

### 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 for Behavioral Health Organizations with Medicaid Providers (OMH, OASAS, and HCBS designated providers). 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 specific data elements (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:

- Be OMH licensed, an OASAS provider/facility, or a designated HCBS provider
- Have at least one provider that accepts Medicaid (Fee-For-Service, Medicaid Managed Care, and/or HARP).
- 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) IntegrityCertification 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
- **NOT** already be connected to a QE (contributing data)
- **NOT** have received payment from any source for similar HIE activities

## Conditions of Provider Agency Participation

Sign a QE Participation Agreement with the QE on or after 10/1/16	<p><b>Contribute</b> five specified core data elements (<i>*plus three additional specified data elements, where applicable</i>) to the QE after 10/1/2016.</p> <p><b>Data Elements include:</b></p> <p><b>Core Elements</b> Encounters, Demographics, Procedures (“service”), Individualized Services Plans<sup>1</sup>, Diagnoses</p> <p><b>*Additional Elements</b> Medications, Labs, Allergies</p> <p><b>NOTE:</b> A statewide standard for data contribution has been set as the Common MU Dataset; if BH providers can submit a Summary of Care with this data, as available and appropriate, that would be valuable to the exchange of information</p> <p><a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_15_SummaryCare.pdf">https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_15_SummaryCare.pdf</a></p>
Must be able to electronically <b>receive</b> 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.	

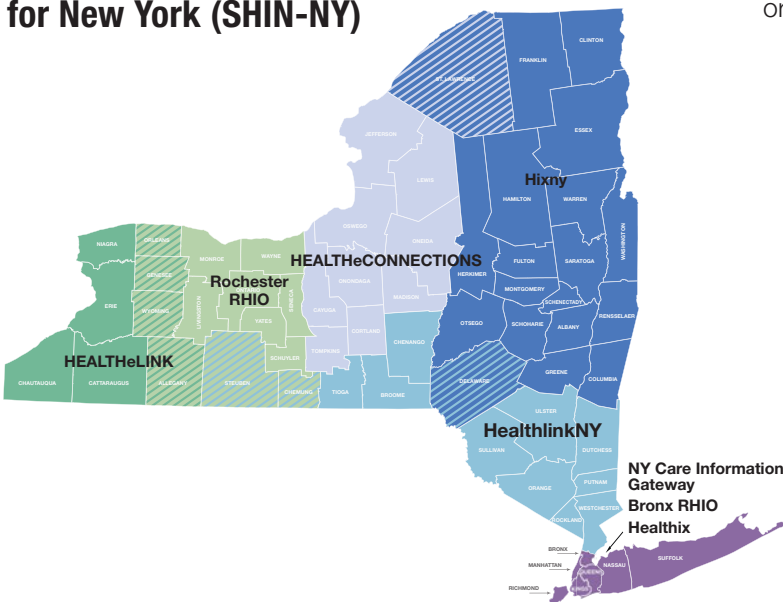
<sup>1</sup>An individual service plan may be called a treatment plan (e.g. clinic), individual rehabilitation plan (e.g. PROS), service plan (e.g. ACT) or other name by a program.

## Milestone Payments

In order to receive funding, all milestones must be completed by **September 30th, 2017**.

Milestones	Documentation	Measurement	Payment
<b>Milestone 1</b> Enrollment	<b>Milestone 1 Attestation</b>	<b>Organization submits Milestone 1 Attestation =</b> Attesting that they have signed a QE participation agreement on or after 10/1/16	<b>\$2,000*</b> *If agreement is signed after 10/1/16
<b>Milestone 2</b> Go Live	<b>Milestone 2 Attestation</b>	<b>Organization submits Milestone 2 Attestation =</b> Attesting that they are able to receive a Summary of Care Record electronically <b>AND</b> a connection is established to the QE and they are contributing all required data elements, as available and appropriate.	<b>\$8,000</b> (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](mailto:deip@nyehealth.org)