Criteria for Organizations with Medicare or Medicaid Promoting Interoperability (formerly Meaningful Use) Eligible Professionals That Also Accept Medicaid

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 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 ONC Certification* for, at a minimum, the Privacy & Security criteria (d)(1)-(d)(8)
  (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

• Have at least one provider that accepts Medicaid (Fee-For-Service or Medicaid Managed Care)

• 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

Bronx RHIO
HealthConnections
HEALTHeLINK
Healthix
Hixny
NY Care Information Gateway (NYCIG)
Rochester RHIO

*The EHR vendors 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.
Conditions of Participation
Organizations participating in DEIP are incentivized to contribute specific data elements.

<table>
<thead>
<tr>
<th>Sign a QE Participation Agreement with the QE</th>
<th>Contribute to the QE the required data elements, according to the Standards defined by ONC in the Common Clinical Data Set in C-CDA format: ¹</th>
</tr>
</thead>
</table>
| 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) | 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) |
| Attest 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](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.**

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Required Documentation</th>
<th>Measurement</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milestone 1</td>
<td></td>
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<tr>
<td>Enrollment</td>
<td>Milestone 1 Attestation</td>
<td>Organization attests they have signed a QE participation agreement and will meet Milestone 2 requirements by the program deadline</td>
<td>$2,000</td>
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<tr>
<td>Appendix 1</td>
<td>Document listing eligible providers per criteria listed above</td>
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<td>Milestone 2</td>
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<tr>
<td>Go Live</td>
<td>Milestone 2 Attestation</td>
<td>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 within six months of connectivity/data contribution go-live.</td>
<td>$11,000 (per connection)</td>
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</table>