

MILESTONE 1 ENROLLMENT ATTESTATION FORM

Organization Information

EMS Agency Name: \_\_\_\_\_

EMS Agency Number: \_\_\_\_\_

Estimated Total # EMTs: \_\_\_\_\_

electronic Patient Care Report system (ePCR) Name: \_\_\_\_\_

**Milestone 1 Attestation** EMS Agency attests to all of the following criteria

- EMS Agency 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>:
  - Not already contributing data to a QE
  - EMS Agency is a Medicaid provider, as defined by accepting and billing Medicaid
- EMS Agency has signed a Participation Agreement with a SHIN-NY QE (Qualified Entity)
- EMS Agency has not received payment from any source for similar HIE activities

**EMS Agency attests to meeting the following Milestone 2 criteria by the program deadline of August 31<sup>st</sup>, 2021:**

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

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

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

EMS AGENCY NAME:		QE NAME:	
EMS Agency # Site(s):			
Attested By: Signature & Date		Approved By: QE Representative	
Printed Name:		Printed Name:	
Title:		Title:	

Milestone	Documentation	Measurement	Payment
Milestone 1 Enrollment in DEIP	- Milestone 1 Attestation Form - W9	EMS Agency submits Milestone 1 Enrollment <b>by March 2<sup>nd</sup>, 2021</b> Attestation <b>attesting</b> 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

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 W9 to: [deip@nyehealth.org](mailto:deip@nyehealth.org)

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

**ePCR Certification Requirement\*:**

Utilize a NEMESIS Version 3 compliant ePCR that has met **at least one** of the following Privacy & Security Assurances (A,B,  
**or** C):

- (1) a current SOC 2, Type II audit with no material findings, or
- (2) a current, validated HITRUST assessment or NIST cybersecurity framework assessment
- (3) Other vendor security risk assessment that complies with an established security standard completed by a third-party assessor; and evidence of HIPAA compliance
- (4) Compliance with ONC Certification 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 requires the following dependency criteria:

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

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