

**Memorandum of Understanding
Between
Prevention Services Division
Nutrition Services Branch / Colorado WIC Program
And
Disease Control and Environmental Epidemiology Division
Colorado Immunization Section / Colorado Immunization Information System**

Purpose

The purpose of this agreement is to document the relationship between the Colorado Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) in the Prevention Services Division (PSD) and the Colorado Immunization Section in the Disease Control and Environmental Epidemiology Division (DCEED).

Immunization Section / WIC Program Data Agreement

Background

The Colorado Immunization Section's (CIS) mission is to reduce vaccine-preventable disease through the development and implementation of programs designed to increase and maintain vaccination coverage and assures access to immunization services. The Section utilizes a variety of strategies to promote immunization education for providers, schools and the public, optimizes and assures access to vaccines through a variety of sources, maintains the Colorado Immunization Information System (CIIS), a confidential, population-based, computerized system that consolidates immunization information for all Coloradans, and manages the federal Vaccines for Children (VFC) program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

The Colorado WIC Program supplies specified nutritious foods, nutrition education and breastfeeding support to pregnant, lactating and postpartum women and children under five (5) years of age who fall below those levels of income as established by the United States Department of Health and Human Services (USDHHS). The Colorado WIC Program is established and regulated by the United States Department of Agriculture (USDA), and administered through the Colorado Department of Public Health and Environment (CDPHE). During each WIC participant visit, local agency WIC staff persons enter participant-specific information into Compass, the Colorado WIC computer system. The Colorado WIC Program maintains Compass and oversees the sharing of all participant data at the state agency level. WIC participant information collected at the local agencies is stored at EFort, the state data center managed by the Governor's Office of Technology.

Current addresses and phone numbers are critical to the success of reminder/recall notices generated by healthcare providers for patients who are behind on one or more vaccinations as well as for providing accurate vaccination coverage assessments. The Colorado WIC Program will provide the Immunization Section data files containing confidential WIC participant information. The Immunization Section will use these data files to update demographic information of participants already registered in CIIS or to create new records for participants not found in CIIS.

Process

The Colorado WIC Program agrees to:

1. Inform WIC participants that information collected during the WIC visit will be shared with the CIS.
2. Provide the information to the CIS every two weeks via the agreed-upon method.

The Colorado Immunization Section agrees to:

1. Adhere to the information security policies as set forth by the Governor's Office of Information Technology and the Colorado Department of Public Health and Environment to ensure security measures are in place to protect the confidentiality of the WIC participant data files.
2. Maintain all WIC files within a controlled environment with appropriate administrative, technical and physical safeguards meeting Health Insurance Portability and Accountability (HIPAA) and the Center for Health & Environmental Information and Statistics (CHEIS) standards.
3. Promptly inform the Colorado WIC Program of any breach of confidentiality known to CIIS, including a breach that may be due to an action of any contractor, third party or agent.
4. Have all individuals with access to WIC participant data sign the CIIS Confidentiality Form as part of the formal CIIS user account request process.
5. Not share the WIC participant extract file with any third party.

Specific Information Requested

The data elements requested in the ongoing WIC participant data files at the state level are listed in Appendix A. Data elements that may be shared at the local agency level are listed in Appendix B. Changes can be made to either appendix when mutually agreed upon by both parties.

Time frame

This agreement takes effect upon signature of all parties. Either party may terminate it with thirty days written notice to the other party. This MOU agreement, associated confidentiality forms, and other related documents will be renewed and updated as necessary.

Signatures

For the Colorado WIC Program:

Signed by: Karen Inerweiler Date: 11/18/13
Interim Director, Prevention Services Division

Signed by: Patricia Danilak Date: 11-18-13
Director, Colorado WIC Program

For the Colorado Immunization Section:

Signed by: [Signature] Date: 10/31/13
Director, Disease Control and Environmental Epidemiology Division

Signed by: [Signature] Date: 10/31/13
Director, Colorado Immunization Section

Appendix A – Data Elements Provided in the WIC Data Files

Text File Layout					
CIIS Field Name	Compass Field Name	Data Type	Length	Position	Notes
Client_ID	FFMemberID	text	10	1-10	
Date_of_Birth	Birthdt	text	10	11-20	xxxx-xx-xx
Last_Name	LastName	text	30	21-50	
First_Name	FirstName	text	30	51-80	
Middle_Name	MiddleName	text	30	81-110	
Suffix	LastNameSuffix	text	4	111-114	
Gender	SexCd	text	1	115	M or F
Race	Race	text	6	116-121	See table Race
Ethnicity	HispanicIn	text	1	122	Y or N
Language	SpokenLanguageCd	text	4	123-126	See table Spoken Language
Address_Line_1	StreetAddrLine1	text	30	127-156	Primary Address
Address_Line_2	StreetAddrLine2	text	30	157-186	Primary Address
	Apartment	text	5	187-191	Primary Address
	POBox	text	10	192-201	Primary Address
City	City	text	50	202-251	Primary Address
State	State	text	2	252-253	Primary Address
Zip	ZipCode	text	5	254-258	Primary Address
County	CountyNm	text	13	259-271	Primary Address
m_address_line_1	StreetAddrLine1	text	30	272-301	Mailing Address
m_address_line_2	StreetAddrLine2	text	30	302-331	Mailing Address
	Apartment	text	5	332-336	Mailing Address
	POBox	text	10	337-346	Mailing Address
m_city	City	text	50	347-396	Mailing Address
m_state	State	text	2	397-398	Mailing Address
m_zip	ZipCode	text	5	399-403	Mailing Address
m_county	CountyNm	text	13	404-416	Mailing Address
Telephone_1	HomePhoneAreaCd/ HomePhoneNr	text	10	417-426	
Telephone_2	AltPhoneAreaCd/ AltPhoneNr	text	10	427-436	
Email_Address	EmailAddress	text	50	437-486	
Responsible_Party_Last	LastName	text	30	487-516	
Responsible_Party_First	FirstName	text	30	517-546	
Alternate_Contact	LastName	text	30	547-576	
Alternate_Contact	FirstName	text	30	577-606	
	WICStatusCd	text	1	607	A = Active, T = Terminated
	DoNotCallIn	text	1	608	1 = Do not call
	DoNotMailIn	text	1	609	1 = Do not mail
Modification_Date	ModifyDt	datetime	23	610-632	Modification Date of Address Record

Spoken Language	
AssignedCd	LongDc
0	English
1	Spanish
2	Laotian
3	Cambodian
4	Vietnamese
5	American Indian
6	American Sign Language
7	Russian
8	Other
9	Hmong
10	Somali
11	Arabic
12	Burmese
13	Karen
14	Nepali
15	Karenni
16	Swahili
17	Tigrinya
18	French
30	Other
99	Unknown

Race			
Race	Position	Value	Comments
Hispanic/Latino	1	1 or 2	1 means yes, 2 means no
American Indian or Alaska Native	2	1 or 2	1 means yes, 2 means no
Asian	3	1 or 2	1 means yes, 2 means no
Black or African American	4	1 or 2	1 means yes, 2 means no
Native Hawaiian or Other Pacific Islander	5	1 or 2	1 means yes, 2 means no
White	6	1 or 2	1 means yes, 2 means no

*Example: 222221 This person has identified themselves as White
122122 This person has identified themselves as Hispanic/Latino and Black or African American*

Appendix B – WIC participant data that may be shared with Immunization staff at the local level:

Participant name	Email address
Participant date of birth	Last record modification date
Address	Medicaid participant number
Participant WIC ID Number	Date of last WIC visit
Parent or endorser's name	Date of next WIC visit
Primary language spoken	Last WIC benefit date
Participant ethnicity and race	Household gross income
Phone number	Clinic location
Gender	

