SHIN-NY Participant Facing Service Requirements

Version 1.8

REVISED November 2026

AS DEVELOPED THROUGH THE
NEW YORK STATEWIDE COLLABORATION PROCESS (SCP)

Table of Contents

Introduction 4

Definitions 5

1. Legal & Information Sharing Agreements 6
2. Patient and Provider Engagement and Education 7
3. Support Services for Participant Access and Use of SHIN-NY Required Services 8
4. Participant Authorized User Training 9
5. Participant Authorized User Support Services 10
6. Participant Customer Service 12

Introduction

This document sets forth the minimum set of SHIN-NY Participant Facing Services that must be implemented and made available to all SHIN-NY Participants. They include requirements for:

- legal and information sharing agreements,
- marketing and recruitment strategies,
- adoption of access to and use of SHIN-NY Required Participant Services,
- training for Participants and Authorized Users,
- user support services that focus on solving system access and use issues,
- a collaborative governance structure that supports Participant priorities,
- and development and provision of value-added services.

The requirements in this policy guidance and applicable SHIN-NY Standard Operating Procedure (SOP) will be evaluated as part of the Certification Process conducted by the Third-Party Assessor designated by the New York State Department of Health (the Department).

Definitions

All capitalized terms used and not defined shall have the respective meanings given to such terms in the Privacy and Security Policies and Procedures.

Participant – Provider Organizations, Payer Organizations, Practitioners, Independent Practice Associations, Accountable Care Organizations, Public Health Agencies, Organ Procurement Organizations, Health Homes, Health Home Members, Performing Provider System (PPS) Partners, PPS Lead Organizations, PPS Centralized Entities, Social Services Programs, Community-Based Organizations, Social Care Network Lead Entities, or Disaster Relief Agencies that has designated one or more organization(s) to provide SHIN-NY services to facilitate access to the Statewide Data Infrastructure (SDI), and Accesses PHI via the SHIN-NY.

Participant Facing Service – a service provided by Health Information Networks (HINs) to support SHIN-NY Participants.

1. Patient and Provider Engagement and Education

QEs will develop strategies and approaches to build trust, demonstrate value, and support sustained adoption of the SHIN-NY services. Efforts should include provider and patient education programs to reflect the SHIN-NY Regulations, the SCPA and the SHIN-NY Standard Operating Procedures (SOPs). Education of consumers/patients related to consent and the privacy and security of health information in the SHIN-NY is also required.

1.1 Patient and Provider Engagement and Education Requirements

A QE must have an engagement and education plan that aims to enhance provider and patient understanding of SHIN-NY services, including but not limited to:

(i) Provider benefits such as improved care coordination; access to patient data; decision support; and

(ii) Patient benefits such as continuity of care, safety and privacy; better treatment outcomes.

1.2 QE Certification Requirements

QE Certification Requirements include:

(i) An updated engagement and education plan that:

(a) Describes the QE's approach to promoting education of patients and providers.

(b) Includes communication and education strategies for both providers and consumers that are designed to foster trust and use of the SHIN-NY.

(c) Promotes an open process that is broadly inclusive of the health care community to be served and is not limited to entities that have a contractual relationship with a Participant in the QE.

1.3 Monitoring and Self-Audits

Each QE's shall ensure that it maintains an ongoing monitoring/self-audit process that includes:

(i) Self-audits that track performance against measures established in the QE Engagement and Education Plan including such metrics as dashboards; KPIs; stakeholder reports.

2. Support Services for Participant Access and Use of Required Participant Services

Each QE must provide the services, tools, and the support necessary to enable Participants to access and use the Required Participant Services that the QE provides.

2.1 Adoption of Access and Use Support Services Requirements

Participant services must support:

(i) Access to Required Participant Services.

(ii) MPI maintenance to improve patient matching.

(iii) Interface connectivity to the QE.

2.2 QE Certification Requirements

QE Certification Requirements include maintenance of an updated *Participant Adoption of Access and Use Support Services Plan* that:

(i) Establishes metrics for Participant access to and use of Required Participant Services.

(a) Includes a description of the support services for each of the Required Participant Services

(b) Includes examples of reports or other tools that are made available for better MPI management, and

(c) Verifies the number of Participants using each Required Participant Service offered, comparing actual vs. planned.

2.3 Monitoring and Self-Audits

Each QE shall ensure that it maintains an ongoing monitoring/self-audit process that includes:

(i) Regular reporting and trending analysis of access to and usage of Required Participant Services to the governance body (e.g., Board of Directors) and as part of the Department's performance-based contract reporting and QE Certification Requirements.

3. Participant Authorized User Training

A strong Authorized User training program is critical to ensuring users access and use of SHIN-NY data in compliance with applicable laws, agreements and SHIN-NY SOPs. Training is required for all new Participants and their Authorized Users, with refresher training required annually and/or as needed based on any changes to the SHIN-NY and shall be outlined in a Participant Authorized User Training Program Plan.

3.1 Access to the SHIN-NY Through a QE by Participant Authorized User Training Requirements

Training shall include but may not be limited to:

(i) Introduction to the SHIN-NY, including its purpose and benefits; privacy, security and compliance requirements; system access and navigation; clinical workflow integration; authorized user responsibilities; role-based access; troubleshooting and support.

3.2 QE Certification Requirements

QE Certification requirements include:

(i) Maintenance of an updated *Participant Authorized User Training Program Plan* that should outline approaches such as training modules conducted via a web-based portal or Participant driven (SSO, API) training approaches.

(ii) Maintenance Logs of completed trainings made available upon request for audits and that include date of training and purpose of training (i.e., new Participant training; annual refresher training; special policy change training).

(iii) Verification that authorized users may not access the QE to access SHIN-NY data prior to completion of the required training or retraining.

3.3 Monitoring and Self-Audits

Each QE shall ensure that it maintains an ongoing Monitoring/Self-Audit process that includes:

(i) Self-audits that monitor and track all Participant Authorized User trainings: new, annual, or in response to any policy or procedure changes.

(ii) Self-audits that review Participant Authorized User training logs against current list of Participant Authorized Users both new and recurring.

4. Participant Authorized User Support Services

Participant Authorized User Support services provide troubleshooting and resolution of system access issues through both online and help desk services provided by the QE for the Participant. This pertains to QE systems. QEs have a responsibility to maintain the QE systems' integrity, security, and performance.

4.1 Participant Authorized User Support Services Requirements

QEs will provide Authorized User support services for technical issues that may arise when accessing the system that includes:

(i) Help desk/technical support services that includes a mechanism for submission and resolution of service requests i.e. phone, email, ticketing portal.

(ii) Password resets and account lockouts.

(iii) System errors, performance issues; data display issues.

(iv) Defined service levels as noted below:

(a) **Availability:**

- Help Desk services to add/change/remove users should be available at least during business hours.
- 24/7/365 availability of online service support including a mechanism for submission of service requests.
- No more than 100 hours of unscheduled downtime per calendar year; fewer than 12 hours per month of planned downtime and Recovery Time Objectives (RTOs) of 24 hours maximum for internal issues and 72 hours or fewer for external disasters.
- Availability/downtime is tracked with monitoring technology.

(b) **Performance:**

- Response to service requests within 1 business day of receipt of the request.
- Resolution of service requests within the following time frames depending on the criticality of the service ticket for 95% of requests:
  - Level 4 - Critical [severe degradation of services for many users at many participants]: Worked on by QE around the clock until resolved, with enhanced reporting in those cases where the solution falls outside of 4 business hours based on receipt of the request.
  - Level 3 - High [severe degradation of services for either all users at some participants or some users at all participants; alternatively limited degradation of

services for most users]: Worked on by QE as highest priority during business hours, with enhanced reporting in those cases where the solution falls outside of 8 business hours based on receipt of the request.

- Level 2 - Medium [limited degradation of services for a limited group of users]: Worked on by QE for delivery as patch (distributing/applying critical updates to software) to the system when available, with enhanced reporting in those cases where the solution falls outside of 24 business hours based on receipt of the request.
- Level 1 - Low [minor impact for an individual user or minor group of users]: Placed into backlog to be released in release window when available, with enhanced reporting in those cases where the solution falls outside of 96 business hours based on receipt of the request.

- Measured through resolution times of service tickets logged by the QE.
- Additional guidance is provided in table format in Appendix A.

4.2 QE Certification Requirements

QE Certification requirements include:

(i) QEs maintain an up-to-date Participant Authorized User Support Plan.

(ii) Documentation of incidents and service requests received via help desk or online service.

(iii) Documentation of resolution of all help desk or online service issues.

(iv) Meet or exceed SLA standards agreed to as per Participant service agreements for resolution of system access issues.

4.3 Monitoring and Self-Audits

Each QE shall ensure that it maintains an ongoing monitoring/self-audit process that includes:

(i) Regular review of issue tickets and timeframe for resolution.

(ii) Monthly reporting of volume and time to resolve.

(iii) Records of service levels within agreed timeframes as outlined in 4.1(iv) of this section.

(iv) Internal corrective action plans if performance is below standard.

5. Participant Customer Service

Participant Customer Service activities are designed to facilitate a collaborative process and provide a feedback loop to support the identification and development of improved customer services and delivery of high-value service solutions.

5.1 Participant/Stakeholder Involvement Requirements

(i) QEs shall have an established and documented involvement process for input from Participants and other key stakeholder groups. This process should be specific to current or new services and enhanced interoperability that are designed to meet the service needs of the Participant/Stakeholder.

5.2 QE Certification Requirements

QE Certification requirements include:

(i) A clearly defined Participant/stakeholder involvement process for input on services, solutions, and value-added initiatives.

5.3 Monitoring and Self-Audits

Each QE shall ensure it maintains an ongoing monitoring/self-audit process that includes:

(i) An evaluation of customer service approaches and outcomes that serves to validate Participant input to the QE related to enhancement of current services and addition of value-added services to support Participant adoption and use of the SHIN-NY.

Appendix A.

Severity	Description of severity	Resolution service expectation	Example incidents and/or service requests
Level 4 Critical	Severe degradation of services for many users at many participants.	Worked on by QE around the clock until resolved, with enhanced reporting in those cases where the solution falls outside of 4 business hours based on receipt of the request.	• QE is not available for cross-QE exchange.
Level 3 High	Severe degradation of services for either all users at some participants or some users at all participants; alternatively limited degradation of services for most users.	Worked on by QE as highest priority during business hours, with enhanced reporting in those cases where the solution falls outside of 8 business hours based on receipt of the request.	• sPRL not available for all users. • Interface between QE and a participant is down. • Frequent time-outs of documents for retrieval for end-users.
Level 2 Medium	Limited degradation of services for a limited group of users.	Worked on by QE for delivery as patch (distributing/applying critical updates to software) to the system when available, with enhanced reporting in those cases where the solution falls outside of 24 business hours based on receipt of the request.	• Renewal of encryption certificates with participants that may require limited downtime. • Interface unavailable for a small group of individual users at a provider.
Level 1 Low	Minor impact for an individual user or minor group of users.	Placed into QE backlog to be released in release window when available, with enhanced reporting in those cases where the solution falls outside of 96 business hours based on receipt of the request.	• Password reset for individual users. • Individual instance where patient or document retrieval did not successfully complete.