

Data Exchange Incentive Program Highlights

Program Criteria for Organizations with Medicare or Medicaid Meaningful Use Eligible Professionals (EPs) that Also Accept Medicaid

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. Enrollment is open to all organizations with providers that have attested to and been paid under the Medicare or Medicaid Meaningful Use program and the organization also accepts Medicaid. 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:

- Have a Certified Electronic Health Record (CEHRT) as defined by CMS
- Have at least one provider that has attested to and been paid under the Medicare or Medicaid MU EHR Incentive program (any year, any stage)
- Have at least one provider that accepts Medicaid (Fee-For-Service (FFS) or Medicaid Managed Care)
- **NOT** already be connected to a QE (contributing data)
- **NOT** have received payment from any source for similar HIE activities
- EHR must be able to send information electronically to the HIE (QE) in C-CDA format

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 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> <ol style="list-style-type: none"> 1. Patient name 2. Sex 3. Date of birth 4. Race 5. Ethnicity 6. Preferred language 7. Smoking status 8. Problems 9. Medications 10. Medication Allergies 11. Laboratory test(s) 12. Laboratory value(s)/result(s) 13. Vital signs (height, weight, blood pressure, BMI) 14. Care plan field(s), including goals and instructions 15. Procedures 16. Care team member(s) 17. Encounter Diagnosis 18. Immunizations 19. Functional and Cognitive Status 20. Discharge Instructions <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>
Must be able to electronically <u>receive</u> 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.	

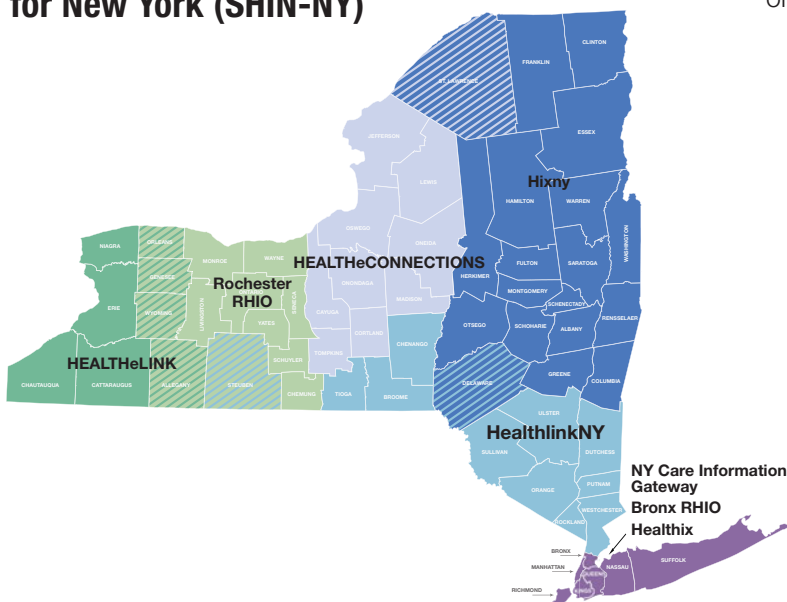
¹If EHR is Certified in 2014, the requirements are found in §170.314; if EHR is Certified in 2015, refer to 45 CFR 170.102
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_15_SummaryCare.pdf

Milestone Payments

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

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
	Appendix 1	Enrollment form of MU providers	
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