

**Data Exchange Incentive Program (DEIP)**  
**MILESTONE 1 ENROLLMENT ATTESTATION FORM**

**Organization Information**

**Organization Name:** \_\_\_\_\_

**Organization NPI:** \_\_\_\_\_ **Healthcare Facilities Information System\* ID# (HFIS):** \_\_\_\_\_

**ETIN (Electronic Transmitter Identification Number for Medicaid):** \_\_\_\_\_

**Type of Organization:** (Please mark only one)

- Article 28\* (Nursing Homes & Diagnostic Treatment Centers only)
- Article 36\* (Home Health Care Agencies & Long-Term Home Health Care Programs)
- Article 40\* (Hospice)
- Behavioral Health Org (OMH, OASAS, HCBS)  Org. with Medicare EP  Org. with Medicaid EP

**Estimated Total # Providers:** \_\_\_\_\_

**EHR Name(s) & Version:** \_\_\_\_\_

**If multiple EHRs, number of EHR interface connections expected** \_\_\_\_\_

\*Applies to Article 28/36/40 only HFIS # available at <https://health.data.ny.gov/Health/Health-Facility-Certification-Information/2g9y-7kqm>

**Milestone 1 Enrollment Attestation:**

- Organization attests that it meets the requirements for participation in the Data Exchange Incentive Program (DEIP) as outlined in the program overview materials found at <https://www.nyehealth.org/deip>
- Organization is a Medicaid provider, as defined by accepting and billing Medicaid either at the organization level or individual provider level (Fee-For-Service, Medicaid Managed Care and/or HARP as applicable)
- Organization has signed a Participation Agreement with a SHIN-NY QE (Qualified Entity)
- Organization attests to using an Electronic Health Record (EHR) that meets the privacy and security guidelines outlined below, commits to being able to accept Summary of Care Record in C-CDA format and will contribute the required data elements to the QE in the correct format (HL7v2, C-CDA and/or CCD according to provider type as outlined in program materials) by the program completion deadline of May 31<sup>st</sup>, 2021
- Organization has not received payment from any source for similar HIE activities
- Organization has not previously signed a DEIP Enrollment Form prior to 4/1/2019
- Organization has not previously attested to DEIP or another incentive program for this milestone under a different QE
- and is not already connected and contributing data to another QE

Date QE Participation Agreement was signed (for program tracking purposes): \_\_\_\_\_

QE attests that information in this attestation on participation status, website updates and data contribution is true, complete and accurate

<b>ORGANIZATION NAME:</b>		<b>QE NAME:</b>	
<b>Organization Site(s):</b>			
<b>Attested By: Signature &amp; Date</b>		<b>Approved By: QE Representative</b>	
<b>Printed Name:</b>		<b>Printed Name:</b>	
<b>Title:</b>		<b>Title:</b>	

Milestone	Documentation	Measurement	Payment
Milestone 1 Enrollment in DEIP	<ul style="list-style-type: none"> <li>- Milestone 1 Enrollment Attestation Form</li> <li>- W9</li> <li>- Appendix 1, if Organization with Medicare EP or Medicaid EP</li> </ul>	Organization submits Milestone 1 Enrollment Attestation by September 30, 2020 attesting that they are a QE Participant, meet all DEIP eligibility criteria stated above and commit to the program requirements, including data contribution (Milestone 2)	\$2,000

**EHR Certification Requirement:**

**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**

Certification may require the following dependency criteria:

- **(g.4) Quality Management System**
- **(g.5) Accessibility-Centered Design**

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

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

\* If the EHR vendors meets requirement 'A', they must have and maintain a Certification Status of 'Active' from an ONC Authorized Certification Body. EHR vendor may certify against additional Privacy & Security criteria as desired. Certification may be against the 2014 or 2015 Edition of ONC Certification.

\*\*If the EHR vendor meets requirement 'B' or 'C', they must also provide NYeC with an attestation that demonstrates the 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. Please have the EHR Vendor email [deip@nyehealth.org](mailto:deip@nyehealth.org) for a copy of this attestation and to attest to meeting these requirements.

*Incentive Payment will be sent to the address on the W9 unless directed to be sent to a different name or address*

*The Qualified Entity will submit this Enrollment Attestation Invoice, W9 and Appendix 1, if applicable to: [deip@nyehealth.org](mailto:deip@nyehealth.org)*

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*For NYeC Use only Invoice # \_\_\_\_\_*