

New Jersey (NJIS) Registry Enrollment / HL7 Integration

Step 1: Complete the online NJIS Interface Enrollment

- a. Follow the guide attached to complete your online NJIS Interface Enrollment
- b. Fill out all information pertaining to your pharmacy, including the best contact for the pharmacy
- c. Correctly follow the screenshots and steps to properly include Outcomes SMP as Vendor contacts

Step 2: Outcomes SMP Receives Confirmation of Enrollment

- a. Once the NJIS Interface Enrollment is Completed, Outcomes SMP will receive a copy of the enrollment emails automated from NJIS registry
- b. Outcomes SMP will complete the Smoke Test on behalf of the pharmacy
- c. Pharmacy will be placed in the registry's waiting queue and additional emails and steps will be sent to both the pharmacy and Outcomes SMP once NJIS is ready to move forward with the Data Testing Stage

Step 3: Document Vaccinations in NJIS and in the Pharmacy Management System

- a. Please continue to manually report immunizations to your state/local IIS portal AND in your pharmacy management system, while the integration is being worked on.
- b. At this time, PrescribeWellness SMP will work with NJIS registry to setup the pharmacy's credentials and connection feed to start the data testing stage and process.

Step 4: Final Steps and NJIS Pre Production Call

- a. NJIS will notify both parties once the pharmacy has passed the data validation test to move forward with scheduling the Pre-Production Call
- b. Pharmacy, Vendor, and NJIS will complete the Pre-Production Call
- c. NJIS will send credentials to Outcomes SMP to finalize connection and setup
- d. Outcomes SMP will notify the pharmacy with a confirmation email once the pharmacy has been Approved for Production and is live to report to NJIS registry.

If you have any questions, please contact our support team pwis@outcomes.com
or (800) 960-8147

Guide to Completing the NJIIS Interface Enrollment

1. Click on the following link to navigate to the NJIIS Interface Enrollment site:
<https://njiis.nj.gov/core/web/index.html#/home/createInterfaceEnrollment>
2. Fill out all fields requested for pharmacy information and primary contact information. See the following screenshots for examples:

Interface Enrollment Request Form

Before you complete the form below, please click [here](#) to review guidance on establishing an HL7 interface with NJIIS.
If you are establishing Excel interface with NJIIS for COVID-19 Vaccines, please click [here](#) to review guidance.

Practice Information

Practice Name*
PHARMACY NAME

Are you enrolled in NJIIS?* No **NJIIS Facility ID** NJIIS FACILITY ID **Practice VFC PIN (if applicable)** PRACTICE VFC PIN **Tax ID*** Tax Id is required

Practice Physical Address 1* PRACTICE PHYSICAL ADDRESS 1 Practice Physical Address 1 is required **Practice Physical Address 2** PRACTICE PHYSICAL ADDRESS 2 **City*** CITY City is required

State* NEW JERSEY **Zip*** ZIP Zip is required **County*** Select County County is required **Municipality*** Select Municipality Municipality is required

Primary Contacts

Contact Last Name* CONTACT LAST NAME Last Name is required **Contact First Name*** CONTACT FIRST NAME First Name is required **Contact Middle Name** CONTACT MIDDLE NAME **Title** TITLE

Phone* () - - - - - Phone is required **Extn** EXTN **Email*** WORK EMAIL Email is required **Fax** () - - - - -

BackUp Contact

Contact Last Name CONTACT LAST NAME **Contact First Name** CONTACT FIRST NAME **Contact Middle Name** CONTACT MIDDLE NAME **Title** TITLE

Phone () - - - - - **Extn** EXTN **Email** WORK EMAIL

Fax () - - - - -

Practice Type* PHARMACY **Specialization*** Select Specialization Specialization is required

Reason for enrollment*
State Reporting of Immunization Data
Note: If your reason for enrollment is "Meaningful Use Objective (Stage 1 Attestation Only)," NJIIS will not implement a production interface for your practice.

Approximate number of vaccines administered in your practice per year [Please provide accurate numbers as these will be used as a baseline to evaluate your transmissions.]
51 to 100
Note: If you selected "None", please apply for the exclusion for MU attestation. You do not need to submit this request form for NJIIS interface. NJIIS does not process interface enrollment forms for practices that do not administer vaccines.

Number of patients under 7 years of age seen at the practice*
Less than 50

4. For “Interface Information” section, please include the following:

- a. Interface Access Type: Bidirectional
- b. Interface Type: Web Service
- c. Message Type: HL7
- d. HL7 Version: 2.5.1
- e. Entity: Vendor Hub

Interface Information

Interface Access Type *

BIDIRECTIONAL

To read more about bi-directional messaging, [click here](#)

Interface Type(If not sure, check with your EHR vendor.)

Web Service

Message Type *

HL7

HL7 Version

2.5.1

Entity

Vendor HUB

5. Include your name under “Submitted By and click “Save”

Other Information

Submitted by *

SUBMITTED BY

Submitted by is required

Comments

Add Comments

Save

Reset

Cancel

6. NJIIS will send a confirmation email and will copy PrescribeWellness SMP. **DO NOT CLICK ON SMOKE TEST LINK. IT WILL BE COMPLETED BY PRESCRIBWELLNESS.** See following screenshot for an example:

From: <NJIIS.Support@doh.nj.gov>
Date: Fri, Feb 21, 2020 at 6:51 AM
Subject: Enrollment No. [Pharmacy Name Here with Enrollment Number] - NJIIS Interface Enrollment Request Form is received
To: <[Pharmacy's Email Address and PrescribeWellness Email Address]>

NJIIS Interface Enrollment request form for [Pharmacy Name] was received.

Your Interface Enrollment number is [Assigned Enrollment Number]

Your Unique Key is [Assigned Unique Key]

Please download the following documents from [Interface Enrollment](#) and review them with your EHR Vendor.

- Getting Started: How to Establish an HL7 Interface with NJIIS
- Interface Specifications for HL7 Message Type 2.5.1

You may test and submit your HL7 2.5.1 file online at the following link: [NJIIS IMS Smoke Test](#).

Smoke Test will be completed by PrescribeWellness

Test files should contain dummy data.

Step 1: Click on the NJIIS smoke test link above.
Step 2: Upload a HL7 2.5.1 message. You may also 'copy and paste' message contents into 'HL7 V^XU^V04 Message' text box.
Step 3: Click 'Validate'. If you accessed the smoke test page before completing an interface enrollment form, you will receive a message that your test was successful and an enrollment form number and key are required before successful completion of your smoke test. Click 'Submit' after entering the enrollment form and key.

Upon successful validation and submission of your HL7 smoke test message, you will receive an email notification from NJIIS.

If we do not receive your smoke test HL7 message by 03/22/2020 (30 calendar days), your request will be closed and you will be required to re-enroll.

Please Note: This email inbox is **NOT** monitored for NJIIS related inquiries. If you require additional assistance, please submit an online inquiry request [here](#).

- Outcomes will complete the “Smoke Test” on behalf of the pharmacy. Screenshot confirmation of completed smoke test is as follows:

----- Forwarded message -----

From: <NJiIS.Support@doh.nj.gov>

Date: Fri, Mar 20, 2020 at 2:19 PM

Subject: Enrollment No.

Pharmacy Name

NJiIS Interface Enrollment Request is in Smoke Test Completed Status

To:

Pharmacy Email/ PrescribeWellness Contact Email

Confirmation Email from NJiIS state PrescribeWellness has Completed the Required Smoke Test

Your request for enrollment to NJiIS (Enrollment form number [REDACTED] for facility [REDACTED] is currently in smoke test completed status.

It will likely take a minimum of four weeks before we notify you about the next phase of our interface enrollment process. This is due to the extremely high volume of interface enrollment requests in our queue. We appreciate your patience and will notify you as soon as we are ready to receive your data for quality assurance review (second phase of NJiIS interface enrollment process).

In the meantime, you can still attest for Meaningful Use Stage One because by submitting the NJiIS interface enrollment form and completing the smoke test, you have demonstrated your intent to interface with NJiIS, but have not yet been invited to move forward with a production interface with NJiIS.

For additional Meaningful Use-related questions regarding your practice, please contact the Centers for Medicare and Medicaid Services (<http://www.cms.gov>) or NJiI (<http://www.nji.com>).

Please Note: This email inbox is **NOT** monitored for NJiIS related inquiries. If you require additional assistance, please submit an online inquiry request [here](#).

Thank you,

NJiIS Support



IIS Reporting and Consent for Vaccinating Providers in New Jersey:

Important Note:

The New Jersey Immunization Registry, also known as NJIIS, is an opt-in immunization registry that requires patients to sign a registry consent form to be added as a registry client and to store their personal immunization information. Any patient born BEFORE January 1, 1998, may enroll in NJIIS voluntarily by completing a "NJIIS Consent to Participate" form (IMM-32).

Please follow the instructions from your Pharmacy Management System on how to mark consent as received

Due to current limitations of electronically documenting patient received or declined consent in your pharmacy management system, tasks will be generated for your pharmacy to update and mark patients' consent in the SMP Portal

When "Patient Consent" is NOT documented in your pharmacy management system:

- Immunization data file is forwarded to the registry.
- IF patient IS NOT a registry client, immunization data is not stored
- IF patient IS a registry client, immunization data is saved in registry.

When "Patient Consent" IS CHECKED/documentated properly in your pharmacy management system:

- Immunization data file is forwarded to the registry.
- Consent to create the patient as a registry client is forwarded to the registry.
- Patient's information is used to create a registry client record.
- Patient's immunization data is saved in the registry.

NOTE: Patient Consent to send to State Registry must only be checked/documentated if the patient has signed the appropriate registry consent form

Additional Information and Resources from the Registry:

Consent forms are attached to this document in English and Spanish and can additionally be found on the NJIIS website under [Documents / Forms](#)

- This is a consent to participate with the registry and not consent to a vaccine.
- By signing the form, the patient will be stating whether they do or do not give consent to have their immunization information be shared with the registry.
- *This form must be signed by the patient only once, documentated and saved in the patient's medical record at your facility and does not need to be mailed to the registry.*

Please note, NJIIS and/or the Board of Pharmacy will audit providers to ensure the steps above are being managed at your facility.

PrescribeWellness SMP is providing this reminder and documentation to ensure our pharmacies are compliant.

If you have any questions regarding NJIIS and Consent requirements, please visit the NJIIS website: www.njiis.nj.gov

Managing Consent Tasks in the SMP Portal:

Due to current limitations of electronically documenting patient received or declined consent in your pharmacy management system, tasks will be generated for your pharmacy to update and mark patients' consent.

Here is an example of the Pending Tasks summary page in the SMP Portal:

Dashboard

Locations

Registries

Tasks

Summary

Details

Reports

Help

Pending Tasks

Show50entries

Export to Excel

Search:

Rx Number	Registry	Location	Task	Sold Date	Status
6689	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/16/2020	Pharmacy Action Required
7962	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/17/2020	Pharmacy Action Required
7963	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/17/2020	Pharmacy Action Required
7964	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/17/2020	Pharmacy Action Required
7993	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/19/2020	Pharmacy Action Required
8004	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/22/2020	Pharmacy Action Required
8034	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/23/2020	Pharmacy Action Required
8037	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/24/2020	Pharmacy Action Required
8053	NJ	SAMPLE PHARMACY	Missing Consent to Share	06/25/2020	Pharmacy Action Required
12004	NJ	SAMPLE PHARMACY	Missing lot number	12/01/2018	Pharmacy Action Required
12005	NJ	SAMPLE PHARMACY	Missing lot number	12/04/2018	Pharmacy Action Required
12361	NJ	SAMPLE PHARMACY	Missing lot number	01/04/2019	Pharmacy Action Required

Pharmacy will click on each individual record to complete the task

Please mark:

- Yes- if patient consented their vaccine data to be sent to NJIIS registry and shared with other providers
- No- if patient refused their consent of sharing their vaccine data with NJIIS registry and other providers
- Click "Update Record" to save details and to report patients' vaccine.

Rx 6689 - Patient Name

Patient Info

Patient Name - DOB
Address

Rx Info

Rx Number
Sold Date:
Vaccine Name (NDC)
CVX - Vaccine Type

Location Info

Pharmacy Name
Pharmacy Address

Pending Tasks

The following 1 task(s) must be completed before this immunization can successfully be submitted to the registry.

Missing Consent to Share ?

Missing Consent to Share ?

Consent to Share ?

☒ Yes
 ☐ No

Update Record

Do Not Submit

**New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369, Trenton, NJ 08625-0369
609-826-4860 (Fax 609-826-4866)
www.njiis.nj.gov**

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)
CONSENT TO PARTICIPATE**

- RETAIN A COPY OF THIS FORM IN THE MEDICAL RECORD -

REGISTRANT INFORMATION	PARENT/GUARDIAN INFORMATION (if NJIIS Registrant is a minor)
Registrant Name <i>(Print)</i>	Name <i>(Print)</i>
Date of Birth	Address
Country of Birth	City, State, Zip Code
Name of Primary Health Care Provider	Relationship to Registrant
<p>I have received information about the New Jersey Immunization Information System (NJIIS) and understand that the purpose of this program is to help remind me when my/my child's immunizations are due and to keep a central record of my/my child's immunization history.</p> <p>I understand that the medical information in the NJIIS may be shared with authorized health care providers, schools, licensed child care centers, colleges, public health agencies, health insurance companies, and others as permitted by New Jersey Law at N.J.S.A. 26:4-131 et seq. and rules at N.J.A.C. 8:57-3.</p> <p>I understand that I can get a copy of my/my child's record from my primary health care provider, my local health department, or the New Jersey Department of Health (NJDOH). The NJDOH may be contacted at the website or telephone number listed above.</p> <p>There is no cost to participate in this program.</p> <p><input type="checkbox"/> Yes, I would like to participate in this program.</p> <p><input type="checkbox"/> No, I do not want to participate in this program.</p>	
Signature of Registrant (or Parent/Guardian, IF Registrant under 18 Years of Age)	
Date	

Name of NJIIS Enrollment Site	Registry ID Number	Medical Record Number
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- RETAIN A COPY OF THIS FORM IN THE MEDICAL RECORD -

**New Jersey Department of Health
Vaccine Preventable Disease Program**

**Departamento de Salud de Nueva Jersey
Programa de Enfermedades Inmunoprevenibles
Dirección postal: P.O. Box 369, Trenton, NJ 08625-0369
Teléfono: 609-826-4860 Fax 609-826-4866
www.njiis.nj.gov**

**AUTORIZACIÓN DE INSCRIPCIÓN EN
EL SISTEMA DE INFORMACIÓN SOBRE VACUNACIÓN DE NUEVA JERSEY
NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)**

- GUARDAR UNA COPIA DEL PRESENTE DOCUMENTO EN LA HISTORIA CLÍNICA -

DATOS DEL INSCRITO	DATOS DE PADRE/MADRE/TUTOR (si se trata de un menor de edad)
Nombre y apellidos del inscrito <i>(letra de imprenta)</i>	Nombre y apellidos <i>(letra de imprenta)</i>
Fecha de nacimiento	Dirección
País de nacimiento	Ciudad, estado, código postal
Nombre y apellidos del proveedor de atención médica primaria	Relación al inscrito
<p>He recibido información acerca del Sistema de Información sobre Vacunación de Nueva Jersey (<i>New Jersey Immunization Information System, NJIIS</i>) y entiendo que el objetivo de la inscripción es para que yo reciba recordatorios de las dosis pendientes según el calendario de vacunación pertinente (ya sea el mío o el de mi hijo) y se establezca un registro central de vacunas administradas.</p> <p>Entiendo que los datos de salud que constan en el sistema pueden compartirse con los proveedores de servicios de salud autorizados, instituciones educativas entre las cuales figuran instituciones de estudios superiores, centros de cuidado infantil autorizados, entidades de salud pública, compañías de seguros de salud y otras personas autorizadas por la ley de Nueva Jersey N.J.S.A. 26:4-131, y siguientes, y las normas N.J.A.C. 8:57-3.</p> <p>Entiendo que puedo obtener un comprobante de las vacunas administradas del proveedor de servicios de salud de familia, departamento de salud local o Departamento de Salud de Nueva Jersey, y que la dirección web y el número de teléfono del Departamento de Salud figuran en la parte superior del presente documento.</p> <p>No hay costo de inscripción.</p> <p><input type="checkbox"/> Sí, opto por inscribirme.</p> <p><input type="checkbox"/> No, no opto por inscribirme.</p>	
Firma del inscrito (padre/madre/tutor si se trata de un menor de 18 años)	Fecha

Nombre del lugar de inscripción <i>NJIIS</i>	Número de identificación <i>NJIIS</i>	Número de historia clínica
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- GUARDAR UNA COPIA DEL PRESENTE DOCUMENTO EN LA HISTORIA CLÍNICA -