

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 has attested to and been paid (any year, any stage) under the Medicare or Medicaid Promoting Interoperability Program (formerly known as Meaningful Use EHR Incentive Program)
- Be able to send information electronically to a QE in C-CDA format

- 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
- 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.



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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	<p>Contribute to the QE the Common Clinical Data Set in C-CDA format, which includes at a minimum, the following data expressed, according to the standards as defined in the Summary of Care Record specifications.¹ Data contribution requirements will consistently reflect the SHIN-NY-wide expectations for data contribution as listed below:</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. Procedures</td> </tr> <tr> <td>7. Smoking Status</td> <td>15. Care Team Member(s)</td> </tr> <tr> <td>8. Problems</td> <td></td> </tr> </table> <p>Additional Recommended Data Elements: Care Plan Field(s), including Goals and Instructions</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. Procedures	7. Smoking Status	15. Care Team Member(s)	8. Problems	
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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. **Please see deadline dates below for each Milestone.**

Milestones	Required Documentation	Measurement	Payment
Milestone 1 Enrollment	Milestone 1 Attestation	Deadline for Milestone 1 Enrollment: September 30, 2020 Organization attests they have signed a QE participation agreement and will meet Milestone 2 requirements by the program deadline of May 31, 2021	\$2,000
	Appendix 1	Document listing eligible providers per criteria listed above	
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 within six months of connectivity/data contribution go-live Deadline: May 31, 2021	\$11,000 (per connection)