

# New Jersey Immunization Information System (NJIIS)

## Interface Specifications

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### Introduction

New Jersey Immunization Information System (NJIIS) is the official state-wide immunization registry that allows users to ensure that all children within New Jersey are protected against vaccine preventable diseases. New Jersey Statewide Immunization Registry Act NJSB: 26:4-131 was signed in October 2004. The application is in use in all 21 counties by health care providers, state and local health departments, hospitals, schools, Health Maintenance Organizations and commercial insurance companies. The system was designed and developed by the Office of Information Technology Services (OITS) staff and now OITS staff provides full operational, technical and helpdesk support for this application functions. NJIIS was recognized twice by Center for Disease Control and Prevention (CDC) and received Connect and Grow Awards. Most infants are initially enrolled in NJIIS through the Electronic Birth Certificate (EBC) process. Immunization entry is done via user's web interactive interface by physicians or through electronic interfaces with Medicaid, Managed Care Organizations and other external systems. The NJIIS Interface Management System has been developed to provide a standard mechanism for the batch transfer of information between NJIIS and heterogeneous systems.

**NJIIS contains records of children who see providers practicing within New Jersey State only.**

The NJIIS Interface Management System has been defined to provide a standard mechanism for the batch transfer of information between NJIIS and heterogeneous systems. The batch files can be submitted electronically **via NJIIS website** or **via SFTP server**. Each facility using interface may submit their files on a different schedule with one condition - the maximum interval between files submission is 30 days unless there is no data to submit.

Healthcare providers will be able to perform the following NJIIS transactions through the submission of electronic files →

- Add a new patient to NJIIS.
- Add and delete immunization for a patient.

Effective July 01, 2012, NJDHSS will strictly enforce NJAC 8:57- 3.16 (d) for all new interfaces set up with NJIIS. Vaccine lot number will be a required field; name of manufacturer and vaccine expiration will be enforced as conditionally required fields. For interfaces set up prior to July 1, 2012, these fields are still optional, however, providers are highly encouraged to start sending this information to make sure the immunization information can be utilized effectively. For provider offices manually entering data into NJIIS, lot number, name of manufacturer and vaccine expiration date will become mandatory fields effective July 01, 2012. Providers can utilize the inventory management module within NJIIS to ease data entry.

### **Instructions for Practices to Initiate Interface with NJIIS**

To establish electronic interface with NJIIS →

1. Visit NJIIS home page → <https://njiis.nj.gov>. Click on “**NJIIS Documents**” link on the left navigation bar → <https://njiis.nj.gov/njiis/html/documents.html>. Click on “**NJIIS Interface Enrollment Request Form**” link and fill out the electronic form.
2. You will be required to select the “**File Format**” and “**Interface Type**”.

Available **File Formats**:

XML  
CSV (Delimited)

**Note:** For following File Formats, please indicate in the comment section.

HEDIS XML Input  
HEDIS CSV Input  
HEDIS CSV with Provider Info

Available **Interface Types**:

SFTP  
HTTPS (Manual upload via NJIIS website will require user name and password)

3. If you selected to upload the files via **SFTP** Server, NJIIS needs to create an SFTP Account. SFTP access requires the use of both User Name/Password **AND** Public Key for access.
4. If you selected to upload the files via **HTTPS**, at least one employee at the practice must have user name and password to login to NJIIS. Instructions on how to upload file to NJIIS are attached to this document. Current NJIIS users can use their existing user name and password. All new users should attend NJIIS training. For more information, please visit NJIIS Training Opportunities page at <https://njiis.nj.gov/njiis/jsp/trainingschedule.jsp>
5. Generate your **Test File** according to the Interface Specifications formatting and **email** it to [njiis.support@doh.state.nj.us](mailto:njiis.support@doh.state.nj.us). Please note the following → all required fields must be present, for the record completeness, please provide maximum information for optional fields. The more “additional” information you supply (child’s registry id, medical record number), the higher the likelihood of a match against the NJIIS database.

6. To accept and upload interface files NJIIS support needs to create a database record, **review and test the initial file**. Once this is done, no assistance from NJIIS support will be required for interface files processing.

**Important Notes:**

- Zip file should not be encrypted. Data files should be in the root directory of the zipped file.
- Please do not submit interface files without prior testing, arrangement and approval.
- When the interface type is established, all files will be processed against NJIIS production database. At this point you should send real patients' data only, no test data allowed.
- Submit test files and inquiries to ➔ [njiis.support@doh.state.nj.us](mailto:njiis.support@doh.state.nj.us)

**XML File Format**

Following is the text file format for batch transmission of immunization information to NJIIS.

**Important:** All date fields are in the format YYYY-MM-DD, as defined by the schema.

```
NJIIS
INFO
SENDINGAPPLICATION
SENDINGFACILITY
FILECREATIONDATE
FILECREATIONTIME
FILETRANSMISSIONDATE
FILETRANSMISSIONTIME
IMMUNIZATIONRECORD
PATIENTINFO
ID
INTERNALID
REGISTRYID
LASTNAME
FIRSTNAME
MIDDLEINITIAL
DOB
GENDER
SSN
MOTHERSMAIDENNAME
CONTACT
LASTNAME
FIRSTNAME
RELATIONSHIP
ADDRESS
STREET
STREET2
CITY
COUNTYCODE
STATE
ZIP
CONSENT
CONSENTVALUE
CONSENTDATE
LASTNAME
FIRSTNAME
RELATIONSHIP
```

**DOSEINFO**  
**CPTCODE**  
**CVXCODE**  
**DOSEGIVENDATE**  
**VFCLEGIBILITY**  
**ACTIONCODE**  
**INTERNALRECID**  
**PROVIDER**  
**PROVIDERTAXID**  
**VFCID**  
**NJISPROVIDERID**  
**NPI**  
**LOTINFORMATION**  
**LOTNUMBER**  
**LOTEXPIRATIONDATE**  
**LOTMANUFACTURER**

## Elements

| Element                     | Description   |
|-----------------------------|---|
| <b>SENDINGAPPLICATION</b>   | The name and the version of the sending application. This element should contain only alphanumeric values.  |
| <b>SENDINGFACILITY</b>      | This can include the name of the facility sending this file. This can include the name of the branch if this facility is part of a corporation.   |
| <b>FILECREATIONDATE</b>     | The date that the file was created/the cut off date for the data with which this file was created. This element consists of 3 sub-elements month, day and year; all three should be numeric. Date format is mm/dd/yyyy. |
| <b>FILECREATIONTIME</b>     | HH-MM-SS  |
| <b>FILETRANSMISSIONDATE</b> | The date that the file is transmitted. This element consists of 3 sub-elements month, day and year; all three should be numeric. Date format is mm/dd/yyyy.   |
| <b>FILETRANSMISSIONTIME</b> | HH-MM-SS  |
| <b>IMMUNIZATIONRECORD</b>   | This element represents the information about patient (patientinfo) and immunization dose information (doseinfo).   |
| <b>PATIENTINFO</b>          | This element represents the patient information.  |
| <b>ID</b>                   | This element consists of ids for this patient.  |
| <b>INTERNALID</b>           | This id is the one assigned to this patient by the sending facility/corporation. This id is very useful for identifying this patient.   |
| <b>REGISTRYID</b>           | This is the id assigned to this patient by the state immunization registry. The registry can use this id to identify this patient.  |
| <b>LASTNAME</b>             | Last name of patient.   |
| <b>FIRSTNAME</b>            | First name of patient.  |
| <b>MIDDLEINITIAL</b>        | Middle name of patient.   |
| <b>DOB</b>                  | Date of birth of this patient.  |
| <b>GENDER</b>               | Sex of this patient. The accepted values are<br>- M<br>- F<br>- U   |
| <b>SSN</b>                  | Social security number of patient. Retained for   |

| Element                | Description  |
|------------------------|--|
| MOTHERSMAIDENNAME      | backward compatibility and not stored in NJIIS.<br>Maiden name of the patient's mother.  |
| <b>CONTACT</b>         | Groups contact information for this patient.   |
| <b>LASTNAME</b>        | Last name of the contact person.   |
| <b>FIRSTNAME</b>       | First name of the contact person.  |
| <b>RELATIONSHIP</b>    | Relationship of the contact person to patient.<br>Accepted values are defined and explained in the <a href="#">Contact Relationships</a> .   |
| <b>ADDRESS</b>         | Address of this patient. This consists of the following sub-elements <ul style="list-style-type: none"><li>- <b>Street1</b></li><li>- Street2 (apartment, etc)</li><li>- <b>city</b></li><li>- <b>state</b></li><li>- county code</li><li>- <b>zip</b></li></ul> |
| <b>CONSENT</b>         | This element describes whether consent to participate in the registry has been obtained and details.   |
| <b>CONSENTVALUE</b>    | Y or N are the allowed values, defined in the schema.  |
| <b>CONSENTDATE</b>     | Date consent was obtained.   |
| <b>LASTNAME</b>        | Last name of the person giving consent.  |
| <b>FIRSTNAME</b>       | First name of the person giving consent.   |
| <b>RELATIONSHIP</b>    | Relationship to the patient of the person giving consent. Values described in the <a href="#">Consent Relationships</a> .  |
| <b>DOSEINFO</b>        | This element consists of the sub-elements which together represent the immunization dose information.  |
| <b>CPTCODE</b>         | CPT code of the vaccine administered to this patient. Values described in the <a href="#">CPT Codes</a> .  |
| <b>CVXCODE</b>         | CVX code of the vaccine administered to this patient.  |
| <b>DOSEGIVENDATE</b>   | Date on which the vaccine was administered to this patient.  |
| <b>VFCLEGIBILITY</b>   | VFC eligibility the patient had for this dose, if any. Values described in the <a href="#">VFC Eligibility Codes</a> .   |
| <b>PROVIDER</b>        | Groups together information about provider administering this dose.  |
| <b>PROVIDERTAXID</b>   | Tax Id of the provider who administered this dose to this patient. (Optional)  |
| <b>VFCID</b>           | State-issued VFC ID for this provider. (Optional)  |
| <b>NJIISPROVIDERID</b> | NJIIS-issued provider ID (417 for history). (Optional)   |
| <b>NPI</b>             | NPI identifying provider administering this dose. Must be a 10-digit number. (Optional)  |
| <b>ACTIONCODE</b>      | Action code for this record; <ul style="list-style-type: none"><li>- A (add)</li><li>- D (delete)</li></ul>  |
| <b>INTERNALRECID</b>   | Provider's ID for this dose.   |
| <b>LOTINFORMATION</b>  | Groups together information about the lot used to administer this dose.  |
| <b>LOTNUMBER</b>       | The lot number of the particular vaccine administered to this patient. Required for  |

| Element                  | Description   |
|--------------------------|---|
|                          | Provider shots; Optional for History shots (Effective July 01, 2012).   |
| <b>LOTEXPIRATIONDATE</b> | The expiration date of the vaccine lot.   |
| <b>LOTMANUFACTURER</b>   | The name of the manufacturer of this vaccine administered to this patient. Values described in the <a href="#">Manufacturer Codes</a> . |

## Schema Used

Following is the schema file which formally specifies the format of the file NJIIS will receive. This schema is used to validate incoming files.

```

<?xml version="1.0" encoding="UTF-8"?>
<xs:schema xmlns:xs="http://www.w3.org/2001/XMLSchema" elementFormDefault="qualified"
attributeFormDefault="unqualified">
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    <xs:restriction base="xs:string">
      <xs:minLength value="1"/>
    </xs:restriction>
  </xs:simpleType>
  <xs:simpleType name="date">
    <xs:annotation>
      <xs:documentation>e.g. 2004-01-25</xs:documentation>
    </xs:annotation>
    <xs:restriction base="nbString">
      <xs:pattern value="\d\d\d\d-[01]\d-[0123]\d"/>
    </xs:restriction>
  </xs:simpleType>
  <xs:simpleType name="PhoneType">
    <xs:restriction base="nbString">
      <xs:pattern value="\d{3}-\d{3}-\d{4}"/>
    </xs:restriction>
  </xs:simpleType>
  <xs:simpleType name="SSNTYPE">
    <xs:restriction base="nbString">
      <xs:pattern value="\d{3}-\d{2}-\d{4}"/>
    </xs:restriction>
  </xs:simpleType>
  <xs:simpleType name="ZipType">
    <xs:restriction base="nbString">
      <xs:pattern value="\d{5}"/>
    </xs:restriction>
  </xs:simpleType>
  <xs:simpleType name="PatientStatusType">
    <xs:restriction base="nbString">
      <xs:enumeration value="Matched"/>
      <xs:enumeration value="Unmatched - new record created"/>
      <xs:enumeration value="Unmatched - new record not created"/>
      <xs:enumeration value="Failed Validation"/>
    </xs:restriction>
  </xs:simpleType>
  <xs:simpleType name="DoseStatusType">
    <xs:restriction base="nbString">
      <xs:enumeration value="Added"/>
      <xs:enumeration value="Not added"/>
      <xs:enumeration value="Deleted"/>
      <xs:enumeration value="Not deleted"/>
      <xs:enumeration value="Updated"/>
    </xs:restriction>
  </xs:simpleType>
</xs:schema>

```

```

<xs:enumeration value="Not updated"/>
<xs:enumeration value="Failed Validation"/>
<xs:enumeration value="Not processed - demographic info not validated"/>
</xs:restriction>
</xs:simpleType>
<xs:simpleType name="CountyType">
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<xs:enumeration value="1004"/>
<xs:enumeration value="1005"/>

```

```
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<xs:enumeration value="1007"/>
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    <xs:enumeration value="AS"/>
    <xs:enumeration value="AZ"/>
    <xs:enumeration value="AR"/>
    <xs:enumeration value="CA"/>
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    <xs:enumeration value="CT"/>
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    <xs:enumeration value="FM"/>
    <xs:enumeration value="FL"/>
    <xs:enumeration value="GA"/>
    <xs:enumeration value="GU"/>
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    <xs:enumeration value="SC"/>
    <xs:enumeration value="SD"/>
    <xs:enumeration value="TN"/>
    <xs:enumeration value="TX"/>
    <xs:enumeration value="UT"/>
    <xs:enumeration value="VT"/>
```

```

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<xs:enumeration value="VA"/>
<xs:enumeration value="WA"/>
<xs:enumeration value="WV"/>
<xs:enumeration value="WI"/>
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<xs:enumeration value="Deleted"/>
<xs:enumeration value="Not deleted"/>
<xs:enumeration value="Failed Validation"/>
</xs:restriction>
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<xs:complexType>
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<xs:element name="SENDINGFACILITY" type="nbString"/>
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<xs:element name="FILECREATIONTIME" type="xs:time" minOccurs="0"/>
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<xs:element name="FILETRANSMISSIONTIME" type="xs:time" minOccurs="0"/>
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</xs:element>

```

```

<xs:element name="IMMUNIZATIONRECORD" maxOccurs="unbounded">
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    <xs:sequence>
      <xs:element name="PATIENTINFO">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="ID">
              <xs:complexType>
                <xs:sequence>
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                  <xs:element name="REGISTRYID" type="nbString" minOccurs="0"/>
                </xs:sequence>
              </xs:complexType>
            </xs:element>
            <xs:element name="LASTNAME" type="nbString"/>
            <xs:element name="FIRSTNAME" type="nbString"/>
            <xs:element name="MIDDLEINITIAL" type="nbString" minOccurs="0"/>
            <xs:element name="DOB" type="date"/>
            <xs:element name="GENDER" type="GenderType"/>
            <xs:element name="SSN" type="SSNTType" minOccurs="0"/>
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              <xs:complexType>
                <xs:sequence>
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                  <xs:element name="FIRSTNAME" type="nbString"/>
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                  <xs:element name="ADDRESS">
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                        <xs:element name="COUNTYCODE" type="CountyType" minOccurs="0"/>
                        <xs:element name="STATE" type="StateType"/>
                        <xs:element name="ZIP" type="ZipType"/>
                      </xs:sequence>
                    </xs:complexType>
                  </xs:element>
                </xs:sequence>
              </xs:complexType>
            </xs:element>
            <xs:element name="CONSENT" minOccurs="0">
              <xs:complexType>
                <xs:sequence>
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                  <xs:element name="CONSENTDATE" type="date"/>
                  <xs:element name="LASTNAME" type="nbString"/>
                  <xs:element name="FIRSTNAME" type="nbString"/>
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              </xs:complexType>
            </xs:element>
            <xs:element name="PATIENTSTATUS" minOccurs="0">
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        </xs:complexType>
      </xs:element>
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  </xs:complexType>
</xs:element>

```

```

        </xs:complexType>
    </xs:element>
    </xs:sequence>
</xs:complexType>
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                <xs:element name="CVXCODE" type="nbString"/>
            </xs:choice>
            <xs:element name="DOSEGIVENDATE" type="date"/>
            <xs:element name="VFCELIGIBILITY" type="VfcEligibilityType" minOccurs="0"/>
            <xs:element name="ACTIONCODE" type="ActionCodeType"/>
            <xs:element name="INTERNALRECID" type="nbString" minOccurs="0"/>
            <xs:element name="PROVIDER">
                <xs:complexType>
                    <xs:sequence>
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                </xs:complexType>
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                <xs:complexType>
                    <xs:sequence>
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                        <xs:element name="LOTEXPIRATIONDATE" type="date" minOccurs="0"/>
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                    </xs:sequence>
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            <xs:element name="GIVENBYNAME" type="nbString"/>
            <xs:element name="IMPRESSION" type="TBTestImpressionType"/>
            <xs:element name="DATEREAD" type="date" minOccurs="0"/>
            <xs:element name="READBYNAME" type="nbString" minOccurs="0"/>
            <xs:element name="SIZE" type="xs:int" minOccurs="0"/>
            <xs:element name="TESTSTATUS" minOccurs="0">
                <xs:complexType>
                    <xs:sequence>

```

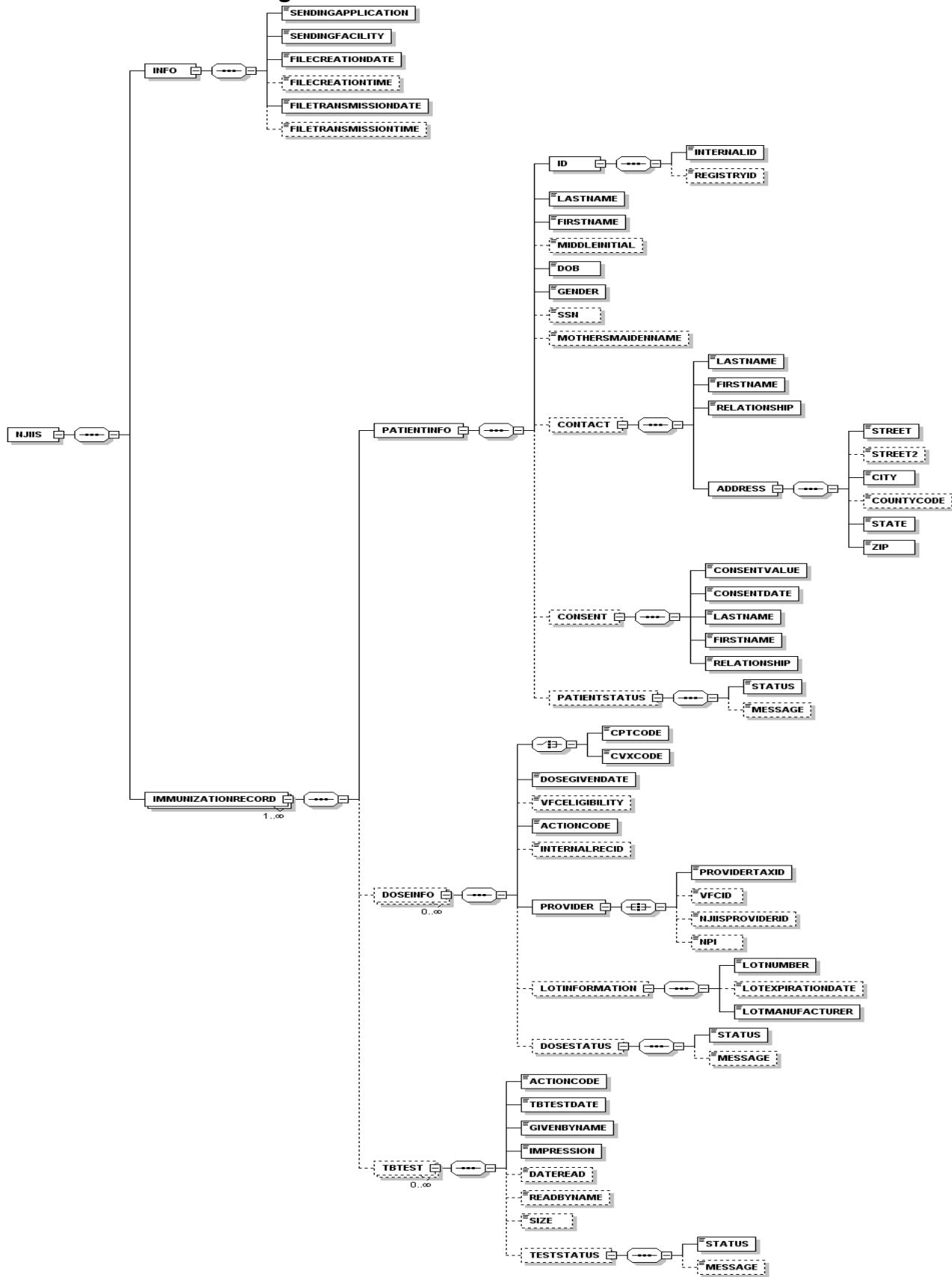
```
<xs:element name="STATUS" type="TBTestStatusType"/>
<xs:element name="MESSAGE" type="nbString" minOccurs="0"/>
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:schema>
```

## Sample Interface File Record

```
<?xml version="1.0" encoding="UTF-8"?>
<NJIIS>
<INFO>
<SENDINGAPPLICATION>Some export application</SENDINGAPPLICATION>
<SENDINGFACILITY>Hamilton Office</SENDINGFACILITY>
<FILECREATIONDATE>2005-04-04</FILECREATIONDATE>
<FILETRANSMISSIONDATE>2005-04-05</FILETRANSMISSIONDATE>
</INFO>
<IMMUNIZATIONRECORD>
<PATIENTINFO>
<ID>
<INTERNALID>A12342 </INTERNALID>
<REGISTRYID>645132</REGISTRYID>
</ID>
<LASTNAME>Smith</LASTNAME>
<FIRSTNAME>John</FIRSTNAME>
<MIDDLEINITIAL>Q</MIDDLEINITIAL>
<DOB>1990-10-28</DOB>
<GENDER>M</GENDER>
<SSN>111-22-3333</SSN>
<MOTHERSMAIDENNAME>Jones</MOTHERSMAIDENNAME>
<CONTACT>
<LASTNAME>Jones</LASTNAME>
<FIRSTNAME>Jane</FIRSTNAME>
<RELATIONSHIP>0</RELATIONSHIP>
<ADDRESS>
<STREET>123 Main Street</STREET>
<STREET2>Apt. 1A</STREET2>
<CITY>Hamilton</CITY>
<COUNTYCODE>34001</COUNTYCODE>
<STATE>NJ</STATE>
<ZIP>12345</ZIP>
</ADDRESS>
</CONTACT>
<CONSENT>
<CONSENTVALUE>Y</CONSENTVALUE>
<CONSENTDATE>2004-01-15</CONSENTDATE>
<LASTNAME>Smith</LASTNAME>
<FIRSTNAME>George</FIRSTNAME>
<RELATIONSHIP>1</RELATIONSHIP>
</CONSENT>
</PATIENTINFO>
<DOSEINFO>
<CPTCODE>90702</CPTCODE>
<DOSEGIVENDATE>1999-05-12</DOSEGIVENDATE>
<VFCELIGIBILITY>1001</VFCELIGIBILITY>
<ACTIONCODE>A</ACTIONCODE>
<PROVIDER>
<PROVIDERTAXID>123456789</PROVIDERTAXID>
<VFCID>1234</VFCID>
</PROVIDER>
<LOTINFORMATION>
<LOTNUMBER>AB12CD</LOTNUMBER>
<LOTEXPIRATIONDATE>2004-05-12</LOTEXPIRATIONDATE>
<LOTMANUFACTURER>AVP</LOTMANUFACTURER>
</LOTINFORMATION>
</DOSEINFO>
<DOSEINFO>
```

```
<CPTCODE>90657</CPTCODE>
<DOSEGIVENDATE>2005-09-05</DOSEGIVENDATE>
<VFCELIGIBILITY>1001</VFCELIGIBILITY>
<ACTIONCODE>A</ACTIONCODE>
<PROVIDER>
<PROVIDERTAXID>123456789</PROVIDERTAXID>
<NPI>1234567890</NPI>
</PROVIDER>
<LOTINFORMATION>
<LOTNUMBER>1235489</LOTNUMBER>
</LOTINFORMATION>
</DOSEINFO>
</IMMUNIZATIONRECORD>
<IMMUNIZATIONRECORD>
<PATIENTINFO>
<ID>
<INTERNALID>987946546</INTERNALID>
</ID>
<LASTNAME>Doe</LASTNAME>
<FIRSTNAME>Jane</FIRSTNAME>
<DOB>2002-10-01</DOB>
<GENDER>F</GENDER>
<CONTACT>
<LASTNAME>Adams</LASTNAME>
<FIRSTNAME>Steve</FIRSTNAME>
<RELATIONSHIP>2</RELATIONSHIP>
<ADDRESS>
<STREET>456 Market Street</STREET>
<CITY>Newark</CITY>
<STATE>NJ</STATE>
<ZIP>65432</ZIP>
</ADDRESS>
</CONTACT>
<CONSENT>
<CONSENTVALUE>Y</CONSENTVALUE>
<CONSENTDATE>2002-10-03</CONSENTDATE>
<LASTNAME>Adams</LASTNAME>
<FIRSTNAME>Sarah</FIRSTNAME>
<RELATIONSHIP>2</RELATIONSHIP>
</CONSENT>
</PATIENTINFO>
<DOSEINFO>
<CPTCODE>90731</CPTCODE>
<DOSEGIVENDATE>2002-11-20</DOSEGIVENDATE>
<VFCELIGIBILITY>1004</VFCELIGIBILITY>
<ACTIONCODE>A</ACTIONCODE>
<PROVIDER>
<PROVIDERTAXID>8798798746</PROVIDERTAXID>
</PROVIDER>
</DOSEINFO>
</IMMUNIZATIONRECORD>
</NJIIS>
```

## NJIIIS Data Elements Diagram



Generated with XMLSpy Schema Editor [www.altova.com](http://www.altova.com)

## Delimited File Specification

The data file contains data in a tilde-delimited format (~), one line per shot.

The file encoding should be ASCII.

Transmission modes are SFTP and HTTPS POST.

Below are the fields to be included in the submitted file.

|    | Field Name                          | Value / Required / Optional? | Notes  |
|----|-------------------------------------|------------------------------|--|
| 1  | Patient Internal Id                 | R                            | Sending organization's identifier for patient (e.g. chart number).   |
| 2  | Patient Registry Id                 | O                            | NJIS identifier for patient. <b>Must be a number.</b>  |
| 3  | Patient Last Name                   | R                            |  |
| 4  | Patient First Name                  | R                            |  |
| 5  | Patient Middle Initial              | O                            |  |
| 6  | Patient Date of Birth               | R                            | Formatted as mm/dd/yyyy  |
| 7  | Patient Gender                      | R                            | Allowed values are M, F, and U   |
| 8  | Patient Social Security Number      | O                            | Formatted as 123-45-6789   |
| 9  | Patient Mother's Maiden Last Name   | O                            |  |
| 10 | Patient Contact Last Name           | See notes column             | Required if providing contact information. Leave blank otherwise.  |
| 11 | Patient Contact First Name          | See notes column             | Required if providing contact information. Leave blank otherwise.  |
| 12 | Patient Contact Relationship        | See notes column             | Required if providing contact information. Leave blank otherwise. See <a href="#">Contact Relationship</a> table for codes |
| 13 | Patient Contact Address Street      | See notes column             | Required if providing contact information. Leave blank otherwise.  |
| 14 | Patient Contact Address Street2     | O                            |  |
| 15 | Patient Contact Address City        | See notes column             | Required if providing contact information. Leave blank otherwise.  |
| 16 | Patient Contact Address County Code | O                            | See table for <a href="#">NJ County Codes</a> .  |
| 17 | Patient Contact Address State       | See notes column             | Required if providing contact information. Leave blank otherwise. See table for state codes.                               |
| 18 | Patient Contact Address Zip         | See notes column             | Required if providing contact information. Leave blank otherwise. 5 digit zip code only.                                   |
| 19 | Patient Consent Value               | See notes column             | Required if providing consent information. Leave blank otherwise. Allowed values are Y and N.                              |
| 20 | Patient Consent Date                | See notes column             | Required if providing consent information. Leave blank otherwise. Formatted as mm/dd/yyyy                                  |
| 21 | Patient Consent Last Name           | See notes column             | Required if providing consent information. Leave blank otherwise.  |
| 22 | Patient Consent First Name          | See notes column             | Required if providing consent  |

|    | Field Name                   | Value / Required / Optional? | Notes  |
|----|------------------------------|------------------------------|--|
|    |                              |                              | information. Leave blank otherwise.  |
| 23 | Patient Consent Relationship | See notes column             | Required if providing consent information. Leave blank otherwise. See <a href="#">Consent Relationship</a> table for codes.  |
| 24 | Dose CPT Code                | See notes column             | Leave blank if using a CVX code. Required otherwise.   |
| 25 | Dose CVX Code                | See notes column             | Leave blank if using a CPT code. Required otherwise.   |
| 26 | Dose Received Date           | R                            | Formatted as <b>mm/dd/yyyy</b>   |
| 27 | Dose VFC Eligibility         | O                            | See <a href="#">VFC Eligibility Codes</a> table.<br><b>This field is required if sending facility wants to use this transmission for VFC Program accountability.</b> |
| 28 | Dose Action Code             | R                            | Allowed values are <b>A</b> and <b>D</b> .   |
| 29 | Dose Internal Record Id      | O                            | Sending entity identifier for shot.  |
| 30 | Dose Provider Tax Id         | O                            | Only digits allowed. If unknown, specify <b>99999</b> and specify <b>417</b> in field 32 (Dose NJIIS Provider Id).   |
| 31 | Dose Provider VFC Id         | O                            | Only digits allowed.   |
| 32 | Dose NJIIS Provider Id       | O                            | Only digits allowed. If specified, fields 30 and 31 are ignored.   |
| 33 | Dose Lot Number              | See notes column             | Required for Provider shots; Optional for History shots (Effective July 01, 2012).   |
| 34 | Dose Lot Expiration Date     | See notes column             | Formatted as <b>mm/dd/yyyy</b> .   |
| 35 | Dose Lot Manufacturer        | See notes column             | Required if lot number is provided. See vaccine <a href="#">Manufacturer</a> table for codes.  |
| 36 | NPI                          | O                            | NPI identifying provider administering this dose. Must be a 10-digit number.   |

### **NJIIS Screens for Interface File Upload**

Log in to NJIIS <https://njiis.nj.gov> using NJIIS User Name/Password.

If you are **NJIIS** user, first select the appropriate provider from the drop down list on “Search for Patient” page. Click on “**Interface Upload**” link on the left navigation bar then on “**Upload data**” link. The system will display “**Interface File Upload**” page.

If you are an **Interface** user, the system will direct you to the “**Interface File Upload**” page after log in.

Figure 1: Interface File Upload and Upload File Status screen

**Top** portion of the page will allow you to upload your file.

- Use “**Browse**” button to select the file from your local directory.
- Select correct **File Type** from dropdown.
- Click “**Upload**” button to load the file into NJIIS.
- **Zip file should not be encrypted and should be in the root-directory only, not in any sub-directory folders.**

Uploaded files are placed in queue in order they received and processed automatically. The file process outcome status could be either “Processed Successfully” or “Error Processing”.

For history purposes, files with “Processed Successfully” status cannot be deleted from the list.

**Bottom** portion of the page will display a list of all previously processed files. Provider can view their last 200 files on upload pages.

- To view file process statistics, click on “**Processed successfully**” hyperlink in “**Status**” column.
- To view processing errors, click on “**Error processing**” hyperlink in “**Status**” column.
- You can select any file to “**Process Again**”, if needed, but the initial statistics will be changed.
- To view the initial input file, click on file’s hyperlink in “**File Name**” column.

Figure 2: Interface File Statistics screen

To view the initial input file from “Interface File Statistics” screen click on “View File” button. The following page will display.

```
<?xml version="1.0" encoding="UTF-8" ?>
- <NIJIS>
- <INFO>
  <SENDINGAPPLICATION>RDE Nursing Information System ver 1.5</SENDINGAPPLICATION>
  <SENDINGFACILITY>Hackensack Health Department</SENDINGFACILITY>
  <FILECREATIONDATE>2006-11-22</FILECREATIONDATE>
  <FILETRANSMISSIONDATE>2006-11-22</FILETRANSMISSIONDATE>
</INFO>
- <IMMUNIZATIONRECORD>
  - <PATIENTINFO>
    - <ID>
      <INTERNALID>1003214</INTERNALID>
    </ID>
    <LASTNAME>LARKINS</LASTNAME>
    <FIRSTNAME>TORI</FIRSTNAME>
    <DOB>2005-11-08</DOB>
    <GENDER>F</GENDER>
  - <CONTACT>
    <LASTNAME>LARKINS</LASTNAME>
    <FIRSTNAME>ROYRIE</FIRSTNAME>
    <RELATIONSHIP>1</RELATIONSHIP>
  - <ADDRESS>
    <STREET>871 SUMMIT AV</STREET>
    <CITY>Hackensack</CITY>
    <STATE>NJ</STATE>
    <ZIP>07601</ZIP>
  </ADDRESS>
  </CONTACT>
  - <CONSENT>
    <CONSENTVALUE>Y</CONSENTVALUE>
    <CONSENTDATE>2006-05-24</CONSENTDATE>
    <LASTNAME>LARKINS</LASTNAME>
    <FIRSTNAME>ROYRIE</FIRSTNAME>
    <RELATIONSHIP>1</RELATIONSHIP>
  </CONSENT>
</PATIENTINFO>
- <DOSEINFO>
  <CPTCODE>90669</CPTCODE>
  <DOSEGIVENDATE>2006-11-17</DOSEGIVENDATE>
  <ACTIONCODE>A</ACTIONCODE>
- <PROVIDER>
  <PROVIDERTAXID>226001843</PROVIDERTAXID>
</PROVIDER>
- <LOTINFORMATION>
  <LOTNUMBER>B08642E</LOTNUMBER>
  <LOTMANUFACTURER>WYE</LOTMANUFACTURER>
</LOTINFORMATION>
</DOSEINFO>
- <DOSEINFO>
  <CPTCODE>90716</CPTCODE>
  <DOSEGIVENDATE>2006-11-17</DOSEGIVENDATE>
  <ACTIONCODE>A</ACTIONCODE>
- <PROVIDER>
  <PROVIDERTAXID>226001843</PROVIDERTAXID>
</PROVIDER>
- <LOTINFORMATION>
  <LOTNUMBER>0441F</LOTNUMBER>
  <LOTMANUFACTURER>MRK</LOTMANUFACTURER>
</LOTINFORMATION>
</DOSEINFO>
</IMMUNIZATIONRECORD>
```

Figure 3: Interface File Statistics “View File” screen

```
<?xml version="1.0" encoding="UTF-8" ?>
- <NIJIS>
- <INFO>
  <SENDINGAPPLICATION>RDE Nursing Information System ver 1.5</SENDINGAPPLICATION>
  <SENDINGFACILITY>Hackensack Health Department</SENDINGFACILITY>
  <FILECREATIONDATE>2007-07-19</FILECREATIONDATE>
  <FILETRANSMISSIONDATE>2007-07-19</FILETRANSMISSIONDATE>
</INFO>
- <IMMUNIZATIONRECORD>
  - <PATIENTINFO>
    - <ID>
      <INTERNALID>1003210</INTERNALID>
    </ID>
    <LASTNAME>GARCIA C/O RODRIQUEZ</LASTNAME>
    <FIRSTNAME>LESLIE</FIRSTNAME>
    <DOB>2003-07-03</DOB>
    <GENDER>F</GENDER>
  - <CONTACT>
    <LASTNAME>RODRIQUEZ</LASTNAME>
    <FIRSTNAME>NAZARETH</FIRSTNAME>
    <RELATIONSHIP>1</RELATIONSHIP>
  - <ADDRESS>
    <STREET>120 POLIFLY RD # 210</STREET>
    <CITY>Hackensack</CITY>
    <STATE>NJ</STATE>
    <ZIP>07601</ZIP>
  </ADDRESS>
  </CONTACT>
  - <CONSENT>
    <CONSENTVALUE>Y</CONSENTVALUE>
    <CONSENTDATE>2006-05-24</CONSENTDATE>
    <LASTNAME>RODRIQUEZ</LASTNAME>
    <FIRSTNAME>NAZARETH</FIRSTNAME>
    <RELATIONSHIP>1</RELATIONSHIP>
  </CONSENT>
  - <PATIENTSTATUS>
    <STATUS>Unmatched - new record not created</STATUS>
    <MESSAGE>Multiple possible matches</MESSAGE>
  </PATIENTSTATUS>
</PATIENTINFO>
- <DOSEINFO>
  <CPTCODE>90700</CPTCODE>
  <DOSEGIVENDATE>2007-07-11</DOSEGIVENDATE>
  <VFCELIGIBILITY>1003</VFCELIGIBILITY>
  <ACTIONCODE>A</ACTIONCODE>
- <PROVIDER>
  <PROVIDERTAXID>226001843</PROVIDERTAXID>
</PROVIDER>
- <LOTINFORMATION>
  <LOTNUMBER>U2289AA</LOTNUMBER>
  <LOTMANUFACTURER>AVP</LOTMANUFACTURER>
</LOTINFORMATION>
</DOSEINFO>
</IMMUNIZATIONRECORD>
```

Figure 4: Interface File Statistics “View Log File” screen

|         |                                    |                        |                           |                              |            |       |                     |
|---------|------------------------------------|------------------------|---------------------------|------------------------------|------------|-------|---------------------|
| 1003210 | Unmatched                          | now record not created | Multiple possible matches | GARCIA, CIO RODRIGUEZ LESLIE | 7/3/2003   | 90700 | 7/11/2007           |
| 1003220 | Matched                            |                        | 1034540 LOPEZ             | ILAH                         | 4/15/2006  | 90744 | 4/25/2007 Not added |
| 1003220 | Matched                            |                        | 1034540 LOPEZ             | ILAH                         | 4/15/2006  | 90733 | 4/25/2007 Not added |
| 1003220 | Matched                            |                        | 1034540 LOPEZ             | ILAH                         | 4/15/2006  | 90716 | 6/15/2007 Added     |
| 1003220 | Matched                            |                        | 1034540 LOPEZ             | ILAH                         | 4/15/2006  | 90737 | 6/15/2007 Added     |
| 1003220 | Matched                            |                        | 1059860 CUII              | ANELIZ                       | 12/26/2005 | 90700 | 7/6/2007 Added      |
| 1003229 | Unmatched - new record not created |                        | Multiple possible matches | OPONG, PATRICIA              | 1/22/2002  | 90707 | 6/13/2007           |
| 1003431 | Unmatched                          | now record not created | Multiple possible matches | VELECELA, JHONNY             | 12/7/2006  | 90700 | 7/6/2007            |
| 1003431 | Unmatched - new record not created |                        | Multiple possible matches | VELECELA, JHONNY             | 12/7/2006  | 90689 | 7/6/2007            |
| 1003594 | Matched                            |                        | 1023149 MOROUCIO CHO      | KAYLLC                       | 3/13/2006  | 90717 | 6/15/2007 Added     |
| 1003595 | Matched                            |                        | 1023249 MOROUCIO          | KAYLLC                       | 3/13/2006  | 90740 | 6/15/2007 Added     |
| 1003596 | Matched                            |                        | 1089298 TENEMAZA          | MARK                         | 2/20/2006  | 90737 | 6/15/2007 Added     |
| 1003596 | Matched                            |                        | 1089298 TENEMAZA          | MARK                         | 2/20/2006  | 90707 | 6/15/2007 Added     |
| 1003599 | Unmatched - new record not created |                        | Multiple possible matches | YUNGA, KAREN                 | 7/7/2006   | 90716 | 7/11/2007           |

Figure 5: Interface File Statistics "View CSV Log File" screen

The status of “Error Processing” on “Upload File Status” screen is a hyperlink which will give you the error screen.

```

ERROR parsing file: unable to add 'GENDER' to <PATIENTINFO> due to the following exception:
>>>--> Begin Exception <--<<
java.lang.IllegalArgumentException: 'P' is not a valid GenderType
    at org.exolab.castor.xml.handlers.EnumFieldHandler.setValue(EnumFieldHandler.java:170)
    at org.exolab.castor.xml.UnmarshallingHandler.endElement(UnmarshallingHandler.java:760)
    at org.apache.xerces.impl.XMLDocumentFragmentScannerImpl.scanEndElement(XMLDocumentFragmentScannerImpl.java:1552)
    at org.apache.xerces.impl.XMLNamespaceScannerImpl.endElement(XMLNamespaceScannerImpl.java:446)
    at org.apache.xerces.impl.dtd.XMLDTDValidator.handleEndElement(XMLDTDValidator.java:978)
    at org.apache.xerces.impl.dtd.XMLDTDValidator.endElement(XMLDTDValidator.java:918)
    at org.apache.xerces.impl.XMLDocumentFragmentScannerImpl.scanEndElement(XMLDocumentFragmentScannerImpl.java:1445)
    at org.apache.xerces.impl.XMLDocumentFragmentScannerImpl.scanEndElement(XMLDocumentFragmentScannerImpl.java:980)
    at org.apache.xerces.impl.XMLDocumentFragmentScannerImpl.dispatch(XMLDocumentFragmentScannerImpl.java:1446)
    at org.apache.xerces.impl.XMLDocumentFragmentScannerImpl.scanDocument(XMLDocumentFragmentScannerImpl.java:733)
    at org.apache.xerces.parsers.XMLDocumentScannerImpl.parse(XMLDocumentScannerImpl.java:529)
    at org.apache.xerces.parsers.StandardParserConfiguration.parse(StandardParserConfiguration.java:565)
    at org.apache.xerces.parsers.XMLParser.parse(XMLParser.java:147)
    at org.apache.xerces.parsers.AbstractSAXParser.parse(AbstractSAXParser.java:1140)
    at org.xml.sax.helpers.XMLReaderImpl.parse(XMLReaderImpl.java:105)
    at gov.njdhss.njilis.interfaces.types.automated.FileProcessor.process(FileProcessor.java:544)
    at gov.njdhss.njilis.interfaces.types.automated.InterfaceProcessManager.process(InterfaceProcessManager.java:68)
    at gov.njdhss.njilis.interfaces.types.automated.InterfaceProcessManager.main(InterfaceProcessManager.java:217)
>>>---- End Exception ----<<

```

Figure 6: Error Processing screen

|  |
|--|
| [error] 1963/38 == cvc-type.3.1.3: The value 'SP' of element 'LOTMANUFACTURER' is not valid. |
|--|

Figure 7: Error Processing screen

Depending on the Provider and the File Type, you will get different screens for statistics.

HEDIS Interface File Statistics

File name: heditest.txt

Number of patients received: 50

Patients sent: 0

Doses sent: 0

BACK

Figure 8: HEDIS Interface File Statistics screen

The “File Name” on “Upload File Status” screen is also a hyperlink, thru which you will get the following screen. The same screen you will also get when you click on “Input File” button from “HEDIS Interface File Statistics” screen and it will display which input file was submitted to NJIIS through the upload.

```

<?xml version="1.0" encoding="UTF-8" ?>
- <patientlist xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
- <patient>
  <id>87503742500</id>
  <firstname>JAYDEN</firstname>
  <lastname>BATSISTA</lastname>
  <dob>07/24/2007</dob>
  <gender>M</gender>
</patient>
- <patient>
  <id>87503737800</id>
  <firstname>TANIYAH</firstname>
  <lastname>WATTS</lastname>
  <dob>07/24/2007</dob>
  <gender>F</gender>
</patient>
- <patient>
  <id>87503743100</id>
  <firstname>BOY TARA</firstname>
  <lastname>DESIMON</lastname>
  <dob>07/24/2007</dob>
  <gender>M</gender>
</patient>
- <patient>
  <id>87503742600</id>
  <firstname>KAYLEE</firstname>
  <lastname>ENRIQUEZ</lastname>
  <dob>07/20/2007</dob>
  <gender>F</gender>
</patient>

```

Figure 9: HEDIS Interface File Statistics "Input File" screen

```

<?xml version="1.0" encoding="UTF-8" ?>
- <patientlist>
- <patient>
  <id>87503742600</id>
  <firstname>KAYLEE</firstname>
  <lastname>ENRIQUEZ</lastname>
  <dob>07/20/2007</dob>
</patient>
- <patient>
  <id>87554715800</id>
  <firstname>DELIA</firstname>
  <lastname>PERALTA</lastname>
  <dob>07/18/2007</dob>
  <vaccination cptcode="90744" vaccinationdate="07/19/2007" />
</patient>
- <patient>
  <id>87554716300</id>
  <firstname>MYAH</firstname>
  <lastname>PENA</lastname>
  <dob>07/18/2007</dob>
  <vaccination cptcode="90744" vaccinationdate="07/19/2007" />
</patient>
- <patient>
  <id>87503738400</id>
  <firstname>MYKAYLA</firstname>
  <lastname>RUSSELL</lastname>
  <dob>07/18/2007</dob>
  <vaccination cptcode="90744" vaccinationdate="07/21/2007" />
</patient>

```

Figure 10: HEDIS Interface File Statistics "XML Output File" screen

## Appendix

### New Jersey Counties

| COUNTY_CODE | COUNTY_NAME |
|-------------|-------------|
| 34001       | ATLANTIC    |
| 34003       | BERGEN      |
| 34005       | BURLINGTON  |
| 34007       | CAMDEN      |
| 34009       | CAPE MAY    |
| 34011       | CUMBERLAND  |
| 34013       | ESSEX       |
| 34015       | GLOUCESTER  |

| COUNTY_CODE | COUNTY_NAME |
|-------------|-------------|
| 34017       | HUDSON      |
| 34019       | HUNTERDON   |
| 34021       | MERCER      |
| 34023       | MIDDLESEX   |
| 34025       | MONMOUTH    |
| 34027       | MORRIS      |
| 34029       | OCEAN       |
| 34031       | PASSAIC     |
| 34033       | SALEM       |
| 34035       | SOMERSET    |
| 34037       | SUSSEX      |
| 34039       | UNION       |
| 34041       | WARREN      |

### **CPT Codes**

Please refer to CDC's CPT code table for latest valid CPT codes.

<http://www2a.cdc.gov/vaccines/IIS/IISStandards/vaccines.asp?rpt=cpt>

### **CVX Codes**

Please refer to CDC's CVX code table for latest valid CVX codes.

<http://www2a.cdc.gov/vaccines/IIS/IISStandards/vaccines.asp?rpt=cvx>

### **Manufacturer Codes**

Please refer to CDC's Manufacturer code table for latest valid Manufacturer codes.

<http://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=mvx>

### **CDC Code Sets Guide**

Other related Code Sets, such as CPT, CVX, MVX and NDC, can be found at →

<http://www.cdc.gov/vaccines/programs/iis/code-sets.html>

### **VFC Eligibility Codes**

| CODE | VFC ELIGIBILITY  |
|------|--|
| 1001 | Medicaid, Medicaid Managed Care, and NJ FamilyCare Plan A  |
| 1002 | NJ FamilyCare Plans B,C & D  |
| 1003 | has no health insurance  |
| 1004 | is an American Indian or Alaskan Native  |
| 1005 | has health insurance that does not pay for vaccine *(NOTE: These individuals can only receive vaccine provided through the VFC Program at a FQHC such as a community/migrant/rural health center.) |
| 1006 | 317 funds *(NOTE: Only available to local health department operated sites if the five eligibility criteria listed above are not met, or by special permission of the N.J. Immunization Program.)  |
| 1007 | Not eligible   |
| 1008 | Not Available  |

## ***Relationships Codes***

### ***Contact Relationship Codes***

| CODE | DESCRIPTION    |
|------|----------------|
| 0    | UNKNOWN        |
| 1    | MOTHER         |
| 2    | FATHER         |
| 3    | AUNT           |
| 4    | GRANDMOTHER    |
| 5    | GRANDFATHER    |
| 6    | FOSTER CARE    |
| 7    | UNCLE          |
| 8    | LEGAL GUARDIAN |
| 9    | SELF           |

### ***Consent Relationship Codes***

| CODE | DESCRIPTION    |
|------|----------------|
| 1    | MOTHER         |
| 2    | FATHER         |
| 3    | LEGAL GUARDIAN |
| 4    | SELF           |

## ***List of File Process Status***

| File Process Status    | Description  |
|------------------------|--|
| Received               | File is received but not processed.  |
| Processing             | File is in the process.  |
| Error processing       | Some errors occurred while processing the file. Click on hyperlinked status to see the errors. |
| Processed successfully | File is processed. Click on hyperlinked status to see the Interface File Statistics.           |