Exhibit A to Amendment 1

Exhibit C

Data Use Requests Approved As Of The Effective Date

Amended Use Case #1: Medicaid Program Health-Related Social Needs (HRSN) Data[1]

Overview

NYS DOH is pursuing[2] an 1115 waiver with CMS called NYHER to allow for certain health-related social care to be reimbursed for Medicaid beneficiaries who meet established criteria. Their envisioned process includes screening beneficiaries for social needs, assessing for which level of services those who screen positive qualify, and facilitating referrals to Community Based Organizations (CBOs). Organizations will be contracted to facilitate these activities, which organizations may include MCOs, newly designated Social Care Networks (SCN), and organizations to analyze program needs and effectiveness. The SHIN-NY will support these NYHER activities.

Permitted Purpose Category

- For Treatment when communicating with clinicians.
- For care coordination; defined in HIPAA as a subset of health care operations activities.
- For quality assessment and improvement activities, by those with a patient relationship either through their role as a treating organization, through their roles as a payer (MCO, Medicaid agency), or through their role as a contractor to a payer such as for care management support.

Use Case Description

Step 1: HRSN Data Aggregation: The QEs will collect and submit to the SHIN-NY Data Lake copies of HRSN Data (i.e., Data Type "Screening Data, Assessments and Referrals" defined in Exhibit A to the DUCA). These copies will come from a variety of sources, including clinicians, care managers, SCNs, and possibly CBOs. NYeC will use the statewide MPI to improve identity resolution on these documents in the Data Lake.

Step 2: HRSN Data Enhancement: NYeC will use data submitted by QEs (i.e., prior clinical encounters) to the SHIN-NY Data Lake and Medicaid claims submitted to the SHIN-NY Data Lake by DOH to enhance the screening data (including health-related social needs screenings), assessments and referrals for Medicaid patients to community-based organizations (i.e., CBO referrals) by: 1) improving the demographics associated with a Medicaid beneficiary who has been screened, and 2) appending chronic conditions flags as structured data. The SHIN-NY may also be asked to append flags, using data from the Data Lake, to indicate which beneficiaries likely meet criteria for services (for example those who have had at least two hospitalizations in the prior 12 months).

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[1] This use case was developed based on information available as of May 2023. It is understood that no Data contributed by QE pursuant to Exhibit A will be shared under this Use Case #1 until the 1115 waiver is approved. NYS DOH's 1115 waiver has not yet been approved by CMS at this time and it is possible that some details regarding this use case may change when final approval is obtained. If NYS DOH requests any changes to this use case once the waiver is approved, NYeC and QE will revise this document and follow the steps in the DUCA's Data Use Approval Process.

[2] This waiver was approved in January 2024.

Step 3: Providing Extracts: NYeC will provide extracts of the enhanced screening data (including health-related social needs screenings), assessments and referrals for Medicaid patients to community-based organizations (i.e., CBO referrals), specific to Medicaid beneficiaries, to the Medicaid team's Medicaid Data Warehouse, to MCOs, to SCN "lead entities" for NYHER regions, and to QEs which are contracted to support NYHER participants. These extracts will be specific to the patient population in the SCN region being supported by the QE. The extracts will be provided under data use provisions limited to the NYHER support activities, which are set forth herein under "Additional Provisions" of this Use Case #1. QE's approval of this *Amended Use Case #1: Medicaid Program Health-Related Social Needs (HRSN) Screenings* constitutes approval for NYeC to disclose extracts from the Data Lake to QE. For clarity, a QE which is contracted to support an SCN "lead entity" for a NYHER region would receive enhanced screenings and referrals for beneficiaries who live or receive services in that region. Likewise, HRSN Data contributed through a QE may also be sent to an MCO for that MCO's members under the 1115 Waiver.

Step 4: Informing Clinicians and Care Managers: The SHIN-NY will deliver patient-level screening data (including health-related social needs screenings), assessments and referrals for Medicaid patients to community-based organizations (i.e., CBO referrals) to clinicians and care managers in the same manner as clinical documents such as a discharge summary or lab result. QEs will use an API to retrieve patient-level data to deliver to those clinicians or care managers who have obtained a SHIN-NY patient consent.

Step 5: Statewide Reports: The SHIN-NY may also be asked to create limited data sets for DOH, or to provide such limited data sets on behalf DOH to DOH's contractor for this purpose, the Health Equity Resource Organization ("HERO"), or to a subcontractor of such HERO, to enable the creation of statewide reports on NYHER activities. The data disclosed for the purpose of creating such statewide reports would be limited data sets from the Data Type "Screening Data, Assessments and Referrals" defined in Exhibit A to the DUCA. The reports will be produced as de-identified data sets or as limited data with restricted distribution. For example, DOH may request a weekly report on the number of referrals made statewide. All such reports would be created solely for NYHER purposes.

[redacted]