

MILESTONE 2 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 2 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 uses an Electronic Health Record (EHR) that meets the privacy and security guidelines outlined below (see page 2 for detail)
- Organization is able to accept a Summary of Care Record in C-CDA format electronically
- Organization is able to send all required data elements listed below in an accepted format for **at least one year after go-live date**
- Connectivity and data contribution* to the QE occurred within **six months** of attesting to this milestone and by May 31, 2021
- Organization has not received payment from any source for similar HIE activities
- 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 of Clinical Data Contribution Go Live*: _____

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

*Clinical Data Contribution Go Live defined as when the Participant has met all DEIP data contribution and connectivity requirements

ORGANIZATION NAME:		QE NAME:	
Organization Site(s):			
Attested By: Signature & Date		Approved By: QE Representative	
Printed Name:		Printed Name:	
Title:		Title:	

Invoice – Go Live Payments to Organization

Milestone Payments	Measurement Calculation	Total Payment to Organization
Go Live \$11,000 (per EHR connection)	Go Live Payment to Organization <i>Insert number of EHRs</i> _____ X \$11,000	\$ _____

Data Contribution Requirements:

Data contribution requirements will consistently reflect the SHIN-NY-wide expectations for data contribution

Article 28 Diagnostic & Treatment Centers	Contribute the required MU 2014 elements in CCD or C-CDA for at least one year : patient name, sex, date of birth, race, ethnicity, preferred language, smoking status, problems, medications, medication allergies, lab tests, lab values/results, vital signs (height, weight, blood pressure, BMI), procedures, care team members <ul style="list-style-type: none">○ Additional recommended data elements: care plans, incidents & accidents (I&A), nurses notes, progress notes, orders, pain and skin assessments, Advance Directives/MOLST
Article 28 Skilled Nursing Facilities, Article 36 Home Health & Article 40 Hospices	Contribute the required MU 2014 elements in C-CDA or HL7v2 for at least one year : patient name, sex, date of birth, race, ethnicity, preferred language, problems, medications, medication allergies, vital signs (height, weight, blood pressure, BMI), care team members <ul style="list-style-type: none">○ Additional recommended data elements: lab tests, lab values/results, procedures, smoking status, care plans, incidents & accidents (I&A), nurses notes, progress notes, orders, pain and skin assessments, Advance Directives/MOLST
Behavioral Health Organizations (OMH, OASAS, HCBS)	Contribute five Core data elements plus three additional data elements in CCD or C-CDA format to the QE and will do so for at least one year : <ul style="list-style-type: none">○ Core Elements (required) - encounters, demographics, procedures (a.k.a services), individualized services plans, diagnoses○ Additional recommended data elements- medications, labs, allergies
Medicare and Medicaid EPs <i>Defined as being paid under the Medicare Meaningful Use or Medicaid Promoting Interoperability Program for any stage, any year</i>	Contribute the Common Clinical Data Set in C-CDA format to the QE and will do so for at least one year Common Clinical Data Set: patient name, sex, date of birth, race, ethnicity, preferred language, smoking status, problems, medications, medication allergies, lab tests, lab values/results, vital signs (height, weight, blood pressure, BMI), procedures, care team members Additional recommended data elements : care plans

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@nyhealth.org for a copy of this attestation and to attest to meeting these requirements.

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

The Qualified Entity will submit this Attestation Invoice, Appendix 1 and W9 to: deip@nyhealth.org

For NYeC Use Only Invoice # _____