

**Attestation B Invoice**  
**GO LIVE of Clinical Data Contribution**  
*Milestone 2*

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

**ATTESTATION Organization Attests to Go Live Status by Contributing Data to a Qualified Entity (QE)**

- Data Exchange is directly from CEHRT and includes all 7\* of 7 required Clinical Data Elements:  
*Demographics, Encounters, Labs, Medications, Allergies, Procedures and Diagnoses*
- Data Exchange will be active for a minimum of 1 year.
- EPs meet the Medicaid patient volume threshold (30% for EPs; Pediatricians qualify at 20%).
- Participating EPs are enrolled in Medicaid MU EHR Incentive program, at least eligible for MU Stage1.
- Clinical Data Exchange as defined for this program occurred after 4/1/2014.
- Organizations have not received payments for similar HIE initiatives.

\*Unless otherwise approved by the New York State Department of Health

<b>Organization Clinical Data Contribution Go Live Date:</b>	
<b>Number of Medicaid Eligible Providers</b> <i>(for incentive Payment)</i>	
<b>Total Providers Contributing Data</b>	

**Invoice – Go Live Payments to Organization**

<b>Milestone Payments</b>	<b>Measurement Calculation</b>	<b>Total Payment to Organization</b>
<b>Go Live</b> <b>\$8,000</b> <i>(per connection)</i>	<b>Go Live Payment to Organization</b> <i>Insert number of EHRs _____ X \$8,000</i>	\$
<b>Go Live</b> <b>\$500</b> <i>(per provider)</i>	<b>Eligible Medicaid Provider Payments to Organization</b> <i>Insert number of Providers (from App 1) _____ X \$500</i>	\$
<b>Total Paid To Organization</b>		\$

The Organization will be paid for Milestone 2 based on the number of connections (different EHRs) that have established an interface with their QE AND the number of eligible providers enrolled. Work with your QE to ensure the correct amount is calculated before submitting the Attestation B Invoice.

**Organization Information**

<b>Organization Name:</b>		<b>QE Name:</b>	
<b>Practice Site(s)</b> <i>(May include in attachment)</i>			
<b>Attested By:</b> <i>(Signature)</i>		<b>Approved by:</b> <i>(QE Representative)</i>	
<b>Printed Name:</b>		<b>Printed Name</b>	
<b>Title:</b>		<b>Title:</b>	

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 to: [invoices@nyehealth.org](mailto:invoices@nyehealth.org)