



NJ Health Information Network

# Immunizations Implementation Guide

Version 1

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# Document History

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# Acronyms and Abbreviations Guide

<b>ACK</b>	HL7 Acknowledgement message
<b>DQA</b>	Data Quality Assurance
<b>DSA</b>	Data Sharing Agreement
<b>DSM</b>	Direct Secure Messaging
<b>EHNAC-DTAAP</b>	Electronic Healthcare Network Accreditation Commission – Direct Trusted Agent Accreditation Program
<b>FHIR</b>	Fast Healthcare Interoperability Resources
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HL7</b>	Health Level 7
<b>IPsec</b>	Internet Protocol Security
<b>LLP</b>	Lower Layer Protocol
<b>NJIR</b>	New Jersey Immunization Registry
<b>NJDOH</b>	New Jersey Department of Health
<b>NJHIN</b>	New Jersey Health Information Network
<b>MSH</b>	Message Header segment within HL7

<b>MU</b>	Meaningful Use legislation
<b>MUCA</b>	Master Use Case Agreement
<b>NwHIN</b>	Nationwide Health Information Network
<b>QO</b>	Qualified Organization
<b>REST</b>	Representational State Transfer
<b>TDSO</b>	Trusted Data Sharing Organization
<b>UCE</b>	Use Case Exhibit
<b>UCS</b>	Use Case Summary
<b>VPN</b>	Virtual Private Network
<b>VXU</b>	Unsolicited Vaccination Update
<b>V04</b>	Message Trigger Event
<b>XCA</b>	Cross-Community Access

# Definitions

**Applicable Laws and Standards.** In addition to the definition set forth in the Data Sharing Agreement, the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the New Jersey Mental Health Laws, and the New Jersey Public Health Laws.

**Data Sharing Agreement.** Any data sharing organization agreement signed by both HIN and organization.

**Health Level 7 (HL7).** An interface standard and specifications for clinical and administrative healthcare data developed by the American National Standards Institute. HL7 provides a method for disparate systems to communicate clinical and administrative information in a normalized format with acknowledgement of receipt.

**Health Information Network (HIN).** An organization or group of organizations responsible for coordinating the exchange of protected health information (PHI) in a region, state, or nationally.

**HIN Infrastructure Service.** Certain services that are shared by numerous use cases. HIN Infrastructure Services include, but are not limited to, ACRS, HPD, Statewide Consumer Directory (SCD), and the Medical Information Direct GATEway (MIDIGATE®).

**HIN Services.** The HIN infrastructure services and additional services and functionality provided by HIN allowing the organization to send, receive, find, or use information to or from HIN as further set forth in an exhibit.

**Immunization Information System (IIS).** A confidential, population-based, computerized database that records all immunization doses administered by participating providers to persons residing within a given geopolitical area.

**Information Source.** Any organization that provides information that is added to a HIN Infrastructure Service.

**Meaningful Use.** Using certified EHR technology to improve quality, safety and efficiency of healthcare, and to reduce health disparities.

**Message.** A mechanism for exchanging message content between the organization to HIN services, including query and retrieve.

**Message Content.** Information which is sent, received, found or used by an organization to or from HIN Services, including, but not limited to, PHI, common keys, de-identified data, metadata, Digital Credentials, and data schema. Message Content includes the Message Content Header.

**Message Header.** The MSH segment present in every HL7 message type that defines the message's source, purpose, destination, and certain syntax specifics such as delimiters (separator characters) and character sets. It is always the first segment in the HL7 message, with the only exception being HL7 batch messages.

**New Jersey Immunization Registry.** The IIS for the State of New Jersey.

**NJ Health Information Network Shared Services.** The HIN for the State of New Jersey.

**Negative Acknowledgment.** “Not acknowledged” and is used to negatively acknowledge or to reject previously received message content or to indicate some kind of error.

**Notice.** A message transmission that is not message content and which may include but not be limited to an acknowledgement of receipt or error response.

**Send / Receive / Find / Use.** Means sending, receiving, finding, or using message content. Sending involves transport of message content. Receiving involves accepting and possibly consuming/storing message content. Finding means querying to locate message content. Using means any use of the message content other than sending, receiving and finding.

**Trusted Data Sharing Organization.** An organization that has signed any form of agreement with HIN for data sharing.

**Unsolicited Vaccination Record Update (VXU).** Represents a regular report to a registry that a shot has been given; no information requested.

**Use Case.** A specific scenario or group of scenarios for sharing patient health information.

**Use Case Exhibit.** The legal agreement attached as an exhibit to the Master Use Case Agreement that governs participation in any specific Use Case.

**Use Case Implementation Guide.** The document providing technical specifications related to Message Content and transport of Message Content between organizations, HIN, and other TDSOs. Use Case Implementation Guides are made available via URLs in exhibits.

**Use Case Summary.** The document providing the executive summary, business justification and value proposition of a use case. Use case summaries are provided by HIN upon request and are available via [www.NJHIN.org](http://www.NJHIN.org).

**XCA.** The IHE (Integrating the Healthcare Enterprise®) standard for Cross-Community Access to support the means to query and retrieve patient relevant healthcare data held by other communities.

**XDS.b.** The IHE (Integrating the Healthcare Enterprise®) standard for Cross-Enterprise Document Sharing revision b, to support the means to query and retrieve patient relevant healthcare data held within a community.

# 1 Introduction

## 1.1 Purpose of Use Case

The Immunizations use case allows organizations to share data with the Health Information Network (HIN, NJHIN) to submit patient vaccinations and immunizations through the HIN to the state New Jersey Immunization Information System (NJiIS) the NJ Immunization Registry.

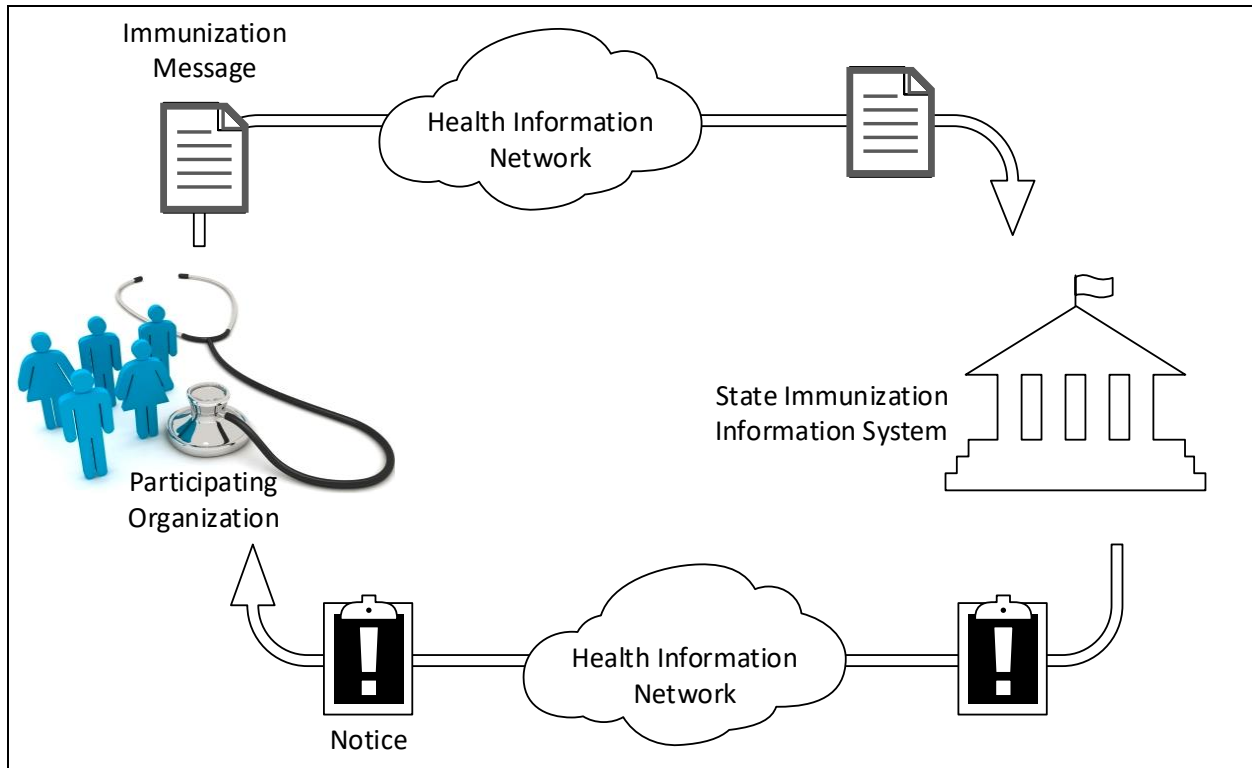
Utilizing this use case also ensures compliance with Meaningful Use legislation, which requires an ability to communicate electronically with a public health agency.

## 1.2 Message Content

For this use case, Message Content means an Unsolicited Vaccination Update (VXU) HL7 2.x conforming message.

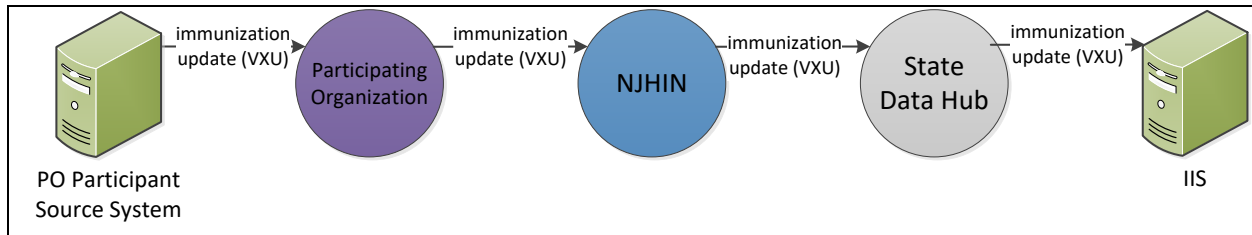
## 1.3 Data Flow and Actors

In this use case, NJHIN brokers the transport of messages to and from trusted data sharing organizations (TDSOs), called participating organizations in the diagram below.



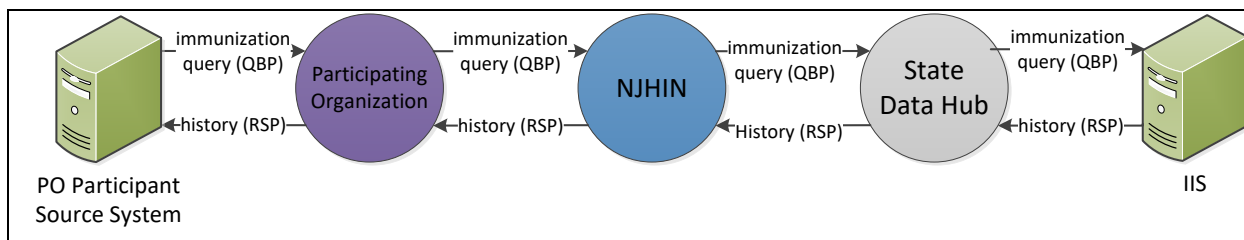
**Figure 1. Workflow between Participating Organizations, NJHIN, and NJDOH**

## 1.4. Immunizations Use Cases



**Figure 2. Immunizations Use Case Data Flow**





**Figure 3. Immunization History Use Case Data Flow**

The above diagrams show the data flow process for Immunizations submitted and Immunization Query process. The Figure 1 diagram focuses on VXU process going from PO Participant Source System(Provider Office using a chosen method of transmission) which if connected to a Participating Organization will pass through to NJHIN. The NJHIN will then pass the message (unaltered) to the NJIIS(State Data Hub) and to the NJ Immunization Registry. Similarly, the Query process ( Search for an Immunization Record) is depicted in Figure 2. Immunization History Use Case Data Flow shows a Query Message( QBP for a specific patient) pass through a Participating Organization(if Present) and passing on to the NJHIN. NJHIN performs no changes and passes the message on to State Data Hub(NJIIS) which then hands the message to the State Immunization Registry. With the message completed a Response message(RSP) will be generated from Immunization Registry to the Provider in the PO Participant Source System.

## 2 Standard Overview

### 2.1 Message Format

The current message formats supported by the IIS are HL7 v2.5.1 (preferred) and HL7 v2.3.1. Future versions of HL7 messages may be implemented and supported in the future, such as the Fast Healthcare Interoperability Resources (FHIR). For more information on FHIR, refer to this website:

<http://www.hl7.org/implement/standards/fhir>

### 2.2 Message Example

For an example of what a properly formatted message should look like for this use case, refer to Appendix A at the end of this document.

# 3 Onboarding Process

## 3.1 Initial Onboarding

For organizations to share data with HIN under this use case, the organization undergoes two onboarding processes simultaneously. The two onboarding processes are legal onboarding and technical connectivity onboarding. These may occur in parallel – i.e. the organization can review and complete legal agreements with HIN while simultaneously establishing and testing technical connectivity. To initiate these two parallel onboarding processes, notify NJHIN at [Immunizations@NJII.com](mailto:Immunizations@NJII.com).

### 3.1.1 Initial Legal Process

The first time an organization undergoes the legal onboarding process to connect with NJHIN, the organization negotiates and enters into a master Participating Organization agreement and Master Use Case Agreement which then allows the Participating Organization to enter into one or more use cases via Use Case Exhibits.

Once an organization has entered into a master Participating Organization agreement, the organization can enter into an unlimited number of use cases with HIN. All of HIN's use cases are available at:

<http://NJII.com/NJHIN>

### 3.1.2 Initial Technical Connectivity Process

NJHIN considers itself “transport agnostic” and offers multiple options for organizations to establish technical connectivity to transport data to HIN. Organizations should select one or more connectivity methods for message transport based on their technical capabilities, and should communicate the selection(s) to [Immunizations@NJII.com](mailto:Immunizations@NJII.com) early in the onboarding process. Currently HIN accepts the following transport methods:

- LLP over IPsec VPN – Lower-Layer Protocol over Internet Protocol Security Virtual Private Network
- DSM – Direct Secure Messaging

For VPN connectivity two VPNs are required. A primary VPN will facilitate regular traffic. A secondary will be established for fail-over purposes.

Additional transport methods may be added in the future. These can include NJHIN, XCA, REST/RESTFUL APIs, FHIR, and others.

The following steps describe the technical onboarding process. However, HIN typically conducts “onboarding kickoff” meetings with new organizations to go through each of these steps in detail and answer any questions.

1. The organization selects one or more supported transport methods and establishes connectivity with HIN. This step varies based on the method selected:
  - a. LLP over IPsec VPN – HIN’s site-to-site VPN request form must be completed, submitted and approved by HIN. Contact [Immunizations@NJII.com](mailto:Immunizations@NJII.com) to obtain the VPN request form. A pre-shared key exchanges between the organization and HIN to initialize the connection. The LLP over IPsec VPN is the most efficient transport for very high volumes of messages.
  - b. Direct Secure Messaging – HIN accepts Direct Secure Messages from Health Internet Service Provider (HISPs) that have EHNAC-DTAAP (DirectTrust) accreditation. Test messages are sent to verify HISP connectivity (“ping pong”). The Message Header section in the test messages is verified for appropriate routing configuration.
2. Test messages are sent by the organization to HIN.
  - a. All test messages must have a “T” in the Message Header – field 11.
  - b. Test traffic is routed via HIN to the appropriate destination. For Immunizations, the destination will be announced through the testing process.
  - c. The end destination monitors for inbound test traffic and confirm receipt with NJHIN, which confirms with the sending organization.
3. For the Immunizations Use Case, the NJII/NJHIN web page ([https://  
http://njii.com/njhin/](https://http://njii.com/njhin/) ) provides details on either the Submission of Immunizations (VXU, Use Case 1) or the Query for Use Case Information (QBP, Use Case 2). Using the Documents page (<https://njiis.nj.gov/njiis/html/documents.html>) the provider will find the process within, these documents and processes should be followed completely. Details concerning the Submission and Query are found at document Interface Specifications for HL7 Message Type 2.5.1.
4. Upon completion of the enrollment form NJIIS responds with an email and the Smoke Test portion of the process can begin. Using the NJIIS guidelines to complete this process within the stated timeframe will allow the Sender to commence the exchange of HL7 messages as per the enrollment process.
  - a. With the completion of the NJIIS Smoke test a 30 day process of submitting messages can proceed. The sending facility now places a “T” (for Testing) value in the MSH-11 field 11.
5. The NJIIS declares the sending facility to be ready for production when communication has been received and a Pre-Production meeting is scheduled.
  - a. At this time, the sending facility will be told to send production messages through the organization to HIN. The sending facility now places a “P” (for production) value in the MSH-11 instead of the “T” used during testing. Final instructions will come from the participation in the Pre-Production meeting with NJIIS.

## 3.2 Onboarding Additional Sending Facilities

When an organization (multi partner data sharing organization such as Health Information Exchange – HIE) wishes to onboard additional sending facilities, those facilities must first register with the NJHIN. Once successful, the registration information from the IIS, including the Facility ID Number, must be submitted to <http://NJII.com/NJHIN>. The new sending facility should then begin sending test messages to the IIS in the same fashion as the initial facility following all the steps specified by NJIIS.

For specific information regarding testing with the IIS, refer to the [Interface Specifications for HL7 Message Type 2.5.1](#):

<https://njiis.nj.gov/njiis/html/documents.html>

# 4 Specifications

## 4.1 Message Trigger Events

The HL7 message type for Immunizations is VXU and the trigger event is V04 (see p30 of [Interface Specifications for HL7 Message Type 2.5.1](#).)

## 4.2 General Message Requirements

For general rules that apply to the entire message, refer to the NJIIS documentation at:

- <https://njiis.nj.gov/njiis/html/documents.html>

## 4.3 Specific Segment and Field Definitions

### 4.3.1 Segment 1 – Message Header

The definitions in the table below shall be conformed to by all HL7 messages communicating the message header (MSH) segment.

Sequence	Length	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	1	ST	R	1..1		00001	Field Separator	
2	4	ST	R	1..1		00002	Encoding Characters	
3	180	HD	R	1..1	0361	00003	Sending Application	
4	180	HD	R	1..1	0362	00004	Sending Facility	NJIR Facility PIN
5	180	HD	R	1..1	0361	00005	Receiving Application	NJIR
6	180	HD	R	1..1	0362	00006	Receiving Facility	NJDOH

Sequence	Length	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
7	26	TS	R	1..1		00007	Date/Time of Message	
8	40	ST	X	0..0		00008	Security	
9	7	CM	R	1..1	0076 0003	00009	Message Type	VXU^V04^VXU_V04
10	20	ST	R	1..1		00010	Message Control ID	Should be repopulated (rather than pass-through) for outbound message header
11	3	PT	R	1..1		00011	Processing ID	<b>P</b> when in production, <b>T</b> for testing
12	60	VID	R	1..1	0104	00012	Version ID	
13	15	NM	X	0..0		00013	Sequence Number	
14	180	ST	X	0..0		00014	Continuation Pointer	
15	2	ID	X	0..0	0155	00015	Accept Acknowledgment Type	
16	2	ID	X	0..0	0155	00016	Application Acknowledgment Type	
17	2	ID	X	0..0		00017	Country Code	
18	16	ID	X	0..0		00692	Character Set	
19	60	CE	X	0..0			Principal Language of Message	
20	20	ID	X	0..0		00356	Alternate Character Set Handling Scheme	

#### 4.3.2 All Remaining Segments

The message header is the only segment which HIN requires to be formatted in a certain way. HIN does not evaluate or verify any other part of the message. For all remaining segment and field, follow the IIS standards, which can be retrieved from the NJIIS Documents at :

<https://njiis.nj.gov/njiis/html/documents.html>

# 5 Troubleshooting

## Production Support

	Severity Levels			
	1	2	3	4
<b>Description</b>	<b>Critical Impact/ System Down:</b> Business critical software is down or critical interface has failed. The issue is impacting all production systems, causing all participating organizations' or other organizations' ability to function to be unusable.	<b>Significant Business Impact:</b> Software component severely restricted. Entire organization is unable to continue business functions, causing all communications and transfer of messages to be halted.	<b>Partial Failure or Downtime:</b> Program is useable and less significant features unavailable. The service is online, though may not working as intended or may not currently working as intended or may not currently be accessible, though other systems are currently available.	<b>Minimal Business:</b> A non-critical software component is malfunctioning, causing minimal impact, or a test system is down.
<b>Example</b>	All messages to and from NJHIN are unable to be sent and received, let alone tracked	NJHIN cannot communication (send or receive) messages between single or multiple participating organizations, but can still successfully communicate with other organizations.	Messages are lost in transit, messages can be received but not transmitted.	Additional feature requested.
<b>Primary Initiation Method</b>	<i>Phone:</i> <a href="tel:201-207-7067">(201-207-7067)</a>	<i>Phone:</i> <a href="tel:201-207-7067">(201-207-7067)</a>	Web form at <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>	Web form at <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>
<b>Secondary Initiation Method</b>	Web form at <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>	Web form at <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>	Email to <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>	Email to <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>
<b>Tertiary Initiation Method</b>	Email to <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>	Email to <a href="mailto:Immunizations@NJII.com">Immunizations@NJII.com</a>	N/A	N/A
<b>Initial Response</b>	Within 2 hours	Within 2 hours	1 business day	1 business day
<b>Resolution Goal</b>	24 hours	24 hours	3 business days	7 business days

If you are experiencing difficulties or have questions, please contact the NJHIN Help Desk:

- [Immunizations@NJII.com](mailto:Immunizations@NJII.com) Specify "Trouble Issue" in the Subject line.
- Phone: [201-207-7067](tel:201-207-7067)
- Monday – Friday 9-5pm EST

## 6 Legal Advisory Language

This reminder applies to applicants connecting through NJHIN only. Those participants connecting directly to NJIIS are fulfilling a state regulatory mandate. NJHIN participants will need a Data Sharing Agreement based on your pathway for connectivity.

The Data Sharing Agreement (DSA) establishes the legal framework under which organizations can exchange messages through the HIN Platform, and sets forth the following approved reasons for which messages may be exchanged:

- a. By health care providers for Treatment, Payment and/or Health Care Operations consistent with the requirements set forth in HIPAA
- b. Public health activities and reporting as permitted by HIPAA and other Applicable Laws and Standards
- c. To facilitate the implementation of “Meaningful Use” criteria as specified in the American Recovery and Reinvestment Act of 2009 and as permitted by HIPAA
- d. Uses and disclosures pursuant to an Authorization provided by the individual who is the subject of the Message or such individual’s personal representative in accordance with HIPAA
- e. By Data Sharing Organizations for any and all purposes, including but not limited to pilot programs and testing, provided that such purposes are consistent with Applicable Laws and Standards
- f. For any additional purposes as specified in any use case, provided that such purposes are consistent with Applicable Laws and Standards

Under the DSA, “**Applicable Laws and Standards**” means all applicable federal, state, and local laws, statutes, acts, ordinances, rules, codes, standards, regulations and judicial or administrative decisions promulgated by any governmental or self-regulatory agency, including the State of New Jersey, and the New Jersey Hospital Association, as any of the foregoing may be amended, modified, codified, reenacted, promulgated or published, in whole or in part, and in effect from time to time.

“Applicable Laws and Standards” includes but is not limited to HIPAA; the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the New Jersey Mental Health Code, and Public Health Codes as applicable.

It is each participating organization’s obligation and responsibility to ensure that it is aware of Applicable Laws and Standards as they pertain to the content of each message sent, and that its delivery of each message complies with the Applicable Laws and Standards. This means, for example, that if a use case is directed to the exchange of physical health information that may be exchanged without patient authorization under HIPAA, the participating organization must not deliver any message containing health information for which an express patient authorization or consent is required (e.g., mental or behavioral health information).

**Disclaimer:** The information contained in this implementation guide was current as of the date of the latest revision in the Document History in this guide. However, Medicare and Medicaid policies are subject to change and do so frequently. HL7 versions and formatting are also subject to updates. Therefore, links to any source documents have been provided within this guide for reference. HIN applies its best efforts to keep all information in this guide up-to-date. It is ultimately the responsibility of the organization and sending facilities to be knowledgeable of changes outside of HIN's control.



# Appendix A

## Sample Immunizations Message (Example based on MiHIN code)

**MSH**|^~\&|EMR|4555-33-  
10|NJIR|MDCH|20090707105530||VXU^V04|8983829093.100393|P|2.3.1||AL|  
**PID**|1||1||FRANKLIN^TRICIA^L||19860122|F||770 SE PECAN  
STREET^^PONTIAC^MI^48341||839-555-9557|118-555-5271||||000-00-1103|  
**PD1**|||||||||Y|  
**NK1**|1|Harris^Cynthia|GRD^Guardian^HL70063|  
**RXA**|0|999|20090706|20090706|90707^MMR^CPT^03^MMR^CVX|0.5|ML||00^New  
Immunization  
Record^NIP001|drj|^20012349964||||1673X||MSD^Merck^MVX||||A|20090706173207  
|  
**OBX**|1|CE|64994-7^Vaccine funding program eligibility category^LN||V03^VFC eligibility  
- Uninsured^HL70064||||F||20090706130100  
**RXR**|SC^Subcutaneous^HL70162|RA^Right Arm^HL70163|  
**RXA**|0|999|20090510|20090510|90707^MMR^CPT^03^MMR^CVX||||01^Historical  
information^NIP001|||||||||A|20090706173022|

# New Jersey Health Information Exchange List

Examples of New Jersey Health Information Exchanges can be found at( as of Feb, 2017):

[www.jerseyhealthconnect.org/](http://www.jerseyhealthconnect.org/)

<https://www.camdenhealth.org/programs/health-information-exchange/>

[www.barnabashealth.org/For-Patients/Health-Information-Exchange-HIE-.aspx](http://www.barnabashealth.org/For-Patients/Health-Information-Exchange-HIE-.aspx)

<https://www.virtua.org/patient-tools/health-information-exchange>

<https://njshine.org/>

This listing is provided as a public service of HIE's available in various parts of the state of New Jersey and is not intended as an endorsement by NJHIN or a complete listing.