NYeC
NEW YORK eHEALTH COLLABORATIVE

Data Exchange Incentive Program (DEIP)

MILESTONE 1 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 ____ 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 Attestation:

- Organization attests that it meets the requirements for participation in the Data Exchange Incentive Program (DEIP) as outlined in the program overview materials; **AND**
- 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); **AND**
- Organization has signed a Participation Agreement with a SHIN-NY QE (Qualified Entity) after 10/1/16; **AND**
- Prior to attesting to Milestone 2, organization will use an Electronic Health Record (EHR) meeting the privacy and security guidelines outlined below, will be able to accept Summary of Care Record in C-CDA format and will contribute the required data elements to the QE in CCD or C-CDA format.
- Provider has not received payment from any source for similar HIE activities

Date QE Participation Agreement was signed: _____

___ QE confirms that Participant is listed on QE website (please check to confirm)

ORGANIZATION NAME:		**QE Name**	
Organization Site(s):			
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 - W9 - Appendix 1, *if Organization with Medicare EP or Medicaid EP*	*Organization submits Attestation* Attesting that they have signed a QE participation agreement after 10/1/16, meets other program requirements	$2,000* * If agreement is signed after 10/1/16

EHR Certification Requirement:

An organization must:

- Utilize and 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 requires 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 their 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

SOC 2, Type II audit will only be acceptable through September 30, 2019, at which time the vendor must be certified or assessed and compliant with ONC Privacy & Certification criteria, HITRUST or NIST

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

Submit this Attestation Invoice, W9 and Appendix 1, if applicable to: deip@nyehealth.org