

Data Exchange Incentive Program (DEIP)

OVERVIEW

On February 2nd, the New York eHealth Collaborative (NYeC) hosted the first of two informational webinars on the DEIP funding opportunity. The DEIP was established by the New York State Department of Health and Centers for Medicare and Medicaid Services to encourage providers to share data with Qualified Entities (QEs) through the Statewide Health Information Network for New York (SHIN-NY). New York State has expanded DEIP eligibility and will allocate \$3 million in \$10,000 incentive payments per award recipient on a first-come, first-served basis.

The second webinar, covering the same content as the first, will be held on February 7th at 1pm. Registration is available [here](#).

This document summarizes key details of the program. More information on DEIP is available [here](#).

ELIGIBILITY

The following Medicaid providers are eligible for DEIP incentive payments:

- Article 28 nursing homes and diagnostic & treatment centers;
- Article 36 Certified Home Health Care Agencies and Long Term Home Health Care Programs;
- Article 40 Hospice Facilities;
- Behavioral health providers (OMH, OASAS, and HCBS-licensed providers); and
- Other Non-Hospital Organizations that have at least one provider who is a Medicare Eligible Professional (EP) and/or Medicaid EP.

Organizations that are currently contributing clinical data to a QE or have received funding to contribute clinical data to a QE are not eligible for DEIP funding.

DATA CONTRIBUTION REQUIREMENTS

Organizations that receive funding must implement an electronic health record (EHR) system that certified by the Office of the National Coordinator and is capable of sending data to QEs as either Continuity of Care Document (CCD) or Consolidated-Clinical Document Architecture (C-CDA). Data contribution requirements vary by type of organization:

- **Article 28, 36, and 40** – Common Clinical Data Set in CCD or C-CDA format. Additional data elements may be sent, as appropriate.
- **Behavioral Health** – Required data elements include: encounters, demographics, procedures/services, individualized service plans, and diagnoses. Optional elements include: medications, labs, and allergies.

- **Medicare and Medicaid EPs** – Required data elements include: encounters, demographics, medications, labs, allergies, procedures, and diagnoses. Data must be sent in C-CDA format.

Organizations that receive funding must commit to contributing data for at least one year.

QE CONTRACTS

Organizations that receive funding will be required to share data with one of the eight QEs, often referred to as Regional Health Information Organizations (RHIOs), across New York State. A list of QEs and the counties that they operate in is available [here](#).

PAYMENT MILESTONES

In order to receive incentive payments, organizations must work with the QE to meet the following milestones by September 30, 2017.

Milestone 1

Organizations will receive a \$2,000 incentive payment when they sign a Participation Agreement with a QE.

Note: Organizations that are participating in a QE, but not contributing data, will not be eligible for the Milestone 1 payment.

Milestone 2

Organizations will receive \$8,000 per connection when they attest to the ability to:

- Receive a summary of care document;
- Establish connection to a QE; and
- Contribute required clinical data.

Most organizations will only have one connection, but organizations that operate multiple EHRs under two different systems may be eligible for multiple Milestone 2 payments.

Organizations may also receive a \$500 per EP incentive for Medicare and Medicaid EPs.