

Provider Details Error Report

PROVIDER DETAIL ERROR REPORT COLUMN HEADINGS

Section(s)	Column Title	Description
2	# Errors	Number of messages that produced errors and were not accepted by the IIS.
2	# Messages	Total number of messages received during the selected date range.
2	# Unique MRN	Number of messages received for unique MRNs thus identifying the number of patients' messages sent during the selected date range.
3, 4	Date Sent	Date and time the message was received by the IIS.
1	Display	What type of issue is being reported? "Errors".
1	End Date	The last day's immunizations listed in the report.
3, 4	Error/Warn	<i>We are currently sending error messages only so will be valued with an "E"-Data is <u>not</u> accepted into the IIS and will not display in patient's record.</i>
4	Facility ID	See Representative Facility ID.
4	Historical	A "Y" indicates the immunization was sent as a historical immunization. A blank indicates the immunization was newly administered.
3, 4	Import Log ID	Unique identifier assigned to each message by MT's IIS.
3, 4	Issue	Description of the error.
3, 4	Issue Location	The HL7 field location of the error.
3, 4	Message Control ID	The ID assigned to the HL7 message by the organization sending the data.
1	Message Types	There are several types of messages that can be sent and analyzed. In the technical world, an immunization sent to the State is known as a VXU.
3, 4	MRN	The sending organization's medical record number (chart number) for the patient.
2, 3, 4	Profile	An id used within Montana's IIS.
1, 2,3,4	Provider & Providers	The organization submitting the data. An organization is the top-level of a business identification. Representative Facility ID are the locations underneath an organization. In Section 1. Providers will be textual followed by the organizational ID. In Sections 2, 3, and 4 it will be the organizational ID only.
2, 3	Representative Facility ID	The numerical ID of the facility within an organization that sent the data.
1	Start Date	The first day's immunizations listed in the report.
2, 3, 4	User	The interface's account name.
4	Vaccination	The vaccine with the error.
4	Vaccination Date	The date the immunization was administered.