Required Participant Services Technical Requirements

Version 1.8

REVISED November 2026

AS DEVELOPED THROUGH THE STATEWIDE COLLABORATION PROCESS (SCP)

Table of Contents

Introduction 4

Minimum Technical Requirements for Provision of Required Participant Services 6

1. Patient Record Lookup 9

1.1 User Requirements 9

1.2 QE Certification Requirements 10

1.3 QE Service Level Requirements for Certification 11

2. Secure Messaging 12

2.1 User Requirements 12

2.2 QE Certification Requirements 13

2.3 QE Service Level Requirements for Certification 13

3. Consent Management 14

3.1 User Requirements 14

3.2 QE Certification Requirements 15

3.3 QE Service Level Requirements for Certification 15

4. Notifications (Alerts) 16

4.1 User Requirements 16

4.2 QE Certification Requirements 16

4.3 QE Service Level Requirements for Certification 17

5. Identity Management and Security 18

5.1 User Requirements 18

5.2 SHIN-NY Assessment Requirements 18

5.3 HIN Service Level Requirements for SHIN-NY Assessment 19

6. Provider and Public Health Clinical Viewer 20

6.1 User Requirements 20

6.2 QE Certification Requirements 20

6.3 QE Service Level Requirements for Certification 20

7. Results Delivery 21

7.1 User Requirements 21

7.2 QE Certification Requirements 21

7.3 QE Service Level Requirements for Certification 21

8. Public Health Integration 22

8.1 User Requirements 22

8.2 SHIN-NY Assessment Requirements 22

8.3 HIN Service Level Requirements 23

Introduction

This policy guidance document sets forth the services that are required of Health Information Networks (HINs) for the provision of Required Participant Services under the Part 300 Statewide Health Information Network for New York (SHIN-NY) Regulations. These requirements are evaluated as part of the QE Certification Process and through the State Designated Entity (SDE) Assessment Process by the New York State Department of Health's (the Department) designated Third-Party Assessor. All capitalized terms used and not defined herein shall have the respective meanings given to such terms in the Privacy and Security Policies and Procedures and the Statewide Common Participation Agreement (SCPA) as amended periodically.

Designated HIN – the HIN a Participant has selected on the SCPA Election Schedule which is responsible for providing or arranging for the provision of Required Participant Services to Participant in accordance with Section 7.1(a) of the SCPA (Required Participant Services).

Foundation Services – are the foundational activities in support of the SHIN-NY that QEs must provide pursuant to a funding agreement between the SDE and each QE. Foundation Services may include, but are not limited to the following: (1) collect certain data from SHIN-NY participants, send designated elements of such data to the Statewide Data Infrastructure (SDI), and make data collected from SHIN-NY participants available to other QEs; (2) operate an infrastructure to enable SHIN-NY participants to access patient-level records by query; and (3) adhere to QE compliance requirements (e.g., contract, certification and security); and (4) specific tasks related to Foundation Services including reports and deliverables needed to support QE compliance requirements (including providing Required Participant Services).

HIN Services – (1) the operational, back end and other services and responsibilities that allow for the provision of Required Participant Services or otherwise support the operation of the SHIN-NY; (2) Foundation Services, Medicaid Initiatives Services and Statewide Disease Monitoring Services that are provided by a QE under a funding agreement between the SDE and each QE as Additional Funding Payments and Funding for SHIN-NY-Related Services Provided to the SDE.

QE Components of Required Participant Services – any minimum technical requirements that enable the QE to provide the Required Participant Services.

Qualified Entity Participation Agreement (QEPA) – the agreement between each of the QEs and the State Designated Entity that sets forth the terms and conditions for the QE participation in the SHIN-NY including providing QE Participants access to and use of the SHIN-NY.

Required Participant Services – the minimum services required to be provided by a Health Information Network to SHIN-NY Participants pursuant to the SHIN-NY Regulations. Such Required Participant Services are included in Foundation Services

and accordingly, HIN Services.

SHIN-NY Health Information Network (HIN) – a health information network that has been contracted or subcontracted by the New York State Department of Health that facilitates and oversees the exchange of PHI within the SHIN-NY and is a party to the Statewide Common Participation Agreement (SCPA). A HIN can be either an entity certified under 10 NYCRR § 300.4 or the State Designated Entity (SDE).

Statewide Common Participation Agreement (SCPA) – a common agreement, developed using the SCP, consistent with any minimum standards set forth in the SHIN-NY policy guidance and approved by the New York State Department of Health, that is used statewide by HINs and SHIN-NY participants, allowing them to connect to the SHINY-NY statewide data infrastructure either directly or through a contractor, and pursuant to which SHIN-NY participants agree to participate in the SHIN-NY and adhere to SHIN-NY policy guidance, including but not limited to causing patient data to be contributed to the statewide data infrastructure and authorizing the use of patient data for statewide reporting and analytics for public health activities and Medicaid purposes, consistent with applicable law.

SDE Components of Required Participant Services – any minimum technical requirements that must be enabled, operated or maintained by NYeC for the provision of Required Participant Services.

Statewide Data Infrastructure (SDI) – the information technology infrastructure provided by the New York State Department of Health, either directly or through contract, that serves as a core component of data aggregation, exchange and/or use for the SHIN-NY.

State Designated Entity (SDE) – means a not-for-profit organization designated by the New York State Department of Health to provide strategic leadership for the SHIN-NY; to oversee the development, maintenance and ongoing operations of the SHIN-NY including the oversight of the statewide collaboration process described in N.Y.C.R.R. 300.3, technology infrastructure and performance of the SHIN-NY; and to provide such infrastructure and services, either directly or through contract, as may be required by the Department, including but not limited to statewide reporting, analytics for public health activities and Medicaid purposes.

Minimum Technical Requirements for Provision of Required Participant Services

In accordance with the SCPA and the QEPA, QEs and the SDE must provide HIN Services, which include services and responsibilities to allow for the provision of Required Participant Services or otherwise support the operation of the SHIN-NY.

- QEs are responsible for Foundation Services, which include receiving and maintaining data contributed by SHIN-NY Participants and enabling the exchange of such data with other QEs and SHIN-NY Participants in accordance with permitted purposes and the terms of the SCPA. QEs are also responsible for providing Core SDI Data to the SDI.
- QEs are responsible for Required Participant Services, either provided locally or on a statewide basis through a contract with the SDE.
- The SDE is responsible for operating and maintaining the SDI in accordance with SHIN-NY Regulations and SHIN-NY Policy Guidance and under the SDE contract with the Department.
- The SDE is responsible for receiving and maintaining Core SDI Data contributed directly or indirectly by SHIN-NY Participants to the SDI and to exchange SHIN-NY Data with other HINs in accordance with the permitted purposes and the terms of the SCPA. The SDE is also responsible to provide access to and use of the SDI and Required Participant Services to eligible participants who select the SDE, NYeC, as their Designated HIN in accordance with the SCPA, when such selection is made available.
- The SDE is responsible for selecting and contracting with one or more QEs to provide one or more Required Participant Services on a statewide basis.

The following table summarizes the services and responsibilities necessary to provide Required Participant Services and identifies the components of those services that are (1) offered locally by QEs; (2) offered on a statewide basis by one or more selected QEs under contract with the SDE; and (3) supported by the SDI.

Required Participant Service	QE Components of Required Participant Service	SDE/Statewide Components of Required Participant Service
Patient Record Lookup	• Allow SHIN-NY Participants to search existing patient records in the SHIN-NY.	• Support access to data across systems through operation of Statewide Patient Record Lookup (SPRL) service.
Secure Messaging	• Ensure Secure Messaging or Direct Message Protocols.	• N/A
Consent Management	• Interface with Statewide Consent Registry (SCR) for local consent values • Provide tracking/auditing of patient consent.	• Operate and maintain a Statewide Consent Registry (SCR) that manages the consent values across all QEs for access to a patient's health information.
Encounter Alert Services & Statewide Encounter Alerting Services (SEAS) ***Note**: SEAS is currently being provided by two QEs on a "pilot" basis under contract with the SDE Both SEAS QEs offer this service to all SHIN-NY participants statewide. Alerting services are no longer be required to be provided by each QE, although, QEs may elect to continue providing alerting services locally.	• Cross QE Alerts where Participants continue to receive alerts from their selected QE are facilitated through the Statewide Encounter Gateway.	• Operate and maintain a Statewide Encounter Gateway to support both local QE encounter alert services and SEAS. • Contract with selected QEs to offer SEAS on a statewide basis. • Statewide alerts reflect policies based on treatment relationship, subscription, and consent where needed.
Identity Management & Security	• Provide identity management services to authenticate and authorize users in a manner that ensures secure access. Multi-factor authentication (as required).	• Provide identity management services to authenticate and authorize users in a manner that ensures secure access. Multi-factor authentication (as required).
Provider and Public Health Clinical Viewer	• Provide access to a Clinical viewer for Participants and Public Health authorities for secure access to patient information.	• Operate and maintain a Primary Document Repository (PDR) to unify SHIN-NY Data statewide and enable QEs to access such data to serve participants. • Contract with selected QE to operate PDR statewide basis • Contract with selected QE to provide a Public Health Clinical Viewer

Required Participant Service	QE Components of Required Participant Service	SDE/Statewide Components of Required Participant Service
Results Delivery	• Deliver diagnostic results and reports to health care providers. • May utilize clinical viewer or Interface with Third-Party Software for this service delivery.	• N/A
Public Health Integration	• Support public health reporting based on agreements with local public health agencies. • Provide SHIN-NY participants with appropriate access to data using the SDI.	• Operate and maintain a SDI Infrastructure (including a data lake) to support the aggregation of data, statewide reporting and analytics for public health activities and Medicaid, consistent with applicable law • Operate and maintain a PDR to unify SHIN-NY Data statewide and enable QEs to access such data to serve participants. • Contract with selected QE to operate PDR statewide basis.

1. Patient Record Lookup

Patient record lookup provides Authorized Users with the ability to search for existing patient records within the QE across all other QEs statewide and across a broader nationwide network when available and connected to the SHIN-NY. This service enables the matching of patient records at a local level using patient specific demographic information or facility medical record numbers (MRNs). A master patient index (MPI) is managed by the QE to associate records within the QE and to match patient records available from other QEs statewide using the SHIN-NY supported statewide MPI (sMPI). This service provides information to providers accessing the SHIN-NY via third-party software, QE-provided clinical viewers and patient portals, public health applications or other validated end-points connected to a QE.

1.1 User Requirements

Through usage of services available from the QE, an Authorized User must be able to perform the following:

1.1.1 Patient-Selection Query: Search by patient demographics or using a known patient identifier (i.e. search by name, date of birth and gender, MRN) or other QE local ID or facility-based search) for a patient statewide across all QEs known to the QE from which the search originates.

1.1.2 Document-List Query: Search across all SHIN-NY connections without knowledge of where data may exist, including but not limited to all connected New York State QEs and any other connected national or regional networks.

1.1.2.1 The originating QE may search and return its own data before querying the SHIN-NY for resolution against the consolidated sMPI,

1.1.2.2 The originating QE may offer a search option controlled by the Authorized User (e.g., through separate search buttons or a drop-down box with separate options for local or statewide/national search),

1.1.3 Search Origination – QE: Search from within a QE's clinical viewer

1.1.4 Search Origination – Third Party Software: Search from within third party software, including query and retrieve from Certified Applications (as defined in the SHIN-NY Policies and Procedures Section 2.1.6 and 3.5) such as EMR/EHR system, supported by the QE providing that all of the following conditions are met:

1.1.4.1 The third-party software interface meets the standards and requirements of the QE and SHIN-NY for patient record lookup; proprietary interfaces are supported at the QE's discretion

1.1.4.2 QE Authorized Users request testing and support of a query from the third-party software, and testing and supporting the query interface is economically feasible and sustainable for the QE; third-party software interfaces are supported at the QE's discretion

1.1.5 Document-Retrieval Query: After selecting a patient, retrieve records from all desired data sources known to the QE

1.1.6 Emergency Break the Glass: Indicate that a patient record lookup request is a request to "break the glass" due to an emergency situation as defined in Section 1.2.4 of SHIN-NY Policies and Procedures, in order to gain access to records for which consent to access has not previously been given by the patient.

1.2 QE Certification Requirements

To enable user requirements, QEs must:

1.2.1 Provide query ability to Authorized Users as described in § 1.1

1.2.2 Receive and respond to queries from the SHIN-NY for a specific MPI and return a CCDA or other information to the SHIN-NY, as defined in the statewide Patient Record Lookup (sPRL): statewide Master Patient Index (sMPI) and the (sPRL) Functional Specification standard operating procedure (SOP).

1.2.3 Notify querying HIN if no match was found. Querying HIN may display, log, or dismiss such "no match" responses

1.2.4 Make CCDA or other information requested available via clinical viewer, third-party software or patient portal to all validated Authorized Users connected to a HIN

1.2.5 Conform to standards and specifications established in the (sPRL) functional specifications SOP.

1.2.6 Support SHIN-NY access control specifications and identity management requirements established pursuant to the *SHIN-NY Privacy & Security Policies and Procedures SOP.*

1.2.7 Honor patient consent to access data cross-community, such that the originating HIN confirms that the patient has provided consent or that a consent exception exists for the querying provider to access the patient's data.

1.2.7.1 Provide an exception to affirmative consent restrictions when the querying provider requests to "break the glass" due to an emergency situation.

1.2.7.2 Provide an exception to affirmative consent restrictions when the querying Authorized User is a public health user accessing a patient's data under applicable Public Health uses as defined by SHIN-NY Policies and Procedures, the permitted purposes of the Statewide Data Infrastructure (SDI) and other such purposes allowable under current state law.

1.2.7.3 Provide an exception to affirmative consent restrictions that are outlined in the Privacy and Security Policies and Procedures as appropriate.

1.2.8 Log all patient record lookup requests sent and received, as well as audit data specified by the SHIN-NY Policies and Procedures.

1.2.8.1 Separately audit all requests to “break the glass” on patient consent restrictions in the case of an emergency situation.

1.3 QE Service Level Requirements for Certification

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a QE and their Participants.

1.4 sPRL as operated and maintained by the SDE.

1.4.1 User Requirements

1.4.2 SDE Assessment Requirements

1.4.3 Service Level Requirements for the SDE Assessment

2. Secure Messaging

Secure messaging services provide Authorized Users with the ability to send peer-to-peer messages between two trusted providers. The Secure Messaging Solutions are HIPAA compliant and protect data both at rest and in transit. They also encrypt data and incorporate authentication controls, integrity controls, and maintain an audit trail satisfying all HIPAA requirements. A QE HIPAA secure messaging platform should have these characteristics:

- **Secure Encryption**: Security measures should enable the safe transmission of electronic protected health information (ePHI) following industry-standard protocols and each message should be secured with a unique encryption key to ensure that patients' data remains private.
- **Centralized Storage**: HIPAA requirements outline the need for a secure storage center for messages. Secure cloud-based storage facilitates comply with data retention policies by providing centralized storage management capabilities.
- **Message Delivery Notifications**: Secure messaging approaches should provide notifications of successful message delivery, confirming the message was delivered to the intended recipient.
- **Account Management and Controls**: QE account administrators should have the ability to record and monitor all transmissions containing ePHI as part of the QE auditing process.

2.1 User Requirements

Through secure messaging services available from the QE, an Authorized User must be able to:

2.1.1 Generate messages and/or documents to be sent as message attachments from within supported third party software or QE clinical viewer.

2.1.2 Send messages, with or without attached documents, directly and securely to an Authorized User or list of Authorized Users.

2.1.3 Request and receive messages and/or documents from other QEs for delivery to an electronic address provided in the request that can be authenticated by the sender in a Provider Directory / Master Clinician Index or through another method approved pursuant to the Statewide MPI (sMPI) and (sPRL) Functional Specification.

2.1.3.1 Responding QE must be able to determine that the address provided is valid and securely associated with the requesting provider.

2.1.4 Receive and decrypt messages to the provider from any secure communication source.

2.2 QE Certification Requirements

To enable secure messaging, QEs must:

2.2.1 Make available a system to send secure messages for those providers who do not have access to secure messaging through other applications (such as an EMR/EHR)

2.2.2 Conform to industry-wide secure messaging standards and specifications

2.2.3 Have messages encrypted in transport according to standards defined by U.S. Health and Human Services Department Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals

2.2.4 Deliver messages without examining content

2.2.5 Verify that incoming messages are properly signed by an appropriate certificate authority

2.2.6 Log all messages sent and received, as well as audit data specified, as required by the SHIN- NY Policies & Procedures

2.3 QE Service Level Requirements for Certification

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a QE and their Participants.

3. Consent Management

The SDE shall furnish a Statewide Consent Registry (SCR) to manage consent status across the state. The SCR will make available to any QE providing statewide services the consent information from all QEs in the state. Each QE will contribute their consent information to the SCR. QEs providing statewide services will query the SCR for the statewide consent status to enable provider access based on that consent value. Consent management services provide the ability to track patient consent according to New York State law and other requirements defined pursuant to the SHIN-NY Regulations and the Privacy and Security Policies and Procedures Section 1.3: Form of Patient Consent – Sub-Sections 1.3.1 through 1.3.7.

HINs are also responsible for adhering to the Privacy and Security Policies and Procedures related to all consent exceptions.

3.1 User Requirements

Through Consent Management services available from the QE, an Authorized User must be able to:

3.1.1 Record consent to access patient data, as explicitly authorized by a patient.

3.1.2 Record denial of consent.

3.1.3 Record consent to access on an emergency basis only (i.e., “break the glass”).

3.1.4 Review and modify consent status on behalf of a patient using an online interface provided by the QE.

3.1.5 Manage consent permissions and restrictions from within third party software with consent management capabilities, with an interface supported by the QE, providing that all of the following conditions are met:

3.1.5.1 The third-party software interface meets the standards and requirements of the QE and SHIN-NY for consent management

3.1.5.2 QE Authorized Users request testing and support of a consent management interface from the third-party software, and testing and supporting the query interface is economically feasible and sustainable for the QE; third party software interfaces are supported at the QE’s discretion

3.1.6 Make consent inquiries to verify the consent status for a given patient for that provider organization using the same search criteria enabled by the Patient Record Lookup service

3.1.6.1 For current consents

3.1.6.2 At a point in time, by providing a date and time in addition to other search criteria

3.1.7 Gain access without patient affirmative consent by “breaking the glass” in emergency situations as defined by SHIN-NY Policies and Procedures Section 1.2.4: Emergency Disclosures of PHI When Treating a Patient with an Emergency Condition or Breaking the Glass a-f.

3.1.7.1 Gain access by Public Health Users without patient affirmative

consent for applicable Public Health uses as defined in SHIN-NY Policies and Procedures Section 1.2.2: Public Health Reporting and Access a – e.

3.2 QE Certification Requirements

To enable consent management, QEs must:

3.2.1 Maintain a system for adding, modifying, and reviewing the status of an individual patient consent

3.2.1.1 Timestamp and maintain a history of all changes to consents, including initial creation, updates, and revocations

3.2.1.2 Consent records must not be deleted; consent history must be maintained in order to establish consent in place at a given point in time.

3.2.1.3 QEs must contribute their local consent data to the Statewide Consent Registry (SCR) and conform to the SCR requirements as outlined in the SDE's SCR Implementation Guide.

3.2.2 Conform to all standards regarding consent management as defined by SHIN-NY Policies and Procedures. Section 1.3: Form of Patient Consent. Subsections 1.3.1: Level 1 Uses a-e; 1.3.2: Level 2 Uses a-h; 1.3.3: Requirement for Separate Consents a-c; 1.3.4: Education Requirement for Level 2 Consents Relating to Marketing; 1.3.5: Naming of QEs and Recognition of Consents: a-e; 1.3.6: Expiration at Death; 1.4: Sensitive Health Information: 1.4.1; 1.4.2; 1.4.3: Re-disclosure Warning: a-c; 1.4.4: Re-disclosure of Sensitive Health Information by Participants; 1.5: Special Provisions Relating to Minors: 1.5.1; 1.5.2;1.5.3.

3.2.3 Adequately log and communicate "break the glass" events in patient record lookup requests, via notification messages or through other methods as defined by SHIN-NY Policies and Procedures. Provide a method for an Authorized User to verify the consent status of a patient.

3.3 QE Service Level Requirements for Certification

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a QE and their Participants.

4. Notifications (Alerts)

Notification services allow Authorized Users to establish subscriptions to pre-defined events and receive notifications when those events occur. These services are subject to consent requirements established pursuant to the Statewide MPI (sMPI) and PRL (sPRL) Functional Specification SOP and the SHIN-NY Privacy and Security Policies and Procedures.

Under the SHIN-NY reforms as outlined in the SHIN-NY Regulation Part 300 and in the Statewide Common Participation Agreement (SCPA), SHIN-NY Participants will have the option to subscribe to a SHIN-NY statewide alerting service to receive real or near real-time alerts about patient encounters across all participating QEs in New York State regardless of where the encounter occurs.

4.1 User Requirements

Through notification/alerts services available from either the QE or via the Statewide Encounter Gateway, an Authorized User—through a subscription management process must be able to:

4.1.1 Subscribe to notification feeds related to the following events through submission of up-to-date patient panels or member list to the QE or Statewide Encounter Gateway in the required format (i.e. HL7, FHIR).

- 4.1.1.1 ED visit
- 4.1.1.2 Inpatient admit
- 4.1.1.3 Inpatient discharge
- 4.1.1.4 Patient transfer
- 4.1.1.5 Death notification

4.1.2 Receive notifications related to patients for which the Authorized User has subscribed at an electronic address and in a format (provided at the time of subscription), including at minimum, as either:

- 4.1.2.1 Secure messaging; HL7 messages; APIs (FHIR); web portal; or secure flat file

4.1.3 Review all active subscriptions

4.1.4 Unsubscribe from notification feeds

4.2 QE Certification Requirements

To enable either QE notifications (alerts), or statewide notifications, HINs providing statewide alerting services must:

4.2.1 Provide a mechanism for entering and maintaining subscriptions to notifications for a pre-set list of notifiable events such as admissions, discharges, and transfers

4.2.2 “Listen for” and detect notifiable events from within HL7, PIX or other standard message types specified by the statewide PRL: statewide MPI

(sMPI) and PRL (sPRL) Functional Specification or in the case of a statewide alerting services via specifications in the Statewide Encounter Gateway Alerting Services SOP.

4.2.3 Deliver notifications to subscribers when data required to detect a notifiable event is transmitted to the QE or the Statewide Encounter Gateway by a data provider and in accordance with all consent requirements of the SHIN-NY Policies and Procedures.

4.2.4 Report notifications that are unable to be sent to subscriber (subscriber not found) to a monitored exception queue (applies to both QE notifications and statewide alerting services notifications).

4.2.5 Log all notifications sent to and received from the SHIN-NY subscription listener or directly from / to another QE with audit data specified pursuant to the SHIN-NY Policies and Procedures.

4.2.6 Conform to standards and specification established by the Statewide PRL: Statewide MPI (sMPI) and PRL (sPRL), Functional Specification or the Statewide Encounter Gateway Alerting SOP.

4.2.7 Ability to queue or otherwise store messages in the event of an outage.

4.2.8 Ability to notify the SHIN-NY and/or others QEs in the event of an outage.

4.3 QE Service Level Requirements for Certification

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a QEs and their Participants.

5. Identity Management and Security

Identity management and security services provide secure access and ensure patient privacy through the authentication of all requests by individuals and organizations authorized to view PHI accessible via the SHIN-NY.

5.1 User Requirements

Through Identity Management and Security services available from the HINs, an Authorized User must be able to:

5.1.1 Acquire credentials to use QE and SHIN-NY SDI functions appropriate to the Authorized User's authority

5.1.2 Set and change a password securely through a self-service capability without sharing an existing password in an unsecured manner

5.1.3 Receive assistance with authentication and access issues through a help desk or other attended services provided by the QE and SDE as outlined in the SHIN-NY Participant Facing Services Policy Guidance (Section 5) and NYeC Help Desk policies and procedures.

5.1.4 Authenticate themselves once per session interacting with the QE or NYeC SDI access procedure through a standard approach

5.1.5 Re-authenticate themselves within the workflow of any functions requiring authentication more frequently than once per session, as defined in SHIN-NY Policies and Procedures (e.g., re-authentication on a per prescription basis for controlled substances) Sections 3: Authentication.

5.2 SHIN-NY Assessment Requirements

To enable identity management and security, HINs must:

5.2.1 Support multiple roles with configurable levels of access to SHIN-NY data, including access to limited data sets by role as developed and defined in SHIN-NY Policies and Procedures – Section 4: Access and Section 2: Authorization 2.1: Role-Based Access Standards.

5.2.2 Allow authorized HIN administrative Authorized Users the ability to add or delete roles on behalf of clinical and non-clinical Authorized Users

5.2.3 Allow authorized HIN administrative Authorized Users the ability to modify access permissions for existing roles

5.2.4 Provide registration authority functions, including proving/verifying an Authorized User's identity (identity proofing) prior to issuing credentials to use HIN services and assigning unique addresses / Authorized User IDs for accounts, according to SHIN-NY Policies and Procedures Section 2: Authorization.

5.2.5 Meet authentication requirements as specified under 3.2 of the SHIN-NY Policies and

Procedures.

5.2.6 Pass and receive Security Assertion Markup Language (SAML) assertions cross-community as required once an Authorized User has been authenticated

5.2.7 Timeout Authorized User sessions and require re-authentication based on a maximum session duration according to standards established pursuant to the Statewide PRL: Statewide MPI (sMPI) and PRL (sPRL) Functional Specification SOPs and the SHIN-NY Policies and Procedures.

5.2.8 Include the ability to specify credential lifetime and revoke credentials at the expiration of their lifetime

5.2.9 Include the ability to immediately revoke credentials for any reason (e.g., loss, theft, voluntary or involuntary de-activation of Authorized User account, inappropriate access, etc.) according to SHIN-NY Policies and Procedures.

5.2.10 Log all successful and unsuccessful authentication attempts as required by SHIN-NY Policies and Procedures, with audit data specified pursuant to the Statewide PRL: Statewide MPI (sMPI) and PRL (sPRL) Functional Specification.

5.2.11 Immediately notify and escalate known or suspected breaches of security according to the SHIN-NY Policies and Procedures Section 7: Breach.

5.3 HIN Service Level Requirements for SHIN-NY Assessment

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a HIN and their Participants, where applicable, and the SDE contract requirements.

6. Provider and Public Health Clinical Viewer

The QE will make available to qualified providers and public health authorities the ability to securely access individual patient records from all available local, statewide, and other data sources accessible by the QE via a clinical viewer platform.

6.1 User Requirements

Through the clinical viewer services available from the QE, an Authorized User must be able to:

6.1.1 Search for records for an individual patient across all data sources (as defined by patient record lookup requirements) based on demographics, MRN or other patient identifying information.

6.1.2 View a history of demographic and clinical records associated with a patient as provided and made available by participating data sources, including, to the extent the QE has such data:

- 6.1.2.1 Patient contact, demographics, and insurance coverage
- 6.1.2.2 Patient consent from within the QE community, as required
- 6.1.2.3 Encounter history and summaries
- 6.1.2.4 Vital signs, diagnoses, allergies, and medications
- 6.1.2.5 Lab and radiology reports

6.1.3 View or gain access to patient records from all non-SHIN-NY sources (e.g., eHealth Exchange, Veterans Administration, etc.) with which the QE may also have data use agreements with.

6.2 QE Certification Requirements

To enable provider and public health clinical viewer, QEs must:

6.2.1 Control access using role-based access control as per the SHIN-NY Policies and Procedures Section 2: Authorization.

6.2.2 Control access for all Authorized Users according to patient consent guidelines, applicable State, local and Federal laws and regulations, as developed pursuant to the SHIN-NY Policies and Procedures Section 1: Consent.

6.3 QE Service Level Requirements for Certification

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a QE and their Participants.

7. Results Delivery

Delivery of diagnostic results and reports back to ordering providers and others designated to receive results. This service is based on local and regional demand.

7.1 User Requirements

Through the results delivery services available from the QE, an Authorized User must be able to:

7.1.1 Receive diagnostic results and summary reports for, at minimum, laboratory and radiology tests from laboratories and diagnostic centers and facilities that have arranged to have the QE route results on their behalf.

7.1.2 Receive results when the Authorized User is the ordering provider or has been listed in the order to receive copies of results.

7.1.3 Receive results in one or more of the following methods stated as a preference by the Authorized User:

- 7.1.3.1 Directly into the Authorized User's EMR/EHR or other third-party software.
- 7.1.3.2 For viewing in a QE clinical viewer.
- 7.1.3.3 As a secure message at a designated address, including an email inbox.

7.1.4 Methods and preferences other than viewing in the QE's clinical viewer are supported providing that all of the following conditions are met:

- 7.1.4.1 The third-party software interface meets the standards and requirements of the QE and SHIN- NY for results delivery; proprietary interfaces are supported at the QE's discretion.
- 7.1.4.2 QE Authorized Users request testing and supporting results delivery to the third party software or a secure message system address, and testing and supporting interface is economically feasible and sustainable for the QE; third-party software and Direct interfaces are supported at the QE's discretion.

7.2 QE Certification Requirements

To enable results delivery, QEs must:

7.2.1 Detect results from within HL7 messages received from source systems

7.2.2 Conform to standards and specifications established by the Statewide PRL: Statewide MPI (sMPI) and PRL (sPRL) Functional Specification.

7.2.3 Route results to the specified end-point within a set length of time from receipt by the QE, as defined by the QE

7.3 QE Service Level Requirements for Certification

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a QE and their Participants.

8. Public Health Integration

Public Health Integration services aim to support the Public Health reporting services to State, local, and city Public Health agencies. Such services may include, but are not limited to, immunizations; syndromic surveillance data; reportable laboratory results; cancer cases; disaster tracking during declared state of emergency events; and newborn bloodspot screening. HINs support local Health Departments (e.g. the NY City Department of Health and Mental Hygiene (NYCDOHMH), and the NYS Department of Health. In relation to public health integration initiatives the SDE may disclose PHI in the Statewide Data Infrastructure (SDI) for the same public health purposes without affirmative consent, provided that any applicable use case not yet approved is subject to approval by the Statewide Data Use Committee (SDUC).

8.1 User Requirements

Through public health integration services available from the QE and the SDE responsible for the operation and administration of the SHIN-NY Statewide Data Infrastructure (SDI) related to specific approved public health data use cases, an Authorized User must be able to:

8.1.1 Route required public health reporting information from primary sources in the case of the QE or the SDI data lake to New York State and/or other local public health agencies to the designated aggregation points and return response messages from the respective public health agencies (PHAs) to the originating provider.

8.1.2 Electronically report to the appropriate reporting entity as designated by the Department of Health for public health measures for which the QE or SDE has reporting capability as specified herein 8.2.4.

8.2 SHIN-NY Assessment Requirements

To enable public health integration, HINs must:

8.2.1 Send required public health reporting data according to standards, formats, specifications and quality assurance procedures specified by local, State and Federal public health authorities as outlined in appropriate data use agreements.

8.2.2 Enable public health role-based queries of individual patient records, as defined and approved pursuant to the Statewide PRL: Statewide MPI (sMPI) and PRL (sPRL) Functional Specification SOPs and the SHIN-NY Policies and Procedures Section 1: Consent 1.2.2: Public Health Reporting and Access and the Statewide Data Use Committee (SDUC) Statewide Data Use SOP.

8.2.3 Log all public health access as required by the SHIN-NY Policies and Procedures

8.2.4 HINs must, when requested by Public Health Agencies, provide the public health reporting services allowable by law and policy for an authorized Public Health Agency based on reporting requirements outlined by Public Health Agencies and in conjunction with the Department and the approved SDI public health use cases outlined in the Statewide Data Use SOP and the SHIN-NY Policies and Procedures Section 1: Consent 1.2.2 Public Health Reporting and Access.

8.2.5 Ability to queue or otherwise store reporting messages in the event of an outage, so messages can be sent when either the sending HIN or receiving public health end-point becomes available again

8.2.6 Ability to pass through acknowledgements and verification messages as required by the public health reporting services to which the HIN is connected

8.3 HIN Service Level Requirements

Conformance to service levels for reliability and availability of user requirements as outlined in Service Level Agreements (SLAs) between a QE and their Participants and the SDE and the Department.