

MILESTONE 1 ATTESTATION FORM

Pharmacy Information

Pharmacy Legal Name: _____

Pharmacy Trade Name (DBA): _____

Pharmacy NYS Registration Number*: _____

(*Note: If pharmacy has more than one NYS Registration Number enter N/A on this line and include all information in Appendix 1 below.)

Estimated Total Number of Pharmacy Staff: _____ Estimated Total Number of Pharmacy Sites: _____

Pharmacy Management System Vendor Name: _____

Milestone 1 Attestation Pharmacy attests to all of the following criteria

- Pharmacy 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>)
 - Has a significant market share in New York State
 - Holds a current registration with the New York State Department of Education Office of Professions
 - Not already contributing data to a QE
 - Not affiliated with a large health or hospital system (including inpatient, outpatient, hospital, and psychiatric units) or any Article 28 facilities
- Pharmacy accepts Medicaid
- Pharmacy has signed a Participation Agreement with a SHIN-NY Qualified Entity (QE)
- Pharmacy has not previously signed a DEIP Enrollment Form
- Pharmacy has not previously attested to DEIP or another incentive program for this milestone under a different QE
- Pharmacy has not received payment from any source for similar HIE activities

The Pharmacy attests to meeting the following Milestone 2 criteria by the program deadline of August 31st, 2021

- Use a pharmacy management system that meets the privacy and security requirements outlined below
- Be able to access the QE's services in real time
- Contribute all required data elements via live connection to QE, as available and appropriate for **at least one year**

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

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

PHARMACY NAME:		QE NAME:	
Pharmacy Site(s):	<u>List site information in Appendix 1 below</u>		
Attested By: Signature & Date		Approved By: QE Representative	
Printed Name:		Printed Name:	
Title:		Title:	

Milestone	Documentation	Measurement	Payment
Milestone 1 QE Participation	- Milestone 1 Attestation Form with Appendix W9	Pharmacy submits Milestone 1 Enrollment Attestation by March 2 nd , 2021 attesting that they are a QE Participant, meet all DEIP for Pharmacy eligibility criteria stated above, and commit to program requirements including data contribution (Milestone 2)	\$2,000

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 and W-9 to: deip@nyehealth.org

For NYeC Use only Invoice # _____

Pharmacy Management System Certification Requirement*:

The pharmacy management system must possess one of the following Privacy & Security assurances:

- (1) a current SOC 2, Type II audit with no material findings, or
- (2) a current, validated HITRUST assessment or NIST cybersecurity framework assessment, or
- (3) other vendor security risk assessment that complies with an established security standard completed by a third-party assessor; and evidence of HIPAA compliance

*Supplemental attestation regarding product’s functions and behaviors is required from vendor

Appendix 1- Pharmacy Site(s)

List each pharmacy location with a pharmacy management system that will be participating with and connecting to QE

Important: New York eHealth Collaborative will not process payments to organizations that are not listed on this form. Additional lines can be added to this table as needed.

Pharmacy Legal Name:	
Pharmacy Trade Name (DBA):	
Invoice #:	
Name of individual completing invoice:	
Email:	Phone #:

LOCATIONS: For each pharmacy location enter the pharmacy name, the county the pharmacy is located in, and the NYS Pharmacy Registration Number. This information is used to verify that the pharmacy holds an active registration with the NYSED.gov Office of Professions’ database.

#	Pharmacy Site Name or Number (If applicable)	County Where Pharmacy is Located	NYS Pharmacy Registration #
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