

Criteria for SHIN-NY Regulated Entities: Article 36 and Article 40 Home Care and Hospice Facilities

The New York State Department of Health, with support from the Centers for Medicare & Medicaid Services, has established the Data Exchange Incentive Program (DEIP) to increase health information exchange (HIE) adoption across the state by building electronic health record (EHR) interfaces to New York State’s HIE, the Statewide Health Information Network for New York (SHIN-NY). The SHIN-NY connects eight regional networks, or Qualified Entities (QEs). This program is designed to help offset the cost for organizations connecting to a QE.

Eligibility Criteria

An organization must:

- Utilize an EHR that has obtained **at least one** of the following Privacy & Security Assurances (A, B, **or** C):

A. ONC Certification* for, at a minimum, the following Privacy & Security criteria:

- (d.1) Authentication, Access Control, and Authorization
- (d.2) Auditable Events
- (d.3) Audit Report(s)
- (d.4) Amendments
- (d.5) Automatic Log-off
- (d.6) Emergency Access
- (d.7) End-User Device Encryption
- (d.8) Integrity

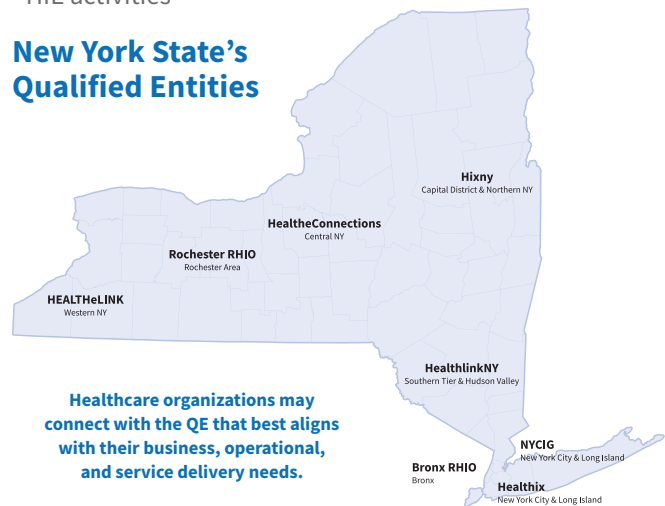
B. Current SOC 2, Type II audit with no material findings**

C. Current validated HITRUST assessment or NIST cybersecurity framework assessment**

- Be able to send information electronically to a QE in either CCD or C-CDA format

- Be licensed by New York State as Article 36 Home Care facility (Certified Home Health Agency, Licensed Home Care Services Agency, Long-Term Home Health Care Program) or Article 40 Hospice facility
- NOT** already be connected to a QE and contributing data
- NOT** have received payment from any source for similar HIE activities

New York State’s Qualified Entities



*If the EHR vendors meets requirement 'A', they must have and maintain a Certification Status of 'Active' from an ONC Authorized Testing & Certification Body (ONC-ATCB). EHR vendor may certify against additional Privacy & Security criteria as desired. Certification may be against the 2014 or 2015 Edition of ONC Certification. Additionally, the ONC-ATCB may also require (g.4) Quality Management System and/or (g.5) Accessibility-Centered Design.

**If the EHR vendor meets requirement 'B' or 'C', they must also provide NYeC with an attestation that demonstrates their product’s ability to meet the requirements 45 CFR 170.314(d)(1) through 170.314(d)(8) which represent the EHR features, functions, and behaviors related to privacy and security. SOC 2, Type II audit will only be acceptable through September 30, 2019, at which time the vendor must be certified or assessed and compliant with ONC Privacy & Certification criteria, HITRUST, or NIST.



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www.nyehealth.org/deip

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Conditions of Participation

Organizations participating in DEIP are incentivized to contribute specific data elements.

Sign a QE Participation Agreement with the QE on or after 10/1/16	<p>Contribute to the QE the Common Clinical Data Set in C-CDA format, which includes at a minimum, the following data expressed, where applicable, according to the standards as defined in the Summary of Care Record specifications.¹</p> <table border="0"> <tr> <td>1. Patient Name</td> <td>9. Medications</td> </tr> <tr> <td>2. Sex</td> <td>10. Medication Allergies</td> </tr> <tr> <td>3. Date of Birth</td> <td>11. Laboratory Test(s)</td> </tr> <tr> <td>4. Race</td> <td>12. Laboratory Value(s)/Result(s)</td> </tr> <tr> <td>5. Ethnicity</td> <td>13. Vital Signs (height, weight, blood pressure, BMI)</td> </tr> <tr> <td>6. Preferred Language</td> <td>14. Care Plan Field(s), including Goals and Instructions</td> </tr> <tr> <td>7. Smoking Status</td> <td>15. Procedures</td> </tr> <tr> <td>8. Problems</td> <td>16. Care Team Member(s)</td> </tr> </table> <p>Additional data elements, if available and appropriate: Incidents & Accidents (I&A), Nurse Notes, Progress Notes, Orders, Pain and Skin Assessment, Advance Directives/MOLST</p>	1. Patient Name	9. Medications	2. Sex	10. Medication Allergies	3. Date of Birth	11. Laboratory Test(s)	4. Race	12. Laboratory Value(s)/Result(s)	5. Ethnicity	13. Vital Signs (height, weight, blood pressure, BMI)	6. Preferred Language	14. Care Plan Field(s), including Goals and Instructions	7. Smoking Status	15. Procedures	8. Problems	16. Care Team Member(s)
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Must be able to electronically receive a Summary of Care Record in a C-CDA format (via QE web portal, DIRECT secure messaging, or EHR interface)																	
Attests to continue data exchange for one year. Failure to continue data exchange for one year could result in a claw back penalty.																	

¹Details on the Common Clinical Data Set can be found here: https://www.healthit.gov/sites/default/files/commonclinicaldataset_ml_11-4-15.pdf

Milestone Payments

NYeC is coordinating the rollout of the program and is administering the incentive payments on behalf of the New York State Department of Health. Limited funding is available and this program is operated on a first-come, first-served basis. **All milestones must be completed by September 30, 2020 as long as funding is not exhausted before this time.**

Milestones	Required Documentation	Measurement	Payment
Milestone 1 Enrollment	Milestone 1 Attestation	Organization attests they have signed a QE participation agreement on or after 10/1/16	\$2,000
Milestone 2 Go Live	Milestone 2 Attestation	Organization attests they are able to receive a Summary of Care Record electronically AND a connection is established to the QE and they are contributing all required data elements.	\$11,000 (per connection)