

Attestation A
QE Participation Agreement Attestation Invoice
Milestone 1

New York eHealth Collaborative (NYeC)
Medicaid Data Exchange Incentive Program

ATTESTATION of QE Connectivity Agreement

Date QE Participation Agreement was signed: _____

Clinical Data Exchange Go-Live Date: (Must be after 4/1/2014) _____

Est Total Eligible Providers (Medicaid): _____ Est Total Providers (Contributing data): _____

EHR Name(s) & Version: _____

If multiple EHRs, Number of EHR interface connections _____

Definition: Connectivity Attestation	Definition: Data Exchange - Contribution
Execute a QE Participation Agreement – An Organization that contributes 7 out of 7 Clinical Data Elements must occur after 4/1/2014 and agree to contribute data for a minimum of 1 year with at least 1 Medicaid Eligible Professional working at the Organization	Data exchange directly from CEHRT for a minimum 7 of 7 data elements: which include are: Demographics, Encounters, Labs, Medications, Allergies, Procedures and, Diagnoses

Milestone 1: Attestation of a signed QE Participation Agreement with following documentation of a W9 and Appendix 1 entitles the Organization to the first Payment of 20% of the complete \$10,000 upon Go-Live

Participation Agreement Payment	20% of \$10,000 = \$2,000 Total Payment
<i>Required Supporting Documentation:</i> <i>Organization W9 and Appendix 1 (EP enrollment list)</i>	

ORGANIZATION NAME:		QE Name	
Organization SITE(s):			
Attested By: Signature & Date		Approved By: QE Representative	
Printed Name:		Printed Name:	
Title:		Title	

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: Invoices@nyehealth.org

For NYeC Use only Invoice # _____