

Data Exchange Incentive Program Highlights

Program Criteria for SHIN-NY Regulated Entities: Article 36 and Article 40 Facilities: Certified Home Health Care Agencies, Long Term Home Health Care Programs, and Hospice Facilities

About the Program

The New York State Department of Health (NYS DOH), with support from the Centers for Medicare & Medicaid Services (CMS), has established the Data Exchange Incentive Program (DEIP) to increase HIE adoption across the state. Building Electronic Health Record (EHR) interfaces to New York State Qualified Entities (QEs) will increase the quantity and quality of data in the Statewide Health Information Network for New York (SHIN-NY) and build value for providers and patients at the point of care. This program is designed to help defray the cost for an organization when connecting to their local QE. Organizations participating in DEIP are incentivized to contribute a pre-defined set of data elements to their local QE (see below). The New York eHealth Collaborative (NYeC) is coordinating the rollout of the program and the incentive payments on behalf of the DOH. Limited funding is available and this program is operated on a first-come, first-served basis.

Eligibility Criteria for the Data Exchange Incentive Program

An organization must:

- Utilize an EHR that has obtained* ONC Certification for, at 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

- EHR must be able to send information electronically to the HIE (QE) in either CCD or C-CDA format
- Be licensed by New York State as an Article 36 facility (Certified Home Health Care Agencies, Long Term Home Health Care Programs) or an Article 40 facility (Hospice)
- **NOT** already be connected to a QE (contributing data)
- **NOT** have received payment from any source for similar HIE activities

Conditions of Participation

Sign a QE Participation Agreement with the QE on or after 10/1/16	<p>Contribute to the QE the Common Clinical Data Set in CCD or C-CDA format, which include, at a minimum, the following data expressed, where applicable, according to the standards as defined in the Summary of Care Record specifications¹. <i>Nursing Homes shall contribute the data elements that are available and appropriate.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Patient name</td> <td style="width: 50%;">11. Laboratory test(s)</td> </tr> <tr> <td>2. Sex</td> <td>12. Laboratory value(s)/result(s)</td> </tr> <tr> <td>3. Date of birth</td> <td>13. Vital signs (height, weight, blood pressure, BMI)</td> </tr> <tr> <td>4. Race</td> <td>14. Care plan field(s), including goals and instructions</td> </tr> <tr> <td>5. Ethnicity</td> <td>15. Procedures</td> </tr> <tr> <td>6. Preferred language</td> <td>16. Care team member(s)</td> </tr> <tr> <td>7. Smoking status</td> <td>17. Encounter Diagnosis</td> </tr> <tr> <td>8. Problems</td> <td>18. Immunizations</td> </tr> <tr> <td>9. Medications</td> <td>19. Functional and Cognitive Status</td> </tr> <tr> <td>10. Medication Allergies</td> <td>20. Discharge Instructions</td> </tr> </table> <p>Additional data elements, if available and appropriate: Incidents & Accidents (I&A), Nurses notes, Progress notes, Orders, Pain and Skin Assessment, Advance Directives/MOLST</p>	1. Patient name	11. Laboratory test(s)	2. Sex	12. Laboratory value(s)/result(s)	3. Date of birth	13. Vital signs (height, weight, blood pressure, BMI)	4. Race	14. Care plan field(s), including goals and instructions	5. Ethnicity	15. Procedures	6. Preferred language	16. Care team member(s)	7. Smoking status	17. Encounter Diagnosis	8. Problems	18. Immunizations	9. Medications	19. Functional and Cognitive Status	10. Medication Allergies	20. Discharge Instructions
1. Patient name		11. Laboratory test(s)																			
2. Sex		12. Laboratory value(s)/result(s)																			
3. Date of birth	13. Vital signs (height, weight, blood pressure, BMI)																				
4. Race	14. Care plan field(s), including goals and instructions																				
5. Ethnicity	15. Procedures																				
6. Preferred language	16. Care team member(s)																				
7. Smoking status	17. Encounter Diagnosis																				
8. Problems	18. Immunizations																				
9. Medications	19. Functional and Cognitive Status																				
10. Medication Allergies	20. Discharge Instructions																				
Must be able to electronically receive a Summary of Care Record in 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.																					

¹If EHR is Certified in 2014, the requirements are found in §170.314; if EHR is Certified in 2015, refer to 45 CFR 170.102
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_15_SummaryCare.pdf

Milestone Payments

In order to receive funding, all milestones must be completed by **September 30th, 2018.**

Milestones	Documentation	Measurement	Payment
Milestone 1 Enrollment	Milestone 1 Attestation	Organization submits Milestone 1 Attestation = Attesting that they have signed a QE participation agreement on or after 10/1/16	\$2,000* *If agreement is signed after 10/1/16
Milestone 2 Go Live	Milestone 2 Attestation	Organization submits Milestone 2 Attestation = Attesting that 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, as available and appropriate.	\$11,000 (per connection)

Qualified Entities (QEs) of the Statewide Health Information Network for New York (SHIN-NY)

Contact Information

Contact your local QE (<http://www.nyehealth.org/shin-ny>) or NYeC at deip@nyehealth.org

