

**New
Jersey
Immunization
Information
System
(NJIIS)**

Interface Specifications

Table of Contents

Introduction	3
Instructions for NJIIS Interface.....	3
NJIIS Interface Enrollment Form (Draft)	5
XML File Format	6
Elements.....	7
Schema Used	8
Sample Interface File Record	15
NJIIS Data Elements Diagram	17
Delimited File Specification	18
HEDIS File Specification.....	19
HEDIS XML Format.....	19
<i>Patient List (input)</i>	19
<i>Vaccination List (output)</i>	20
HEDIS CSV Format.....	21
HEDIS CSV with Provider Info Format.....	21
NJIIS Screens for Interface File Upload.....	22
Automated HTTP POST Data Submission Specification	26
New Jersey Counties	27
CPT Codes	27
CVX Codes.....	27
Manufacturer Codes	27
VFC Eligibility Codes	27
Relationships Codes.....	28
Contact relationship codes	28
Consent relationship codes	28

Introduction

New Jersey Department of Health and Senior Services (NJDHSS) - Office of Information Technology Services (OITS) has developed a web-based immunization registry.

New Jersey Immunization Information System (NJiIS) is a web-enabled application that provides a complete electronic immunizations history; generates a recommended immunization schedule and provides reminder/recall notices and other reports for physicians, clinics and other approved medical providers. Most infants are initially enrolled in NJiIS through the electronic birth certificate (EBC) process. NJDHSS - Vital Statistics and Registration Program electronically forwards EBC data records to NJiIS. Immunization entry is done via user's web interactive interface by physicians, through electronic data load from Medicaid, Managed Care Organizations and other external systems. NJiIS Stakeholders are → State and Local Health Departments, healthcare providers, schools, colleges and universities, Head Start, licensed and registered childcare facilities, and insurance health plans.

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

The NJiIS Interface 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.**

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.

Insurance health plans can request immunization information for HEDIS report.

Instructions for NJiIS Interface

To establish electronic interface with NJiIS →

1. Visit NJiIS home page → <http://njiis.nj.gov/njiis/>. Click on "NJiIS Forms and Documents" link on the left navigation bar → <http://njiis.nj.gov/njiis/html/forms.html>. Download the "**Interface Specifications**" document and study it with your vendor.
2. Complete the "**NJiIS Interface Enrollment Form**" and fax it to NJiIS at Fax # (609) 341-5098.
3. You will be required to select the **interface file format** and **file transfer protocol**.

Available **interface file formats**:

NJiIS XML Schema V. 1.0
Delimited Immunization Upload
HL7 v 2.3.1. Message type VXU^V04 (Unsolicited vaccination record update).
HEDIS XML
HEDIS CSV
HEDIS CSV with Provider Info

Available **file transfer protocols**:

SFTP
HTTPS

4. 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.

5. If you selected to upload the files via **HTTPS**, you can use your existing User Name/Password, if you are already an NJIIS user, or obtain appropriate access from NJIIS support team.
6. Generate your **Test File** according to the Interface Specifications formatting and **email** it to zina.kleyman@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.
7. To begin, 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:

- **For HEDIS reporting** → If you have children who we have previously identified and processed, please include their NJIIS Registry ID from the output file we returned to you.
 - **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.**
8. Submit forms, files, and inquiries to →

Attn: **Zina Kleyman**
Ph # (609)-341-2981
Fax # (609)-341-5098
E-mail: zina.kleyman@doh.state.nj.us

NJIS Interface Enrollment Form (Draft)

New Jersey Immunization Information System

INTERFACE ENROLLMENT FORM

The following information is required to set you up for Electronic Interface with NJIS. Please fill out this form completely and fax it to NJIS Help Desk at Fax # (609) 341-5098.

Practice Information

Practice Name: _____

Practice VFC PIN (If applicable): _____ Are you currently using NJIS? Yes No

Address: _____

City: _____ State: _____ Zip: _____ - _____

Contact Name: _____ Title: _____

Telephone # _____ Ext: _____ Fax # _____

E-mail: _____

Vendor Information

Software Name: _____

Contact Name: _____

Telephone # _____ Ext: _____

E-mail: _____

Practice Type:

- Health Care Provider
- Educational Facility
- Insurance Health Plans

File Transfer Protocol:

- SFTP
- HTTPS (manual upload via NJIS site)

Interface Format:

- XML
- HL7
- Delimited
- HEDIS XML
- HEDIS CSV
- HEDIS CSV with Provider Info

For Internal Use Only:

Set Up By: _____ Date Set Up: _____

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

VFCELEGIBILITY

ACTIONCODE

INTERNALRECID

PROVIDER

PROVIDERTAXID

VFCID

NJIISPROVIDERID

NPI

LOTINFORMATION

LOTNUMBER

LOTEXPIRATIONDATE

LOTMANUFACTURER

Elements

Element	Description
SENDINGAPPLICATION	The name and the version of the sending application. This element should contain only alphanumeric values.
SENDINGFACILITY	This can included the name of the facility sending this file. This can include the name of the branch if this facility is part of a corporation.
FILECREATIONDATE	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.
FILECREATIONTIME	HH-MM-SS
FILETRANSMISSIONDATE	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.
FILETRANSMISSIONTIME	HH-MM-SS
IMMUNIZATIONRECORD	This element represents the information about patient (patientinfo) and immunization dose information (doseinfo).
PATIENTINFO	This element represents the patient information.
ID	This element consists of ids for this patient.
INTERNALID	This id is the one assigned to this patient by the sending facility/corporation. This id is very useful for identifying this patient.
REGISTRYID	This is the id assigned to this patient by the state immunization registry. The registry can use this id to identify this patient.
LASTNAME	Last name of patient.
FIRSTNAME	First name of patient.
MIDDLEINITIAL	Middle name of patient.
DOB	Date of birth of this patient.
GENDER	Sex of this patient. The accepted values are <ul style="list-style-type: none"> - M - F - U
SSN	Social security number of patient. Retained for backward compatibility and not stored in NJIIS.
MOTHERSMAIDENNAME	Maiden name of the patient's mother.
CONTACT	Groups contact information for this patient.
LASTNAME	Last name of the contact person.
FIRSTNAME	First name of the contact person.
RELATIONSHIP	Relationship of the contact person to patient. Accepted values are defined and explained in the Contact Relationships .
ADDRESS	Address of this patient. This consists of the following sub-elements <ul style="list-style-type: none"> - Street1 - Street2 (apartment, etc) - city - state - county code - zip
CONSENT	This element describes whether consent to

Element	Description
	participate in the registry has been obtained and details.
CONSENTVALUE	Y or N are the allowed values, defined in the schema.
CONSENTDATE	Date consent was obtained.
LASTNAME	Last name of the person giving consent.
FIRSTNAME	First name of the person giving consent.
RELATIONSHIP	Relationship to the patient of the person giving consent. Values described in the Consent Relationships .
DOSEINFO	This element consists of the sub-elements which together represent the immunization dose information.
CPTCODE	CPT code of the vaccine administered to this patient. Values described in the CPT Codes .
CVXCODE	CVX code of the vaccine administered to this patient.
DOSEGIVENDATE	Date on which the vaccine was administered to this patient.
VFCELIGIBILITY	VFC eligibility the patient had for this dose, if any. Values described in the VFC Eligibility Codes .
PROVIDER	Groups together information about provider administering this dose.
PROVIDERTAXID	Tax Id of the provider who administered this dose to this patient. (Optional)
VFCID	State-issued VFC ID for this provider. (Optional)
NJIISPROVIDERID	NJIIS-issued provider ID (417 for history). (Optional)
NPI	NPI identifying provider administering this dose. Must be a 10-digit number. (Optional)
ACTIONCODE	Action code for this record; - A (add) - D (delete)
INTERNALRECID	Provider's ID for this dose.
LOTINFORMATION	Groups together information about the lot used to administer this dose.
LOTNUMBER	The lot number of the particular vaccine administered to this patient.
LOTEXPIRATIONDATE	The expiration date of the vaccine lot.
LOTMANUFACTURER	The name of the manufacturer of this vaccine administered to this patient. Values described in the Manufacturer Codes .

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">
  <xs:simpleType name="nbString">
    <xs:restriction base="xs:string">
      <xs:minLength value="1"/>
    </xs:restriction>
  </xs:simpleType>
</xs:schema>
```



```

</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:enumeration value="Not updated"/>
    <xs:enumeration value="Failed Validation"/>
    <xs:enumeration value="Not processed - demographic info not validated"/>
  </xs:restriction>
</xs:simpleType>
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  <xs:restriction base="nbString">
    <xs:enumeration value="34001"/>
    <xs:enumeration value="34003"/>
    <xs:enumeration value="34005"/>
    <xs:enumeration value="34007"/>
    <xs:enumeration value="34009"/>
    <xs:enumeration value="34011"/>
    <xs:enumeration value="34013"/>
    <xs:enumeration value="34015"/>
    <xs:enumeration value="34017"/>
    <xs:enumeration value="34019"/>
    <xs:enumeration value="34021"/>
    <xs:enumeration value="34023"/>
    <xs:enumeration value="34025"/>
  </xs:restriction>
</xs:simpleType>

```

```

    <xs:enumeration value="34027"/>
    <xs:enumeration value="34029"/>
    <xs:enumeration value="34031"/>
    <xs:enumeration value="34033"/>
    <xs:enumeration value="34035"/>
    <xs:enumeration value="34037"/>
    <xs:enumeration value="34039"/>
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  </xs:restriction>
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    <xs:enumeration value="2"/>
    <xs:enumeration value="3"/>
    <xs:enumeration value="4"/>
    <xs:enumeration value="5"/>
    <xs:enumeration value="6"/>
    <xs:enumeration value="7"/>
    <xs:enumeration value="8"/>
    <xs:enumeration value="9"/>
  </xs:restriction>
</xs:simpleType>
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    <xs:enumeration value="3"/>
    <xs:enumeration value="4"/>
  </xs:restriction>
</xs:simpleType>
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  <xs:restriction base="nbString">
    <xs:enumeration value="1001"/>
    <xs:enumeration value="1002"/>
    <xs:enumeration value="1003"/>
    <xs:enumeration value="1004"/>
    <xs:enumeration value="1005"/>
    <xs:enumeration value="1006"/>
    <xs:enumeration value="1007"/>
  </xs:restriction>
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    <xs:enumeration value="AS"/>
    <xs:enumeration value="AZ"/>
    <xs:enumeration value="AR"/>
    <xs:enumeration value="CA"/>
    <xs:enumeration value="CO"/>
    <xs:enumeration value="CT"/>
    <xs:enumeration value="DE"/>
    <xs:enumeration value="DC"/>
    <xs:enumeration value="FM"/>
    <xs:enumeration value="FL"/>
    <xs:enumeration value="GA"/>
    <xs:enumeration value="GU"/>
  </xs:restriction>
</xs:simpleType>

```

```

<xs:enumeration value="HI"/>
<xs:enumeration value="ID"/>
<xs:enumeration value="IL"/>
<xs:enumeration value="IN"/>
<xs:enumeration value="IA"/>
<xs:enumeration value="KS"/>
<xs:enumeration value="KY"/>
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<xs:enumeration value="WY"/>
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    <xs:enumeration value="A"/>
    <xs:enumeration value="D"/>
  </xs:restriction>
</xs:simpleType>
<xs:simpleType name="GenderType">
  <xs:restriction base="nbString">
    <xs:enumeration value="M"/>
    <xs:enumeration value="F"/>
    <xs:enumeration value="U"/>
  </xs:restriction>

```

```

</xs:simpleType>
<xs:simpleType name="ConsentValueType">
  <xs:restriction base="nbString">
    <xs:enumeration value="Y"/>
    <xs:enumeration value="N"/>
  </xs:restriction>
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  <xs:restriction base="nbString">
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  <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="Failed Validation"/>
  </xs:restriction>
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        <xs:complexType>
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            <xs:element name="SENDINGFACILITY" type="nbString"/>
            <xs:element name="FILECREATIONDATE" type="date"/>
            <xs:element name="FILECREATIONTIME" type="xs:time" minOccurs="0"/>
            <xs:element name="FILETRANSMISSIONDATE" type="date"/>
            <xs:element name="FILETRANSMISSIONTIME" type="xs:time" minOccurs="0"/>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
      <xs:element name="IMMUNIZATIONRECORD" maxOccurs="unbounded">
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          <xs:sequence>
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              <xs:complexType>
                <xs:sequence>
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                    <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"/>
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            </xs:element>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>

```

```

<xs:element name="MOTHERSMAIDENNAME" type="nbString" minOccurs="0"/>
<xs:element name="CONTACT" minOccurs="0">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="LASTNAME" type="nbString"/>
      <xs:element name="FIRSTNAME" type="nbString"/>
      <xs:element name="RELATIONSHIP" type="RelationshipType"/>
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        <xs:complexType>
          <xs:sequence>
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            <xs:element name="STREET2" type="nbString" minOccurs="0"/>
            <xs:element name="CITY" type="nbString"/>
            <xs:element name="COUNTYCODE" type="CountyType" minOccurs="0"/>
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      <xs:element name="FIRSTNAME" type="nbString"/>
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  <xs:complexType>
    <xs:sequence>
      <xs:choice>
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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>
            <xs:element name="PROVIDERTAXID" type="nbString"/>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>

```


Sample Interface File Record

<?xml version="1.0" encoding="UTF-8"?>

<NJIS>

<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>

<VFCELIBILITY>1001</VFCELIBILITY>

<ACTIONCODE>A</ACTIONCODE>

<PROVIDER>

<PROVIDERTAXID>123456789</PROVIDERTAXID>

<VFCID>1234</VFCID>

</PROVIDER>

<LOTINFORMATION>

<LOTNUMBER>AB12CD</LOTNUMBER>

<LOTEXPIRATIONDATE>2004-05-12</LOTEXPIRATIONDATE>

<LOTMANUFACTURER>AVP</LOTMANUFACTURER>

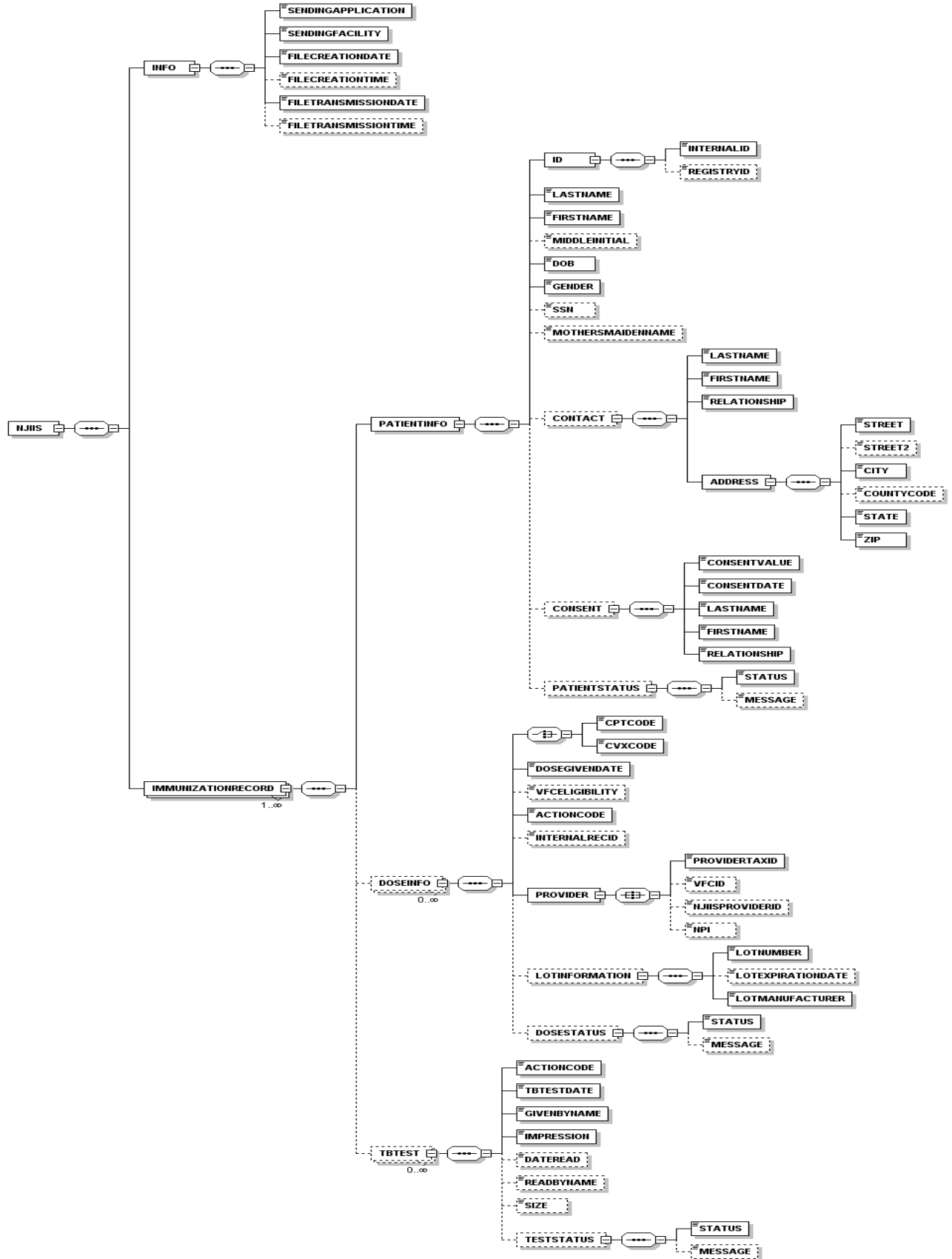
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</ID>
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<FIRSTNAME>Jane</FIRSTNAME>
<DOB>2002-10-01</DOB>
<GENDER>F</GENDER>
<CONTACT>
<LASTNAME>Adams</LASTNAME>
<FIRSTNAME>Steve</FIRSTNAME>
<RELATIONSHIP>2</RELATIONSHIP>
<ADDRESS>
<STREET>456 Market Street</STREET>
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<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>
<VFCELIBILITY>1004</VFCELIBILITY>
<ACTIONCODE>A</ACTIONCODE>
<PROVIDER>
<PROVIDERTAXID>8798798746</PROVIDERTAXID>
</PROVIDER>
</DOSEINFO>
</IMMUNIZATIONRECORD>
</NJIS>

NJIS Data Elements Diagram



Generated with XMLSpy Schema Editor 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. Must be a number.
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 Contact Relationship 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 NJ County Codes .
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 Consent Relationship 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 mm/dd/yyyy
27	Dose VFC Eligibility	O	See VFC Eligibility Codes table. This field is required if sending facility wants to use this transmission for VFC Program accountability.
28	Dose Action Code	R	Allowed values are A and D .
29	Dose Internal Record Id	O	Sending entity identifier for shot.
30	Dose Provider Tax Id	O	Only digits allowed. If unknown, specify 99999 and specify 417 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	Lot information, in general, is Optional. But if choose to provide the lot information, the Lot Number and Lot Manufacturer are required fields, but Lot Expiration Date can be optional.
34	Dose Lot Expiration Date	See notes column	Formatted as mm/dd/yyyy .
35	Dose Lot Manufacturer	See notes column	See vaccine Manufacturer table for codes. May use NJIIS code or abbreviation.
36	NPI	O	NPI identifying provider administering this dose. Must be a 10-digit number.

HEDIS File Specification

HEDIS sends Patients and demographic information to NJIIS and NJIIS sends back the Immunizations data to HEDIS.

HEDIS XML Format

Patient List (input)

Following is the schema file used to validate **incoming** files for **Patients**.

```
<?xml version="1.0" encoding="UTF-8"?>
<xs:schema xmlns:xs="http://www.w3.org/2001/XMLSchema" elementFormDefault="qualified"
attributeFormDefault="unqualified">
<xs:element name="patientlist">
<xs:complexType>
<xs:sequence>
```

```

<xs:element name="patient" maxOccurs="unbounded">
<xs:complexType>
<xs:sequence>
<xs:element name="id" type="nbstring"/>
<xs:element name="firstname" type="nbstring"/>
<xs:element name="lastname" type="nbstring"/>
<xs:element name="dob" type="DateType"/>
<xs:element name="gender" type="GenderType"/>
<xs:element name="ssn" type="SSNType" minOccurs="0"/>
<xs:element name="mothersname" type="xs:string" minOccurs="0"/>
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:sequence>
</xs:complexType>
</xs:element>
<xs:simpleType name="nbstring">
<xs:restriction base="xs:string">
<xs:minLength value="1"/>
</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="GenderType">
<xs:restriction base="nbstring">
<xs:enumeration value="M"/>
<xs:enumeration value="F"/>
<xs:enumeration value="U"/>
</xs:restriction>
</xs:simpleType>
<xs:simpleType name="DateType">
<xs:restriction base="nbstring">
<xs:pattern value="\d{2}\d{2}\d{4}"/>
</xs:restriction>
</xs:simpleType>
</xs:schema>

```

Vaccination List (output)

Following is the schema file used to produce **outgoing** files for **Vaccinations**.

```

<?xml version="1.0" encoding="UTF-8"?>
<!-- edited with XMLSpy v2006 U (http://www.altova.com) by gene (Financial Services) -->
<!-- edited with XMLSPY v5 rel. 2 U (http://www.xmlspy.com) by gene (none) -->
<xs:schema xmlns:xs="http://www.w3.org/2001/XMLSchema" elementFormDefault="qualified"
attributeFormDefault="unqualified">
<xs:element name="patientlist">
<xs:complexType>
<xs:sequence>
<xs:element name="patient" minOccurs="0" maxOccurs="unbounded">
<xs:complexType>
<xs:sequence>
<xs:element name="id" type="nbstring"/>
<xs:element name="firstname" type="nbstring"/>
<xs:element name="lastname" type="nbstring"/>
<xs:element name="dob" type="DateType"/>

```

```

<xs:element name="vaccination" minOccurs="0" maxOccurs="unbounded">
  <xs:complexType>
    <xs:attribute name="cptcode" type="nbstring"/>
    <xs:attribute name="vaccinationdate" type="DateType"/>
    <xs:attribute name="provider_tax_id" type="xs:string"/>
    <xs:attribute name="provider_name" type="xs:string"/>
  </xs:complexType>
</xs:element>
<xs:element name="primary_provider_tax_id" type="xs:string" minOccurs="0"/>
<xs:element name="primary_provider_name" type="xs:string" minOccurs="0"/>
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:sequence>
</xs:complexType>
</xs:element>
<xs:simpleType name="nbstring">
  <xs:restriction base="xs:string">
    <xs:minLength value="1"/>
  </xs:restriction>
</xs:simpleType>
<xs:simpleType name="DateType">
  <xs:restriction base="nbstring">
    <xs:pattern value="\d{2}\d{2}\d{4}"/>
  </xs:restriction>
</xs:simpleType>
</xs:schema>

```

HEDIS CSV Format

Input is same for both (7 fields)

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 First Name	R	
3	Patient Last Name	R	
4	Patient Date of Birth	R	Formatted as mm/dd/yyyy
5	Patient Gender	R	Allowed values are M, F, and U
6	Patient Social Security Number	O	Formatted as 123-45-6789
7	Patient Mother's Maiden Last Name	O	

HEDIS CSV with Provider Info Format

Output is of vaccination data either with Provider info OR without Provider info.

	Field Name	Value Required/ Optional?	Notes
1	Patient Internal Id	R	Sending organization's identifier for patient (e.g. chart number)

	Field Name	Value Required/ Optional?	Notes
2	Patient First Name	R	
3	Patient Last Name	R	
4	Patient Date of Birth	R	Formatted as mm/dd/yyyy
5	Patient Gender	R	Allowed values are M, F, and U
6	Patient Social Security Number	O	Formatted as 123-45-6789
7	Patient Mother's Maiden Last Name	O	
8	Provider Tax Id	O	Only digits allowed. If unknown, specify 417 .
9	Dose Lot Number	See notes column	Lot information, in general, is Optional. But if choose to provide the lot information, the Lot Number and Lot Manufacturer are required fields, but Lot Expiration Date can be optional.
10	Dose Lot Expiration Date	See notes column	Formatted as mm/dd/yyyy .
11	Dose Lot Manufacturer	See notes column	See vaccine Manufacturer table for codes. May use NJIIS code or abbreviation.

NJIIS Screens for Interface File Upload

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

If you are existing **NJIIS** user, first select the appropriate provider from the drop down on “Search for Patient” page and then click on “**Upload Data**” link under “**Interface upload**” title on the left navigation bar. 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.

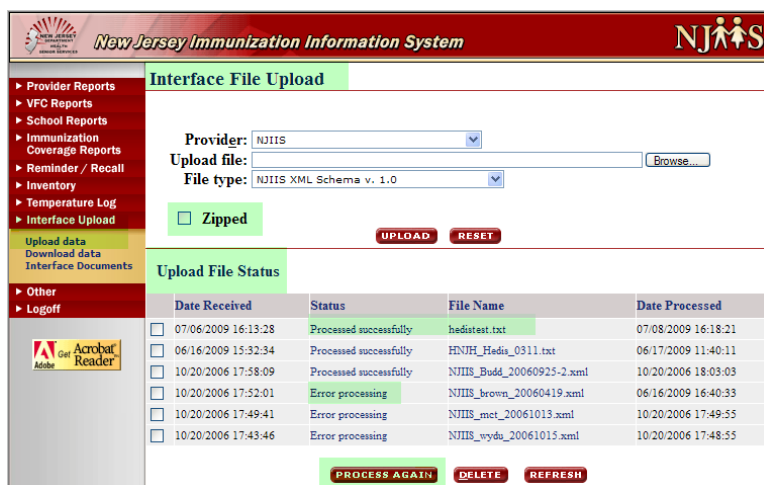


Figure 1: Interface File Upload and Upload File Status screen

Top portion of the page will allow you to upload your file. Use “**Browse**” button to select the file from your local directory and “**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 placed in queue, as 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.

To view file process statistics click on “**Processed successfully**” hyperlink next to the file name. 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 Name**” hyperlink. To view processing errors click on “**Error processing**” hyperlink next to the file name.



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.



Figure 3: Interface File Statistics “View File” screen

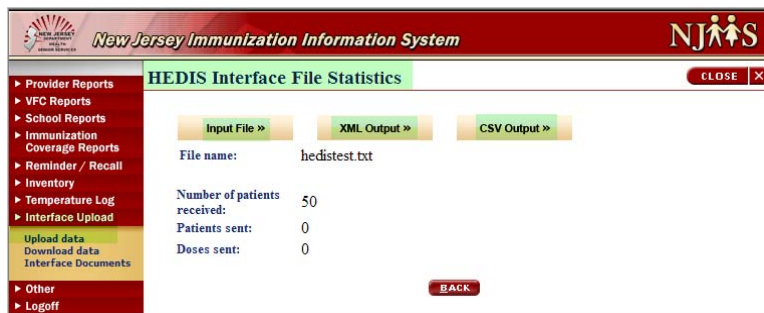


Figure 8: HEDIS Interface File Statistics screen

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.



Figure 9: HEDIS Interface File Statistics “Input File” screen



Figure 10: HEDIS Interface File Statistics “XML Output File” screen

Automated HTTP POST Data Submission Specification

URL to POST data files: <https://njiis.nj.gov/njiis/InterfaceUploadServlet>

POST Fields:

Name	Value
uploadmode	"AUTOMATIC"
filetype	"1" = NJIIS XML Schema V. 1.0 "5" = Delimited Immunization Upload "2" = HEDIS XML Input "3" = HEDIS CSV Input "4" = HEDIS CSV with Provider Info
user	NJIIS user name
password	NJIIS password for user
providername	NJIIS provider ID for user (supplied by NJIIS)
zip	"TRUE" if file zipped, omit field otherwise
file1	Data File.

URL to retrieve log files: <https://njiis.nj.gov/njiis/InterfaceFileServlet>

Fields:

Name	Value
automode	"TRUE"
user	NJIIS user name
password	NJIIS password for user
provider	NJIIS provider ID for user (supplied by NJIIS)
l	Upload ID returned during file submission (If submitting XML data and retrieving log file)
delx	Upload ID returned during file submission (If submitting delimited data and retrieving XML log file)
delc	Upload ID returned during file submission (If submitting delimited data and retrieving delimited log file)
e	Upload ID returned during file submission (If retrieving error file)

Please do not submit interface files without prior arrangement and approval.

Attachments

New Jersey Counties

COUNTY_CODE	COUNTY_NAME
34001	ATLANTIC
34003	BERGEN
34005	BURLINGTON
34007	CAMDEN
34009	CAPE MAY
34011	CUMBERLAND
34013	ESSEX
34015	GLOUCESTER
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/nip/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/nip/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/nip/IIS/IISStandards/vaccines.asp?rpt=mvx>

VFC Eligibility Codes

CODE	VFC ELIGIBILITY
1001	Medicaid, Medicaid Managed Care, and NJ KidCare Plan A
1002	NJ KidCare Plans B,C & D
1003	has no health insurance
1004	is an American Indian or Alaskan Native

CODE	VFC ELIGIBILITY
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