New Jersey (NJIIS) Registry Enrollment / HL7 Integration

Step 1: Complete the online NJIIS Interface Enrollment

- a. Follow the guide attached to complete your online NJIIS 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 NJIIS Interface Enrollment is Completed, Outcomes SMP will receive a copy of the enrollment emails automated from NJIIS 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 NJIIS is ready to move forward with the Data Testing Stage

Step 3: Document Vaccinations in NJIIS 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 NJIIS registry to setup the pharmacy's credentials and connection feed to start the data testing stage and process.

Step 4: Final Steps and NJIIS Pre Production Call

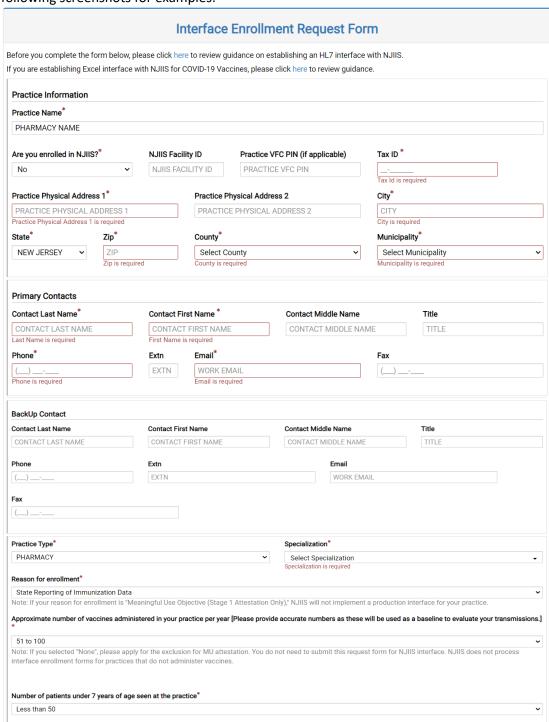
- a. NJIIS will notify both parties once the pharmacy has passed the data validation test to move forward with scheduling the Pre-Production Call
- b. Pharmacy, Vendor, and NJIIS will complete the Pre-Production Call
- c. NJIIS will send credentials to Outcomes SMP to finalize connection and setup
- 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 NJIIS registry.

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



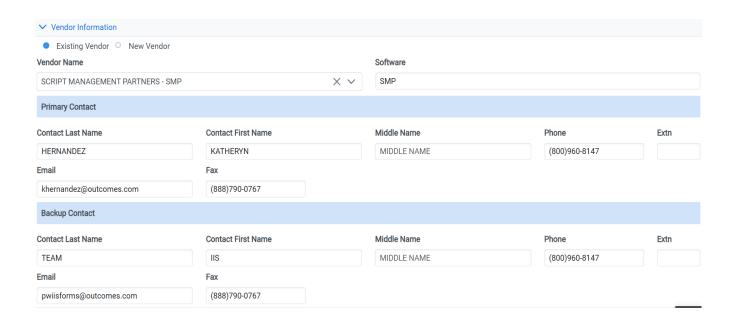
Guide to Completing the NJIIS Interface Enrollment

- 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:



Outcomes PrescribeWellness

- 3. For the "Vendor Information" section, please include the following:
 - a. Existing Vendor
 - b. Vendor Name Scripts Management Partners SMP
 - c. Software Name SMP
 - d. Primary Contact:
 - i. Last Name: <u>Hernandez</u>ii. First Name: Katheryn
 - iii. Phone Number: (949) 398-4621
 - iv. Ext: N/A
 - v. Email: khernandez@outcomes.com
 - vi. vi. Fax: 888-790-0767
 - e. Backup Contact:
 - i. Last Name: <u>Team</u>ii. First Name: IIS
 - iii. Phone Number: (800) 960-8147
 - iv. Extn:N/A
 - v. Email: pwiisforms@outcomes.com
 - vi. vi. Fax: 888-790-0767



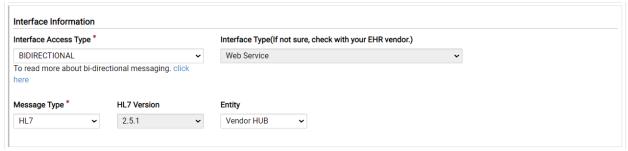


4. For "Interface Information" section, please include the following:

a. Interface Access Type: Bidirectional

b. Interface Type: Web Service

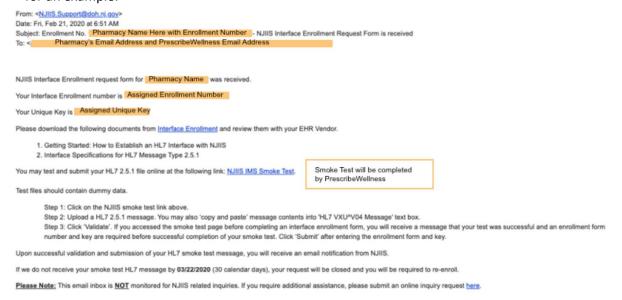
c. Message Type: HL7d. HL7 Version: 2.5.1e. Entity: Vendor Hub



5. Include your name under "Submitted By and click "Save"



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:





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

Forwarded message		Confirmation Email from NJIIS state PrescribeWellness has Completed the Required Smoke Test					
From: <njiis.support@doh.nj.go< td=""><td></td><td></td><td></td><td>l .</td></njiis.support@doh.nj.go<>				l .			
Date: Fri, Mar 20, 2020 at 2:19 PM							
Subject: Enrollment No.			Enrollment Request is in Smoke Test Completed Status				
To: Pharmacy Email/ PrescribeWellness Contact Email							
Your request for enrollment to NJIIS (Enrollment form number ##### for facility Pharmacy Name 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 or 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.njii.com).							
<u>Please Note:</u> This email inbox is <u>NOT</u> monitored for NJIIS related inquiries. If you require additional assistance, please submit an online inquiry request <u>here.</u>							
Thank you, NJIIS Support							
NJA*S							

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/documented 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/documented 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, documented 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.

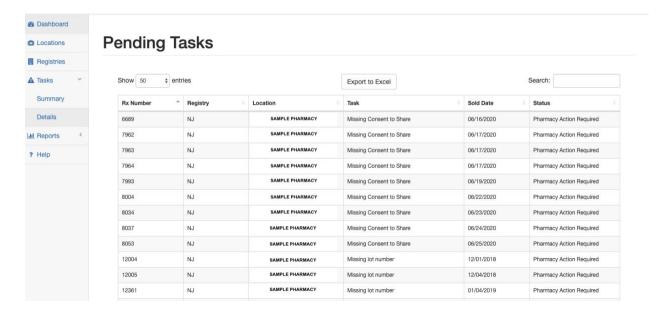
PrescribeWellness SMP is providing this reminder and documentation to ensure our pharmacies are compliant.

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:

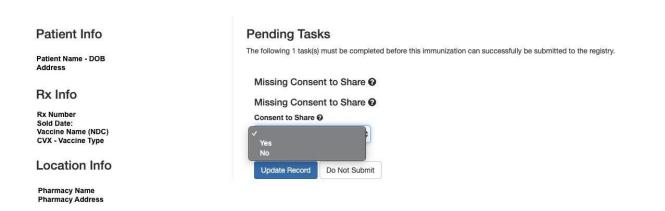


Pharmacy will click on each individual record to complete the task

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



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		AN INFORMATION trant is a minor)			
Registrant Name (Print)	Name (Print)				
Date of Birth	Address				
Country of Birth	City, State, Zip Code				
Name of Primary Health Care Provider	Relationship to Registrant				
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.					
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.					
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.					
There is no cost to participate in this program.					
☐Yes, I would like to participate in this program.					
☐No, I do not want to participate in this program.					
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			

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 (letra de imprenta)	Nombre y apellidos (letra de imprenta)				
Fecha de nacimiento	Dirección				
País de nacimiento	Ciudad, estado, código postal				
Nombre y apellidos del proveedor de atención médica primaria	Relación al inscrito				
He recibido información acerca del Sistema de Información sobre Vacunación de Nueva Jersey (New Jersey Immunization Information System, NJIIS) 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.					
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.					
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.					
No hay costo de inscripción.					
☐ Sí, opto por inscribirme.					
☐ No, no opto por inscribirme.					
Firma del inscrito (padre/madre/tutor si se trata de un menor de 18 años) Fecha					
Nombre del lugar de inscripción NJIIS	Número de identificación NJIIS Número de historia clínica				