



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Prescription Monitoring Program
 124 Halsey Street, 6th Floor, P.O. Box 47014
 Newark, New Jersey 07101



PRESCRIPTION MONITORING PROGRAM INTEGRATION REQUEST FORM

Business Information

Business name: _____

Business address: _____
Street Address City State ZIP Code

Business type: Health System Hospital (Independent) Group Practice
 Independent Practice Outpatient Pharmacy (Chain) Outpatient Pharmacy (Independent)

Primary Contact

Name and title: _____

Telephone number: _____ E-mail: _____
(include area code)

Role at Organization: Executive Administrator IT Professional Prescriber Dispenser

Secondary Contact (optional)

Name and title: _____

Telephone number: _____ E-mail: _____
(include area code)

Role at Organization: Executive Administrator IT Professional Prescriber Dispenser

1. In which counties does your organization operate?

- | | | | | |
|-------------------------------------|--|-------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Bergen | <input type="checkbox"/> Burlington | <input type="checkbox"/> Camden | <input type="checkbox"/> Cape May |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Essex | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Hudson | <input type="checkbox"/> Hunterdon |
| <input type="checkbox"/> Mercer | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Morris | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Passaic | <input type="checkbox"/> Salem | <input type="checkbox"/> Somerset | <input type="checkbox"/> Sussex | <input type="checkbox"/> Union |
| <input type="checkbox"/> Warren | <input type="checkbox"/> All New Jersey Counties | | | |

2. Approximately how many patients did your organization serve in New Jersey in the previous year? _____

3. Which electronic health record (EHR) systems are currently used by your organization? (Select all that apply)

- | | | | | |
|--|------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Allscripts | <input type="checkbox"/> Aprima | <input type="checkbox"/> AthenaHealth | <input type="checkbox"/> Atlas | <input type="checkbox"/> Cerner |
| <input type="checkbox"/> CliniSync | <input type="checkbox"/> CPSI | <input type="checkbox"/> DrFirst | <input type="checkbox"/> eClinicalWorks | <input type="checkbox"/> eMDs |
| <input type="checkbox"/> EPIC | <input type="checkbox"/> GE Health | <input type="checkbox"/> Greenway Health | <input type="checkbox"/> Kindred | <input type="checkbox"/> MDScripts |
| <input type="checkbox"/> Medent | <input type="checkbox"/> Medhost | <input type="checkbox"/> Meditech | <input type="checkbox"/> Netsmart | <input type="checkbox"/> NextGen |
| <input type="checkbox"/> Practice Fusion | <input type="checkbox"/> ProComp | <input type="checkbox"/> Qualifacts | <input type="checkbox"/> SALIX | <input type="checkbox"/> Siemens |
| <input type="checkbox"/> STI Computer Services | <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ | | |

4. Which pharmacy/dispenser IT systems are currently in use in your organization? (Select all that apply)

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Pioneer Rx | <input type="checkbox"/> QS/1 | <input type="checkbox"/> PDX |
| <input type="checkbox"/> Transaction Data Systems – Rx30 | <input type="checkbox"/> McKesson | <input type="checkbox"/> Lagniappe Pharmacy Services |
| <input type="checkbox"/> Health Business System (HBS) | <input type="checkbox"/> MDScripts | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |



**PRESCRIPTION MONITORING PROGRAM INTEGRATION REQUEST FORM
(Continued)**

5. Does your organization participate in New Jersey's Health Information Network (NJ HIN)? Yes No Unsure
6. Would your organization prefer to integrate with the NJPMP via direct integration with your health IT vendor or via the NJ HIN?
- Direct integration with my health IT vendor NJ HIN Whichever is quicker
 Unsure No preference
7. Can your organization devote staff time to the integration process? Yes No
8. Assuming full and timely support from the NJPMP Office, what is your organization's timeline for integrating its health IT system(s) with the NJPMP?
- Less than three months Three to six months Six to twelve months
 One to two years More than two years Unsure
9. Do you foresee any challenges in acquiring approval or support from any of the departments that will contribute to integration? Yes No