately? 1 to 500 /501 to 1000/ 1001 to 5000/ 5,001 to 10,000/ Over 10,000</p>	Please enter the any one of the options.
37	<p>How many immunizations does your organization administer per month on an average? 0 1 to 20/ 21 to 100/ 101 to 500/ 501 to 2000 /Over 2,000</p>	Please enter the any one of the options.