Communicable Disease Control Division

Orange County Syndromic Surveillance Program (OCSSP)

Facility On-boarding Guide

June 2023

Background

Syndromic surveillance is a process that regularly and systematically monitors pre-diagnostic groups of symptoms (syndromes) and then uses these and other health-related data in near real-time to make information available on the health of a community. This information includes statistics on disease trends and community health-seeking behaviors that support essential public health surveillance functions in public health authorities (PHAs). Syndromic surveillance is particularly useful to local, state, and federal PHAs for improving public health situational awareness, emergency response management, and outbreak recognition and characterization. Patient visit data from healthcare settings are a critical input for syndromic surveillance. Clinical data are provided by hospitals and emergency departments centers to PHAs for all patient visits. PHAs then use these data under authorities granted to them by applicable local and state laws.

Medicare Promoting Interoperability Program

In 2011, the Centers for Medicare and Medicaid Services (CMS) established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to encourage eligible hospitals, critical access hospitals (CAHs), and eligible professionals (EPs), to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT).

To continue a commitment to promoting and prioritizing interoperability and exchange of health care data, in April 2018 the EHR Incentive Programs was renamed by CMS as the Medicare and Medicaid Promoting Interoperability Programs. This change moved the programs beyond the existing requirements of meaningful use to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information.

Beginning in calendar year (CY) 2022, the Medicaid Promoting Interoperability Program ended. The program is currently known as the Medicare Promoting Interoperability Program for eligible hospitals and CAHs.

One of the required objectives and measures that participants are required to report as part of the Medicare Promoting Interoperability Program is the Public Health and Clinical Data Exchange Objective. Within that objective is Measure 2 - Syndromic Surveillance Reporting, which states "the eligible hospital or CAH is in active engagement with the PHA to submit syndromic Surveillance data from an emergency department". Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:

(i) Does not have an emergency department.

(ii) Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

(iii) Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of six months prior to the start of the EHR reporting period.

Orange County Syndromic Surveillance Program (OCSSP)

Orange County Health Care Agency (OCHCA), Communicable Disease Control Division (CDCD) organized the OCSSP to improve the agencies capacity to monitor the health of Orange County residents and to track disease and monitor trends over time.

Declaration of Readiness

On June 13, 2023, CDCD initiated the capacity to receive electronic syndrome data for hospital emergency departments though the Centers for Disease Control and Prevention's (CDC) National Syndromic Surveillance Program (NSSP) BioSense Platform. This information was updated on the County's website, Meaningful Use & Public Health Objectives. With this declaration of readiness, eligible hospitals and CAHs wishing to participate in the Medicare Promoting Interoperability Program may register their intent to meet Measure 2 of Public Health and Clinical Data Exchange Objectives.

Registration of Intent

Hospitals and CAHs (Facilities) may register their intent via OCSSPs registration portal found here. Once a Facility registers via our registration portal, they will receive an acknowledgement message that states that your facility is in *In Active Engagement Option 1 – Completed Registration to Submit Data*. This message can be used by facilities for attestation with CMS that they are meeting Measure 2 of Public Health and Clinical Data Exchange Objectives. At that time, you will be placed in OCSSP's queue for onboarding.

Planning

Once Facilities register their intent to participate, they will receive a link to the OCSSP Facility Onboarding Guide found on https://www.ochealthinfo.com/syndromic. Facilities can make use of the Onboarding Guide to begin planning for their participation (represented in Figure 2 below). Planning involves activities that the Facility can undertake prior to OCSSP engaging with them.

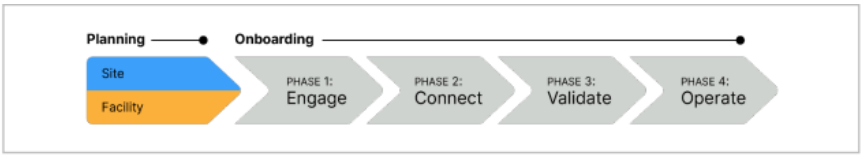


Figure 2. NSSP Planning and Onboarding Phases. Site planning and facility planning have different administrative objectives. However, NSSP's four-phase onboarding process for each is identical.

The planning phase involves identifying roles and responsibilities, reviewing required documentation, and developing HL7 Messages.

One of the first tasks is for the facility to identify roles and responsibilities related to the Facilities participation in OCSSP. Key roles and responsibilities for both OCSSP and for the Facility are defined below:

OCSSP Roles & Responsibilities

- **OCSSP Onboarding Coordinator**

The Onboarding Coordinator is the primary point of contact for facilities throughout the onboarding process. They will make the initial contact with facilities when OCSSP and NSSP are prepared to onboard a new facility. They will monitor the connection process and oversee data validation. They will be the interface between facilities and NSSP staff to address connection, validation, and data quality issues.

- **OCSSP Administrator**
  Has overall responsibility for the program. Primary OCHCA contact on syndromic surveillance. Approves and can revoke approval of users and sets data sharing preferences. Assures all prerequisites are completed prior to initiation of onboarding. Signs off on validation and connection. Initiates contact with NSSP to connect a new facility. Has the authority to represent the OCSSP and is responsible for ensuring that data comply with relevant state and local regulations

- **OCSSP Epidemiologist**
  Epidemiologists may access the system and some level of their site's detailed or aggregate data as determined by the site administrator. Epidemiologists may also access shared data from other sites when made available to them by the sharing site's site administrator. Leads and or oversees analysis of OCSSP analytic projects.

Facility Roles & Responsibilities

- **Facility Lead**
  Responsible for assuring prerequisites are completed and has the authority to approve participation in the OCSSP.

- **Facility Feed Administrator**
  Primary contact and lead to connecting facility to BioSense, may be facility staff or the facilities vendor. Works with OCSSP Onboarding Coordinator on connection and validation of data systems and data. Primary contact for OCSSP with the facility about technical issues with onboarding as well as ongoing data transmission.

- **Facility Technical Contacts**
  These may be facility staff or staff of the facilities vender who have authority and access to the Facilities' health information system and who will be responsible for initially submitting HL7 test messages and will subsequently configure the Facilities technology and submit messages upon connection, validation, and production.

Documentation

During the planning phase, facilities should review the two required pieces of documentation that are prerequisites for engagement.

- OCSSP Memorandum of Understanding (MOU) Appendix A

- BioSense Platform Onboarding Process Acknowledgement (BOPA) Appendix B.

If facilities have questions reach out to the OCSSP Administrator at syndromic@ochca.com.

Develop HL7 Messages

- Facility Technical Contacts need to prepare HL7 syndromic surveillance messages for the BioSense Platform that include the required elements listed in the latest PHIN Messaging Guide for Syndromic Surveillance.
    i. Note: Software developers should always use the latest version of the PHIN Messaging Guide for Syndromic Surveillance, which is located on the CDC PHIN website.
- The guidelines in Table 1 are recommended for sites and facilities when developing HL7 messages for the site administrator's review.
- Submit at least two test messages of each HL7 message type (table 1) to the National Institute of Standards and Technology (NIST) NIST HL7v2 Syndromic Surveillance Test Suite. At a minimum, validate the message types in Table 2 and when successful, send to syndromic@ochca.com. For additional explanation of the NIST Syndromic Surveillance Test procedure, review the associated documentation on documentation tab of the NIST HL7 v2 Syndromic Surveillance Test Suite.

Table 1. HL7 Message Guidelines
Make sure you can create and test the following message types:
A01 – Admit/Visit
A03 – Discharge/End Visit
A04 – Registration
A08 – Update Patient Information
Testing:
Test at least two samples of each message type using the National Institute of Science and Technology (NIST) website tool.
Resolve all HL7 message errors before requesting additional assistance from OCSSP staff.
Download the NIST HL7 validation report and send to syndromic@ochca.com

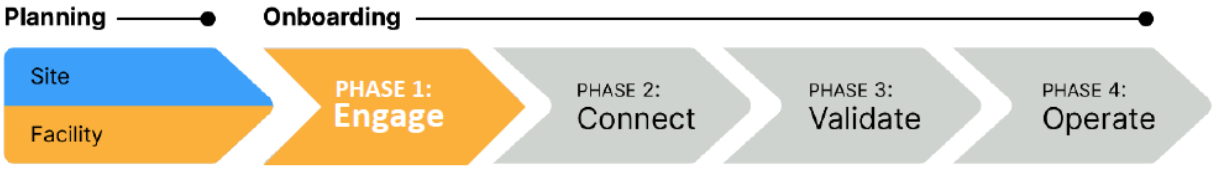
Onboarding

Onboarding involves collaboration between OCSSP, the CDC's National Syndromic Surveillance Program (NSSP) and other federal partners and Orange County Facilities. Together we collect, analyze, and share electronic patient encounter data received from emergency departments, and impatient healthcare settings.

The electronic health data are integrated through a shared platform—the BioSense Platform. The public health community uses various tools on the platform to analyze data received as early as 24 hours after a patient's visit to a participating facility. Public health officials use these timely and actionable data to detect, characterize, monitor, and respond to events of public health concern.

Facility onboarding is a four-phase process involving engagement, connection, validation, and operation in which OCSSP, in conjunction with NSSP work with Facilities, to prepare for transmitting data to the BioSense. Platform; review data for adherence and completeness; and approve facilities for live operation.

Engagement



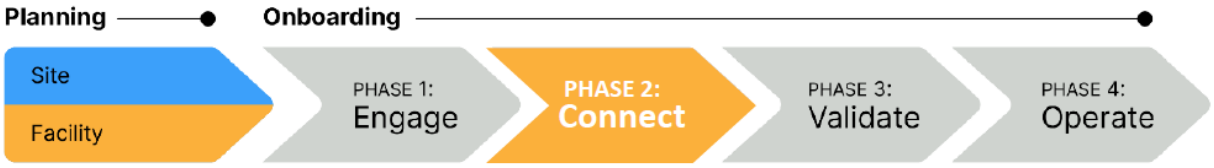
Facility engagement occurs year-round, based on your facilities place in the Onboarding Queue and depending on OCSSP and CDC resources.

When OCSSP is ready to engage with your facility, you will receive an invitation to a kick-off call between the OCSSP and the Facilities staff, and or their vendors, who will be participating in the Onboarding process.

At the time of the kick-off call OCSSP staff will review the steps of the Onboarding process and answer any questions. The results of the Facilities NIST HL7 Validation Report will be reviewed at that time.

Prior to proceeding to the next stage of Onboarding, the Connection Phase, facilities must have submitted all required documentation.

Connection

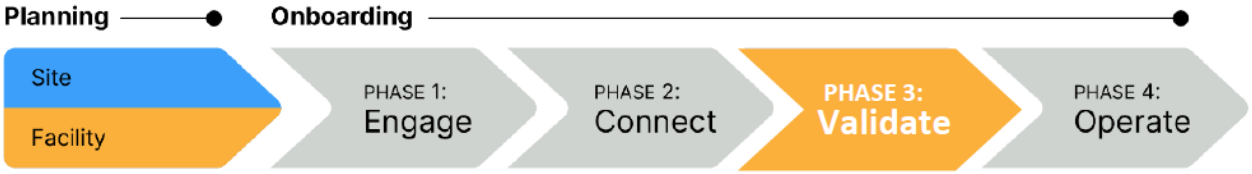


Upon starting the Connection Phase, the Facility Lead will receive an e-mail providing documentation of their facility has advanced to **Active Engagement Option 2—Testing and Validation.** Facilities may use this documentation to update their attestation with the Promoting Interoperability Program.

When OCSSP and NSSP are ready to connect your Facility, NSSP will provide connection information and set up a secure file transfer protocol (SFTP) account.

When your facility has configured your technology for message submission, you will upload the "hello world" test message. NSSP will confirm receipt of the message with OCSSP and your facility.

Validation



The Validation Phase will measure whether the received messages comply with the PHIN Messaging Guide for Syndromic Surveillance and the BioSense Platform requirements. Your Facility will work with the OCSSP Onboarding Coordinator to validate your data.

File Format and Naming Conventions

During the Validation Phase, the file format and naming convention need to be verified. The valid file naming convention are shown below:

File Name Convention

{Site_Name}_{Provider}_{Date}_{Time}_(FileNumber).{Suffix}

Example: GA_MetroClinic_20190101_1500_001.hl7

Note: No white-space characters are permitted in the file name.

Table 2. File Name Convention

Name Segment	Description
State	2-letter state abbreviation where the feed originates
Provider	An abbreviated provider name or acronym
Date	A date in form YYYYMMDD
Hour	A 2-digit military hour (00-23)
FileNumber	Unique number/counter used when more than one file is sent per hour to ensure each file has a unique filename
Suffix	HL7 used for HL7 formatted content

File Name and Batching Requirements

- Avoid the use of white-space characters in the file name (e.g., space, tab, vertical tab, new lines, or form feeds).
- Submit files in batches Orange County seeks to receive files at least twice per day, while the NSSP recommendation is to submit files once every hour. The minimum requirement is once every 24 hours with a maximum of once every 15 minutes.
- Avoid files that exceed 500 MB. NSSP prefers file sizes of 100 MB or less.
- Avoid transmitting empty files.

Test Message

Each feed must submit a valid test message to the BioSense Platform:

- Log in to your feed's account in the onboarding environment using WinSCP or FileZilla.

- Upload a valid test message with the correct file name convention and correct batch and message structure.

Minimum Requirements for Validation

Data Submittal—Syndromic data must be timely to be useful. OCSSP seeks to receive data at least twice per day. NSSP requires that data be submitted within 24 hours of the date and time of the patient's initial encounter (visit to an ED or other facility). Subsequent updates to a patient's record must also be submitted within 24 hours of the information (transaction) being added to the patient record.

Here are two options for transmitting data:

- Transmit batches in 15- to 60-minute increments (preferred); or
- Transmit batches at least once every 24 hours.

Data Elements—A list of all data elements are provided in the PHIN Messaging Guide for Syndromic Surveillance.

Minimum Data Requirements—The PHIN Messaging Guide for Syndromic Surveillance facilitates the electronic exchange of syndromic data by promoting the use of standards and by defining functional and technical requirements. Data that do not comply with the PHIN guide jeopardize the utility of the NSSP BioSense Platform, which could lead to inaccurate analysis and results. NSSP encourages sites and facilities to achieve 100% compliance with data completeness, timeliness, and validation.

The NSSP team understands that it is challenging to develop production-ready HL7 messages that fully comply with the messaging guide. The messages can require considerable time and planning to implement correctly, and some nice-to-have changes may need to be rolled into future vendor software upgrades. Challenges can also result from outdated documentation, vendor mergers, and user errors. Given the potential obstacles, NSSP provides two levels of minimum data quality requirements:

1. Minimum Required Data Elements to onboard to NSSP BioSense Platform (compliance with PHIN Messaging Guide for Syndromic Surveillance), Table #3; and
2. Minimum Required Data Elements to comply with the Office of the National Coordinator for Health Information Technology (ONC) 2 certification, Table #4. Due within 12 months of onboarding

The NSSP allows a site to bring the facility onboard once it meets this minimum set of requirements (Table 3) and then grants additional time for the facility to comply with the full set of requirements.

While the *Minimum Required Data Elements to Onboard* and the *Minimum Required Data Elements to Comply with the ONC* are hard requirements, the OCSSP seeks all Syndromic Surveillance Data Elements of Interest and the Syndromic Data Elements of Interest from Laboratory Results Message as outlined in Table 4.2 and Table 4.3 of the PHIN Messaging Guide for Syndromic Surveillance.

Table 3. Minimum Required Data Elements for Onboarding		
NSSP Processed Column	**HL7 Location**	**Comments**
Sending_Application	MSH.3.1	
Sending_Facility_ID	MSH-4.2	
Trigger_Event	MSH.9.2	
Processing_ID	MSH.11.1	
Treating_Facility_ID	EVN-7.2	
C_Unique_Patient_ID	PID-3.1	See data dictionary for processing rules
Patient_Zip	PID.11.5	
C_Death	PID.30.1	See data dictionary for processing rules
Diagnosis_Code	DG1-3.1, DG1-3.4	
Diagnosis_Description	DG1-3.2, DG1-3.5	
Patient_Class_Code	PV1-2.1	
Visit_ID	PV1-19.1	
Admit_Date_Time	PV1-44.1	
Admit_Reason_Description	PV2-3.2, PV2-3.5	
Facility_Type_Code	OBX-2, OBX-3, OBX-5	See data dictionary for processing rules
C_FacType_Patient_Class	OBX-2, OBX-3, OBX-5	
C_Patient_Age	OBX-2, OBX-3, OBX-5	
C_Patient_Age_Years	OBX-2, OBX-3, OBX-5	
Chief_Complaint_Text	OBX-2, OBX-3, OBX-5	

Table 4. Minimum Required Data Elements to Comply with ONC Certification		
Processed	**HL7**	**Comments**
Version_ID	MSH-12.1	
Message_Profile_ID	MSH-21.1	
Sending_Facility_ID_Source	MSH-4.1	
Message_Date_Time	MSH-7.1	
Message_Type	MSH-9.1	
Message_Structure	MSH-9.3	
Recorded_Date_Time	EVN-2.1	
Race_Code	PID-10.1	
Patient_City	PID-11.3	
Patient_State	PID-11.4	
Patient_Country	PID-11.6	
C_Patient_County	PID-11.9	See Data Dictionary for Processing Rules
Ethnicity_Code	PID-22.1	
Ethnicity_Description	PID-22.2	
First_Patient_ID	PID-3.1	
Medical_Record_Number	PID-3.1	See Data Dictionary for Processing Rules
Administrative_Sex	PID-8.1	
Discharge_Disposition	PV1-36.1	

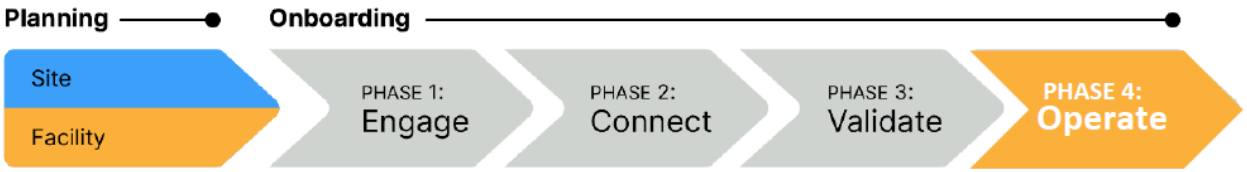
Discharge_Date_Time	PV1-45.1	
Diagnosis_Type	DG1-6.1	
Chief_Complaint_Code	OBX-2, OBX-3, OBX-5	See Data Dictionary for Processing Rules
Age_Reported	OBX-2, OBX-3, OBX-5	See Data Dictionary for Processing Rules
Age_Units_Reported	OBX-2, OBX-3, OBX-6	See Data Dictionary for Processing Rules

Validation of Facility Data

OCSSP will conduct regular data quality checks, and provide any feedback to Facility Technical Contacts to resolve issues. OCSSP will work with the Facility and monitor feeds to determine when quality targets have been met. When quality targets have been met to OCSSP's satisfaction, data quality will be reviewed with NSSP, where a determination to move into production will be made.

Operate Phase

The Operate Phase is ongoing collaboration between the Facility, OCSSP and NSSP to monitor feed connections and data quality



On achieving the Operate Phase, OCSSP will send an e-mail to the Facility Lead providing documentation of their level of engagement with OCSSP and that they have proceeded to **Active Engagement Option 3— Production**. Facilities may use this documentation to update their attestation with the Promoting Interoperability Program.

Appendix A

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE ORANGE COUNTY HEALTH CARE AGENCY
AND
_____
FOR
SUBMISSION OF DATA TO NSSP BIOSENSE PLATFORM

This Memorandum of Understanding (MOU) is entered into by and between the Health Care Agency, hereinafter referred to as "HCA," and the _____, hereinafter referred to as "DATA PROVIDER." HCA and _____ may be referred to individually as "Party" and collectively as "the Parties."

RECITALS

1. WHEREAS, HCA is the the local health jurisdiction operating under statutory/regulatory authority to obtain and use public health and/or health-related data for population health protection (HCA Data).
2. WHEREAS, HCA has entered into an agreement with the Center for Diseasse Contorl and Prevention (CDC) concerning contribution of HCA Data by HCA to the National Syndromic Surveillance Program's (NSSP) BioSense Platform and access, sharing, protection and use of the HCA Data received by the NSSP BioSense Platform that are submitted by HCA (CDC Agreement), as set forth in Attachment A.
3. WHEREAS, HCA is a covered entity under the Health Insurance Portability and Accountiblity Act of 1996 (HIPAA) and permitted to disclose Protected Health Information (PHI), as defined by 45 CFR § 160.103, to CDC without patient authorization pursuant to 45 CFR § 164.512(b).
4. WHEREAS, Data Received by the NSSP BioSense Platform means an organized collection of data submitted or contributed to NSSP by HCA, by any Users, or any Data Providers.
5. WHEREAS, Data on the NSSP BioSense Platform means the public health and/or health-related information available to users through the NSSP BioSense Platform, including Data Received by the NSSP BioSense Platform and additional fields derived from submitted data elements.

6. WHEREAS, DATA PROVIDER desires to submit data to the NSSP BioSense Platform either directly to the Platform or indirectly through submission to HCA or other agent that submits data to the platform.
7. WHEREAS, prior to allowing DATA PROVIDER to submit data to the NSSP BioSense Platform (directly or through HCA), HCA and DATA PROVIDER must enter into a written arrangement that addresses certain assurances, as required under the CDC Agreement.

NOW, THEREFORE, HCA and DATA PROVIDER, in consideration of the abovementioned Recitals, agree, as follows:

1. TERM

The term of this MOU shall commence on the date of the last signature affixed to this MOU and shall continue in effect until such time it is terminated pursuant to the provisions of Paragraph 7 of this MOU.

2. PURPOSE

The purpose of this MOU is to allow DATA PROVIDER to submit certain data to the NSSP BioSense Platform (directly or through HCA).

3. DATA PROVIDER RESPONSIBILITIES

3.1 DATA PROVIDER shall not take any actions that are inconsistent with the CDC Agreement.

3.2 DATA PROVIDER shall not submit data to the NSSP BioSense Platform that it is not authorized to submit.

3.3 DATA PROVIDER submission of data will comply with applicable federal, state, and local laws and requirements.

3.4

4. HCA RESPONSIBILITIES.

4.1 HCA shall ensure it is in compliance with all the terms and conditions of the CDC Agreement.

5. NOTICES

All notices, requests, claims correspondence, reports, statements authorized or required by this MOU, and/or other communications shall be addressed as follows:

COUNTY: Orange County Health Care Agency

_____

405 W. 5th St. Ste. 600

Santa Ana, CA 92701

DATA PROVIDER:

Attn: _____

[Address]

[City, State, Zip]

All notices shall be deemed effective when in writing and deposited in the United States mail, first class, postage prepaid and addressed as above. Any communications, including notices, requests, claims, correspondence, reports, and/or statements authorized or required by this MOU, addressed in any other fashion shall be deemed not given. The Parties each may designate by written notice from time to time, in the manner aforesaid, any change in the address to which notices must be sent.

6. CONFLICT OF INTEREST

DATA PROVIDER shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with the best interests of HCA. This obligation shall apply to DATA PROVIDER, its employees and agents associated with with this MOU. DATA PROVIDER's efforts shall include, but not be limited to, establishing precautions to prevent its employees and agents from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence HCA staff or elected officers of the County of Orange from acting in the best interests of the County.

7. TERMINATION

7.1 The Parties may terminate this MOU without cause at any time after fifteen (15) days' written advance notice. Notice shall be deemed served on the date of mailing. Exercise by Parties of the right to terminate this MOU shall relieve the Parties of all further obligations under this MOU.

8. SIGNATURE IN COUNTERPARTS

The Parties agree that separate copies of this MOU may be signed by each of the Parties, and this MOU will have the same force and effect as if the original had been signed by all Parties. DATA PROVIDER represents and warrants that the person executing this MOU on behalf of and for DATA PROVIDER is an authorized agent who has actual authority to bind DATA PROVIDER to each and every term, condition and obligation of this MOU

and that all requirements of DATA PROVIDER have been fulfilled to provide such actual authority.

9. GENERAL PROVISIONS

9.1 The Parties may amend this MOU only in writing and by mutual agreement.

9.2 Nothing herein contained shall be construed as creating the relationship of employer and employee, or principal and agent, between HCA and any of DATA PROVIDERS's agents or employees.

9.3 This MOU, with its Attachment A (CDC Agreement), incorporated herein by this reference, represents the entire understanding of the Parties with respect to the subject matter. No change, modification, extension, termination or waiver of this MOU, or any of the understandings herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the Parties hereto.

9.4 This MOU has been negotiated and executed in the State of California and shall be governed by and construed under the laws of the State of California. In the event of any legal action to enforce or interpret this MOU, the sole and exclusive venue shall be a court of competent jurisdiction located in Orange County, California, and the Parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure Section 394. Furthermore, the Parties specifically agree to waive any and all rights to request that an action be transferred for trial to another county.

9.5 In the performance of this MOU, the Parties shall comply with all applicable federal, state and local laws and regulations, as each and all may now exist or be hereafter amended.

9.6 The various headings, numbers, and organization herein are for the purpose of convenience only and shall not limit or otherwise affect the meaning of this MOU.

WHEREFORE, the Parties hereto have executed the Memorandum of Understanding in the County of Orange, California.

By:_____	By:_____
Clayton Chau, M.D., PhD	Name
County of Orange	Title
Health Care Agency Agency	[DATA PROVIDER'S Name]
Dated:_____	Dated:_____

Approved As To Form

HCA Counsel

County of Orange, California

By:_____

Deputy

Dated:_____

Appendix B

BioSense Platform Onboarding Process
Facility Acknowledgment

Facility Technical Engineer Lead Name:_____

I acknowledge the following BioSense Platform onboarding processes and principles as a best effort attempt to adhere to the PHIN Messaging Guide for Syndromic Surveillance, which is the basis for the Office of the National Coordinator for Health Information Technology Vendor Certification:

- The BioSense Platform gives highest priority to emergency and urgent care facilities; ambulatory and inpatient onboarding are performed on a "best effort" basis.
- The OCHCA Syndromic Surveillance Administrator has authority to establish additional requirements for onboarding.
- The OCHCA Syndromic Surveillance Administrator has final approval authority for onboarding a facility onto the BioSense Platform.
- The OCHCA Syndromic Surveillance Administrator as authority to recommend disconnection for a facility from the BioSense Platform.
- Effective syndromic surveillance relies on continuous improvement of the quality and content of data submitted for syndromic surveillance; meeting the minimum requirements for production should only be a first step.
- My organization may be given contingent (temporary) approval to send data to production if we do not meet the minimum requirements.
- Expiration of contingent approval may result in disconnection from the BioSense Platform.
- Updates to the PHIN Messaging Guide for Syndromic Surveillance may result in requests to meet updated guidelines.

Acknowledgment of Receipt of Latest Documentation

Initials	Acknowledgment Description
	I have reviewed the latest copy of the PHIN Messaging Guide for Syndromic Surveillance, located at http://www.cdc.gov/phin/resources/PHINguides.html.
	I have reviewed the Facility Onboarding Checklist on the BioSense Platform Onboarding Website: http://www.cdc.gov/nssp/biosense/onboarding.html.
	I have distributed a copy of this acknowledgment document among all team members for this facility.
	I will provide a list of facilities (FacilityID_UUID, Facility Name, Facility City, Facility ZIP Code, and Facility State) for whose data integration I am responsible to the BioSense Platform onboarding team.

Name:_____

Position/Title:_____

Date Signed:_____

Revised J