NYeC
NEW YORK eHEALTH
COLLABORATIVE

Organization Information

Organization Name: _____

Organization NPI: _____   **Healthcare Facilities Information System ID* # (HFIS)**: _____

ETIN (Electronic Transmitter Identification Number for Medicaid): _____

Type of Organization: ____ Article 28* (non-hospital)   ____ Article 36*   ____ Article 40*

    ____ 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 _____
***HFIS # available at** https://health.data.ny.gov/Health/Health-Facility-Certification-Information/2g9y-7kqm

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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; **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 uses an Electronic Health Record (EHR) that meets the privacy and security guidelines outlined below (see page 2 for detail) **AND**
- Organization is able to accept Summary of Care Record in C-CDA format electronically; **AND**
- Organization contributes the required data elements to the QE in CCD or C-CDA format and will do so for at least 1 year:
    - **Article 28, 36, 40 facilities** – contribute Common Clinical Data Set **as the data is available and appropriate**
        - May contribute additional data elements as available: Incidents & Accidents (I&A), Nurses notes, Progress notes, Orders, Pain and Skin Assessments, Advance Directives/MOLST
    - **Behavioral Health** organization – contribute five Core data elements plus 3 additional data elements, where applicable
        - **Core Elements** - Encounters, Demographics, Procedures (AKA service), Individualized Services Plans, Diagnoses
        - **Additional elements -** Medications, Labs, Allergies
    - **Medicare EPs and Medicaid EPs** - contribute Common Clinical Data Set **as the data is available and appropriate**
    - Data contribution occurred after 10/1/16
    - Provider has not received payment from any source for similar HIE activities

Date of Clinical Data Contribution Go Live: _____

___ QE confirms that Participant is listed on QE website along with detail on data contribution status (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**	

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** *Insert number of EHRs* _____ *X* **$11,000**	$

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, Appendix 1 and W9 to: **deip@nyehealth.org**

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For NYeC Use Only Invoice # _____   Rev. 11/2017