Appendix C

Other Network Approval Request: Summary Approval Memo

Administrative Data:

Title: Patient Centered Data Home (PCDH)

Tracking Number: Other Network Approval Request 2

Date of Approval Request Receipt: 11/21/2025

Members of Review Team:

Name	Title	Organization Represented
Alison Bianchi	COO	NYeC
Rob Horst	CIO	NYeC
Michael Berger	Innovation Center Lead	NYeC
Lindsey Ferris	Analytics Team Lead	NYeC
Jacek Cempura	Sr. Director, NYeC Security	NYeC
Charlie Feldman	Attorney	NYeC
Chris Klimek	Director, SHIN-NY Security	NYeC
Manny Bacolas	Enterprise Architect	NYeC

Date Review Team Evaluation Completed: 12/1/25

Date of Review Team Recommendation: 12/05/25

Date of TAC Decision: 12/09/2025

Note: Attached to this Summary Approval Memo is the Other Network Approval Request (and any supporting documentation) provided to NYeC by the Requesting HIN.

Overview and Description of Request:

Patient Centered Data Home is a nationwide health information exchange (HIE) framework that ensures a patient's clinical data follows them across state and regional borders, even when care is delivered outside their "home" HIE market. The SHIN-NY uses the PCDH network to receive ADTs for encounters that occurred outside of NY.

ADTs are routed based on patient-level zip codes that exist within the ADT message. ADTs are sent throughout the PCDH network via a series of HIE "hubs". The closest hub is the Heartland Regional Hub, which is operated by Indiana HIE.

ADTs come into the NYeC Encounter Gateway and are distributed to QEs via Cross-QE Alerting. NY has an exception granted by PCDH to not share ADTs outside of NY due to consent Limitations.

QEs receive ADTs via Cross-QE Alerts or via SEAS for patients that have had encounters outside of NY state. Upon receiving ADTs from PCDH, QEs will alert participants either via SEAS, or via other encounter alerting systems. ADTs originating from within NY state are not shared with the PCDH network.

Review Team Evaluation

Based on its review of the Approval Request in accordance with the Other Networks SOP, the Review Team has evaluated the Approval Request as indicated in the chart below.

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Compliance	Fully aligns with SCPA, policies & laws	Minor gaps with clear remediation	Significant gaps/conflicts	**1**	Messages will not contain information subject to the SCPA or SHIN-NY SOPs until received by NYeC for routing to QEs All QEs have signed the necessary PCDH Heartland Regional Collaborative Agreement
Security	Meets/exceeds SHIN-NY security baselines	Minor variances with controls	Major vulnerabilities or non-alignment	**1**	NYeC, ZEN and IHIE are all HITRUST certified
Technical	Fully interoperable, minimal changes	Some integration complexity	Significant re-engineering required	**1**	NYeC is working with IHIE, who operates the hub from which we will receive data, to move the interface from HeL to NYeC encounter gateway
Operational	Clear support model, proven uptime	Some uncertainty in ops readiness	No proven operational capability	**1**	NYeC operates the gateway
Financial	Low/no cost, sustainable	Moderate cost impact	High cost or unclear funding	**1**	$5K annual fee that NYeC will pay for

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Reputational	Enhances SHIN-NY value and credibility	Neutral impact	Potential negative perception	**1**	Positive; has been in use within the SHIN-NY since 2018 and QEs have found it to be valuable for their participants

Total Score: ___6___ / 18

Risk Level: 0-6 Low | 7–12 Medium | 13–18 High

Review Team Recommendation

☒ Approve

☐ Approve with the following conditions and/or monitoring requirements:

☐Deny (description of reason[s]):

Signed by:
Robert Horst
A153166A7DEF4C5...

Review Team Lead

12/23/2025

Date

TAC Determination

☒ Approved

☐ Approved with the following conditions and/or monitoring requirements:

☐ Denied (description of reason[s]):

Signed by:
Alison Connelly-Flores
55C0EAA13356422...

TAC Chair

12/23/2025

Date

Appendix A

Other Network Approval Request Form

Requesting HIN Information

HIN Name: Click or tap here to enter text.

HIN Address: Click or tap here to enter text.

Name of HIN Official Submitting Request: Click or tap here to enter text.

Title of HIN Official Submitting Request: Click or tap here to enter text.

Other Network Information

Network Name: Heartland Western PCDH Region

Website/Directory URL: N/A

Governance Body/Operator: Heartland Western PCDH Region Steering Committee

Geographic Coverage: AZ, CO, OK, NE, IA, IN, CA, NY, ???

Accreditations/Certifications: N/A

Participation Role

☐TEFCA

- ☐TEFCA QHIN
- ☐TEFCA Participant
- ☐TEFCA Subparticipant

☐Other Network Participant

Information in Support of Approval Request

For each element below, please provide (1) a detailed description of how the Other Network and/or the Requesting HIN, as appropriate, addresses each element; and (2) whether supporting documentation is being submitted to supplement the description provided:

1. **Compliance, including data use and privacy**:

    a. Describe the extent to which the Other Network can demonstrate compliance with all applicable law governing data privacy and security (including but not limited to HIPAA); consents and authorizations to use data within the Other Network; and data sharing, interoperability and information blocking (including but not limited to the provisions of the CMS Interoperability and Prior Authorization Final Rule [CMS-0057-F], the CMS Interoperability and Patient Access Final Rule [CMS-9115-F], and any federal rules and regulations regarding information blocking). Such compliance may be documented, for example, through evidence that the Other Network maintains privacy and/or security certifications that are aligned with HIPAA.

    This exceeds IHIE's scope as PCDH Hub for routing transmissions. Each PCDH participant is responsible for compliance with these laws. Also see Heartland Western PCDH Region Collaborative Agreement and applicable policies as approved by the Heartland-Western Region Steering Committee.

    b. Describe the extent to which Other Network's agreements, policies and procedures, including those on data use and secondary data uses, align with the SCPA, SHIN-NY SOPs and applicable laws and regulations.

    Messages will not contain information subject to the SCPA or SHIN-NY SOPs until received by NYeC for routing to QEs. Also see Heartland Western PCDH Region Collaborative Agreement and applicable policies as approved by the Heartland-Western Region Steering Committee.

    c. Describe the extent to which the Other Network implements a "delegation of authority" or other similar method by which an Other Network participant, as a principal, can authorize a delegate(s) to initiate and/or respond to exchange requests on the participant's behalf.

        1. If the Other Network does implement such a delegation, explain whether, and if applicable how, the Requesting HIN intends to utilize it.

N/A

2. The Requesting HIN must submit a privacy and security risk assessment of such delegation conducted by an independent third party.

   N/A

d. Identify any areas of conflict or misalignment with applicable law, agreements and/or policy and any recommended amendments to agreements or policy that could be proposed to address such conflict or misalignment in a manner consistent with the mission and aims of the SHIN-NY.

   Messages will not contain information subject to the SCPA or SHIN-NY SOPs until received by NYeC for routing to QEs. Also see Heartland Western PCDH Region Collaborative Agreement and applicable policies as approved by the Heartland-Western Region Steering Committee.

e. Describe the extent to which queries from the Other Network includes the purpose for the request (e.g., individual access, treatment, payment, or healthcare operations) to ensure disclosures are lawful.

   N/A

f. Describe the extent to which the Other Network shares (or has a concrete plan and timeline to do so) patient consent choices with all involved parties, including for treatment purposes. These choices must be supported when required by law or policy, including honoring a patient's right to request restrictions on disclosures of their information for certain purposes.

   N/A

2. **Security**:

   a. Describe the Other Network's applicable controls framework (e.g., HITRUST CSF).

      Zen Gateway is the product used for routing PCDH messages. Zen Healthcare IT maintains HITRUST CSF certification.

b. Describe the extent to which the Other Network maintains (or has a concrete plan and timeline to do so) security certification or validation against its applicable controls framework.

Bi-annual HITRUST CSF recertification

c. Describe the extent to which Other Network's security requirements meet or exceed SHIN-NY security baselines and recognized security frameworks (e.g., NIST, HITRUST CSF)).

HITRUST CSF

3. **Technical**:

a. Describe the extent to which Other Network is fully interoperable with the Requesting HIN/SHIN-NY and requires minimal changes on the part of the Requesting HIN/SHIN-NY.
The appropriate interface will be implemented for IHIE to route PCDH messages with New York zip codes from PCDH participants outside of New York to NYeC through Zen Gateway. NYeC will use existing interfaces with QEs to route PCDH messages within the state.

b. Describe the Other Network's proposed data types, exchange purposes, and workflows (e.g., Treatment, IAS, Public Health).

Messages will not contain information subject to the SCPA or SHIN-NY SOPs until received by NYeC for routing to QEs. See Heartland Western PCDH Region Collaborative Agreement and applicable policies as approved by the Heartland-Western Region Steering Committee. The current use case for exchange is Treatment.

c. Describe the Other Network's technical architecture (logical/physical architecture, trust services used (directory, certificates), endpoint models, query/response patterns, message sizes, SLAs, availability, error handling).

The appropriate interface will be implemented for IHIE to route PCDH messages with New York zip codes from PCDH participants outside of New York to NYeC through Zen Gateway. NYeC will use existing interfaces with QEs to route PCDH messages within the state. Messages will be HL-7 ADT messages

4. **Operational**:

   a. Describe the extent to which the Other Network has a clear and effective support model with proven uptime.

      IHIE has not committed to SLAs as the PCDH Hub. IHIE has a contractual arrangement with Zen Healthcare IT governing availability and functionality of Zen Gateway.

   b. Identify the business justification for the Approval Request and anticipated value (patient safety, coverage, efficiencies).

      Out of state ADT messages will supplement QE records of their participant health care providers and patients.

   c. Describe the implementation plan and timeline for participation in the Other Network, including change management, support model, and rollback plan.

      See PSA and SOW with CSRI.

   d. Identify stakeholders impacted by participation in the Other Network and the communications plan.

      N/A

   e. Describe the plan for ongoing (e.g., quarterly, annual) review and reporting to NYeC on conditions of participation in the Other Network, including any material changes that would require prompt notice to NYeC and re-approval.

      N/A

5. **Financial**:

   a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's non-profit, health data utility mission.

      Out of state ADT messages will supplement QE records of their participant health care providers and patients.

   b. Describe the extent to which participation in the Other Network is low/no cost and sustainable for the Requesting HIN/SHIN-NY).

      After implementation, there are no recurring fees under the current Treatment use case.

6. **Reputational**

   a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's mission and enhances its value and credibility/trust with stakeholders).

      Out of state ADT messages will supplement QE records of their participant health care providers and patients.

   b. Describe any anticipated reputational impacts to the SHIN-NY (e.g., data breaches or security incidents in the past 3 years).

      N/A