GRITS 2.0 Data Exchange
Frequently Asked Questions

Updated: June 7, 2024

*Changes to previous responses will appear in RED.

What is the difference between legacy GRITS and GRITS 2.0?

GRITS 2.0 is built on an entirely new platform. The look and feel will be completely different. The platform that GRITS 2.0 uses is extremely user friendly and contains numerous features and resources to ensure users are supported as needed.

Will my existing data exchange connection need to move to GRITS 2.0?

All connections to legacy GRITS will be transitioned in the phase they are assigned; phases will be communicated with each vendor.

Do we have to establish a data exchange with GRITS 2.0?

Only providers who wish to continue utilizing their current data exchange, will need to transition their connection. Direct access to GRITS 2.0 will continue to be available for providers wanting to report immunization information via direct data entry.

What version of HL7 is required to connect to GRITS 2.0?

It is best practice and highly recommend that all connections to GRITS 2.0 use version 2.5.1. This ensures that all immunization information is received correctly. In addition, HL7 v2.5.1 will ensure that any publicly supplied vaccines are appropriately decremented. Providers who are unable to meet the requirements may be permitted to connect using version 2.4. This will be determined on a case-by-case basis and may require additional activities to ensure dose level accountability for publicly supplied vaccines.

Where can we find the implementation guide/spec guide?

The **GRITS 2.0 Implementation Guide** will be emailed to all EHR/EMR vendors **AFTER** the EHR/EMR Vendor Assessment is complete and will be found on the GRITS 2.0 DPH webpage at GRITS 2.0 | Georgia Department of Public Health.

Will there be new usernames and passwords to access the interface connection?

All HL7 user accounts will be migrated to GRITS 2.0 prior to go live. Your vendor will be provided with the new URL endpoint during their kickoff call and via email after the kickoff call.

How long is the kickoff call?

The EHR/EMR Vendor Kick Off Call is expected to last no more than 1 hour and will occur only **AFTER** the EHR/EMR Vendor Assessment has been completed.

When will my connection be live in GRITS 2.0?

We will begin transitions in second Quarter of 2024. Completion of the transition depends on a variety of factors however active participation by providers and vendors is necessary.

What are the major changes needed to meet 2.5.1?

HL7 version 2.5.1 requires the use of OBX segments to show funding source and eligibility. See the examples provided below.

Funding Sources. The following will be required:

- PHC70 Private Funds
- VXC50 Public

OBX|1|ST|64994-7^VACCINE FUNDING PROGRAM ELIGIBILITY CATEGORY^NIP003|1|V02^VFC eligible - Medicaid^HL70064|||||||F|||20141117|||VXC40^Eligibility captured at the immunization level^CDCPHINVS
OBX|2|CE|30963-3^VACCINE FUNDING SOURCE^LN|1|VXC50^Federal Funds^CDCPHINVS|||||||F|||20141117

Does ONC 2015 have to be installed to connect with GRITS 2.0?

Providers wishing to establish a connection between GRITS 2.0 and their EHR/EMR should have their systems be ONC 2014 compliant as well as comply with the CDC Implementation Guide for Immunization Messaging HL7 Version 2.5.1.

What do I need to change if we are sending HL7 version 2.4?

If you send HL7 version 2.4, there is no change to your formatting you still must provide the eligibility code in the PV1.20 segment. See the example below and the list of eligibility codes GRITS 2.0 accepts:

Example segment: PV1||R||||||||||||||||||V02^20030115

Vaccine for Children (VFC) Eligibility Status Codes:

- V01 - Not VFC Eligible
- V02 - Public
- V03 - Public
- V04 - Public
- V05 - Public
- V06 - 317 funds / Peachcare

What should be in the MSH 4.1 (required field)?

The Organization Code assigned by Georgia should be in the MSH 4.1. These are typically alpha codes provided to your organization during onboarding.

What should be in the RXA 11.4 (required field)?

The facility or site ID should be in the RXA 11.4.
For existing facilities: your RXA 11.4 facility ID is numeric and remains the same from Legacy GRITS.   For new facilities: your RXA 11.4 facility ID is alpha numeric, and will look like SIISCLIENT1234

Will data validation be required to transition my connection?

To ensure the new connections are established in accordance with DPH requirements, every connection will require data validation. Times will vary based on a data quality assessment and provider/vendor engagement.

Once my connection has been transitioned to GRITS 2.0 will I have access to the legacy GRITS?

Once a connection is live in GRITS 2.0 access to legacy GRITS will be removed for all users and the old connection will no longer function.

Will live data or test data need to be submitted during the validation?

To ensure a quality connection is established, real patient data must be submitted during the initial data validation stage.

Will I still be able to meet MIPS requirements with GRITS 2.0?

Connections established with GRITS 2.0 will continue to meet any requirements related to MIPS. Providers are required to keep up with MIPS requirements. If there are any questions regarding MIPS requirements. Please contact 1-888-734-6433 (Primary number) 1-888-734-6563 (TTY number) or you can email your question to PartABInquiresRO4@cms.hhs.gov, http://www.cms.gov/apps/contacts/, http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html

We are not currently connected to GRITS. Will we be able to connect to GRITS 2.0?

All providers wishing to establish a connection are welcome; however, priority will be given to existing connections to ensure they are established prior to implementation of GRITS 2.0. Please work with GRITS contact for onboarding information.

What is needed if we no longer immunize and do not need access to GRITS or GRITS 2.0?

Please email Alicia Carey alicia.carey@dph.ga.gov, or Patrice Wade Patrice.Wade@dph.ga.gov for further assistance.