



NEW YORK eHEALTH
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SDI Data Use Request: Summary Decision Memo

Administrative Data:

Title: Hospitalizations Analysis for CDPAP

Tracking Number: DG-40

Date of Data Use Request Receipt: 11/24/2025

Date NYeC Evaluation Completed: 12/1/2025

Date of NYeC Determination (if applicable): N/A

Date of NYeC Recommendation (if applicable): 12/2/2025

Date of SDUC Decision (if applicable): 12/4/2025

Note: Attached to this Summary Decision Memo is the Data Use Request (and any supporting documentation) provided to NYeC by the NYS Department of Health Authorized Requester

Overview and Description of Request:

New York State (NYS) offers to eligible Medicaid members the ability to hire their own caregivers, through the Consumer Directed Personal Assistance Program (CDPAP). Currently, CDPAP is administered by a single fiscal intermediary, Public Partnerships, LLC (PPL). PPL is a Business Associate (BA) of the NYS Department of Health's (the Department) Office of Health Insurance Programs (OHIP). As a Payer Organization for the NYS Medicaid program and a Statewide Health Infrastructure Network for New York (SHIN-NY) participant, OHIP now requests that the SHIN-NY transmit certain information to PPL to determine payments to be made under the NYS Medicaid program.

As part of their responsibilities as the sole fiscal intermediary for CDPAP, PPL must ensure proper billing for services. When Medicaid patients who utilize CDPAP are admitted to the hospital, their care is entirely handled by the hospital, and there is no need for home caregiving. With hospital admission as exclusionary criteria for billing, the Department requests that limited information be sent to PPL so that PPL can assist the Department in determining appropriate payments to be made under the Medicaid program during a member's hospitalization. The data elements needed for this request are the hospital admission and discharge dates. PPL already has access to this data, but it is not timely and their untimely receipt of this data can result in improper billings.

Since not all Medicaid members utilize CDPAP, instead of PPL being sent a full panel of hospitalized members, the process will involve PPL sending NYeC a patient panel not less than monthly. The panel will be used to trigger alerts containing minimal hospital data, and PPL will only receive limited hospital admission and discharge information for members who utilize CDPAP. This process will limit the information that PPL receives, while helping to ensure proper billing. For the avoidance of



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doubt, PPL will not receive the full “ADT”, rather they will receive only the fact of admission or discharge and will not receive other ancillary data often contained in an ADT such as primary diagnosis.

NYeC Review

Based on NYeC’s review, the Data Use Request is found to be:

I. Procedure

Made by an Authorized Requester

Authorized Requester Name: James Kirkwood

Authorized Requester Title: Chief Technology Officer

Authorized Requester’s Organization/Entity Name: NYS Department of Health, Office of Health Insurance Programs (OHIP)

Not made by an Authorized Requester

Requester Name: _____

Requester Title: _____

Requester’s Organization/Entity Name: _____

II. Purpose

Public Health Permitted Purpose

Data Use Request

Narrow Data Use Request

Data Use Request for Urgent Public Health Surveillance

Medicaid Permitted Purpose

Data Use Request

Narrow Data Use Request

Other (brief description: _____)

III. Compliance

	Compliant	Not Compliant	Not Applicable
Statewide Common Participation Agreement (SCPA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Data Use and Contribution Agreement (DUCA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIN-NY Regulations & Applicable SHIN-NY SOPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Law	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Justification for Compliance Findings:

As a Payer Organization for the NYS Medicaid program and a SHIN-NY participant, OHIP has subcontracted with PPL as a Business Associate to be the fiscal administrator of the CDPAP. The SHIN-NY Privacy & Security Policies and Procedures in 1.2.10(ii) permit HINs to disclose Protected Health Information (PHI) to Payer Organizations or Business Associates of Payer Organizations and in 1.8.1 for transmittals of PHI to Business Associates of SHIN-NY Participants.

PPL is in the process of executvng HealtheConnections’ “Authorization Agreement for Disclosure of Data to Buisness Associate of Participant” and a Recepricol Business Associate Agreement. These agreements will be signed before any data disclosures are made to PPL.

NYeC Determination: Narrow Data Use Request

Approved

Denied (description of reason[s]):

NYeC Determination: Urgent Public Health Surveillance Data Use Request

Approved

Denied (description of reason[s]):



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NYeC Recommendation to SDUC: Data Use Request

Approval

Denial (description of reasons[s]):

DocuSigned by:

Alison Bianchi

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12/2/2025

Alison Bianchi

12/2/2025

NYeC Chief Operating Officer & Counsel

DocuSigned by:

Charlie Feldman

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12/2/2025

Charles Feldman

12/2/2025

NYeC Privacy & Compliance Officer

SDUC Determination

Approved

Denied (description of reason[s]):

Signed by:

Paul Uhrig

26CA588E51834A3...

12/4/2025

SDUC Chair Paul Uhrig

Date

Project Name: Hospitalizations Analysis for CDPAP Recipients

Tracking ID: [Tracking ID]

Request Overview

Item	Response
<p>Authorized Requester Information Description Summary of the project including how this data will be used.</p>	<p>As a Payer Organization¹ for the NYS Medicaid program and a SHIN-NY Participant, the New York State Department of Health's Office of Health Insurance Programs (OHIP) requests that the SHIN-NY transmit certain information to Public Partnerships, LLC ("PPL"), OHIP's Business Associate (BA). PPL is the Department's statewide fiscal intermediary for the NY Consumer Directed Personal Assistance Program (CDPAP). The Department requests that such data be transmitted to PPL in order to determine payments to be made under the NYS Medicaid program. The Department requests that the requested data be sent to PPL through one of the two QE's designated to deliver statewide alerts (HEC or Hixny), both being a SHIN-NY Qualified Entity (QE) through which the Department can receive data via its executed Statewide Common Participation Agreement ("SCPA").</p>
<p>Project Description Summary of the project including how this data will be used.</p>	<p>Pursuant to § 1.2.10(ii) and 1.8.1 of the SHIN-NY Privacy and Security SOPs, DOH requests that certain limited information be sent to PPL so that PPL can assist the Department in determining appropriate payments to be made under this Medicaid program during a Medicaid member's hospitalization. The data needed for this task are the Medicaid member's patient identifier, patient demographics, admission date and discharge date.</p>
<p>Permitted Purpose Description</p>	<p> <input type="checkbox"/> Public Health Permitted Purpose <input type="checkbox"/> Data Use Request <input type="checkbox"/> Narrow Data Use Request <input type="checkbox"/> Data Use Request for Urgent Public Health Surveillance <input checked="" type="checkbox"/> Medicaid Permitted Purpose <input type="checkbox"/> Data Use Request <input type="checkbox"/> Narrow Data Use Request <input type="checkbox"/> Other (brief description: _____) </p>
<p>Description of Intended Use Describe the intended use of data, including any intended disclosure or re-disclosure, and the basis on which the intended use, disclosure or re-disclosure is for a Public Health Permitted Purpose or a Medicaid Permitted Purpose and otherwise in compliance with the SCPA, the DUCA, the SHIN-NY Regulations and SHIN-NY SOPs and/or applicable law.</p>	<p>The data (hospital admission date and discharge date) will be used by PPL to assist the Department in determining payments to be made under this Medicaid program during a Medicaid member's hospitalization.</p> <p>The data would be accessible through PPL's internal consumer record system.</p>
<p>Target Population Inclusion Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.</p>	<p>PPL will provide QE with a patient panel for Medicaid members who are receiving Personal Assistance ("PA") services under CDPAP. An updated/refreshed patient panel will be provided to QE not less frequently than once a calendar month.</p>
<p>Target Population Exclusion Specify the criteria that would exclude the case/data from being included in the dataset. For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.</p>	<p>N/A</p>
<p>What law, regulation, rule or agreement grants the authority to obtain this information? Identify in detail, the laws, regulations, contracts, SHIN-NY SOPs other governing documents that allow access to the data requested.</p>	<ul style="list-style-type: none"> • SHIN-NY Privacy and Security SOPs: §§1.2.10(ii)² and 1.8.1 • DOH Business Associate Agreement with PPL • DOH Participation Agreement (SCPA)

¹ The term "Payer Organization" is defined in the SHIN-NY Privacy and Security SOPs as "an insurance company, health maintenance organization, employee health benefit plan established under the Employee Retirement Income Security Act of 1974 (ERISA) or any other entity that is legally authorized to provide health insurance coverage."

² Note on §1.2.10: This section of the Privacy and Security SOPs is currently titled "Disclosures to Payer Organization for Quality Measures."

Is this data currently being supplied to Requester from another source?* (yes/no)	Yes.
*If Yes, explain where data is being supplied from and why SDI Data is being requested.	PPL receives adjudicated claims data well after personal assistance services have been rendered, and often after they have paid for such services. SDI access to the requested data by PPL will create efficiencies and help reduce improper billing.
Frequency of Request (select from drop down)	Daily (via an API that would automatically update PPL's patient records)
What is the expected start date of this project? The date when the project work is expected to begin (Mo/Day/Yr.).	January 1, 2026
Is this request time-sensitive and/or critical?* (yes/no)	No
*If time-sensitive or critical, explain	

However, in October 2025 an update to this section was approved by the SHIN-NY Policy Committee to clarify that §1.2.10(ii) is not intended to relate to quality measures. The proposal would move the substance of the language related to the Department's role as payer for the NYS Medicaid program into a new §1.2.11, entitled "Medicaid-Related Disclosures to the Department." This proposed amendment will be presented to the NYeC Board for approval in November 2025 and then to the Department for final approval with the goal of publishing the updated policy in early 2026.

When is this information needed? The date by which Requestor would need the report/data (Mo/Day/Yr.).	As of January 1, 2026
What is the expected end date of this project? The date when the project is expected to end (Mo/Day/Yr.).	For the duration PPL's service as a BA to DOH under CDPAP.

Technical Specifications Data Use Request

What data elements are needed? Describe the data fields required for your project (example: Date of birth, diagnosis codes, etc.)	Hospital admission and discharge dates
Is the data being requested identified, limited or de-identified? (select from drop down)	Identified
Proposed delivery method* (select from drop-down)	Other
*If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted.	PPL has requested the QE push data to PPL using a custom API made available by PPL, if technical issues arise with that approach the QE will send data using traditional file formats and SFTP.
What is the requested format for the data? (examples include XLS, txt, CSV)	PPL has requested the data be posted to an API in JSON. If that becomes technically infeasible then the data will be delivered in text files using SFTP.
What safeguards will you put in place to protect the data?	As a SHIN-NY Participant, DOH abides by the SHIN-NY SOPs. DOH has a BAA with PPL, and PPL must agree to comply with the SHIN-NY SOPs
How will files be handled/stored/deleted at the end of the project?	In the event PPL is directed to remove this data by the department, PPL will remove the information from the PPL system. This is covered in existing PPL / Department agreements.
Select "Yes" to indicate adherence to the standard of minimum necessary data requests. This field cannot be blank.	Yes, very specifically hospital Admission data transmitted to the SHIN-NY includes other information such as chief complaint that will not be transmitted to PPL. PPL will receive only the information described above, the minimum necessary to perform this specific task.

Program/Project Contact Information

Program Lead Contact Information

Name (First, Last):	[REDACTED]
Bureau/Unit:	Medicaid COO
Email:	[REDACTED]
Phone Number:	[REDACTED]

Other Project Team Members
(add more as needed)

Team Member 1	
Name (First, Last):	[REDACTED]
Employer:	NYSDOH Office of Health Insurance Program, DPDM
Email:	[REDACTED]
Team Member 2	
Name (First, Last):	
Employer:	
Email:	
Team Member 3	
Name (First, Last):	
Employer:	
Email:	
Team Member 4	
Name (First, Last):	
Employer:	
Email:	
Team Member 5	
Name (First, Last):	
Employer:	
Email:	

Data Use Request Authorized Requester Attestation Form

Name of Authorized Requester's Organization:

Authorized Requester Information

Name: Jim Kirkwood

Title: Chief Technology Officer, NYSDOH Office of Health Insurance Programs

Email: james.kirkwood@health.ny.gov

Phone Number: [REDACTED]

Attestations:

Authorized Requester attests that this Data Use Request meets the following criteria:

Request is for a Public Health Permitted Purpose.	<input type="checkbox"/>
OR	
Request is for a Medicaid Permitted Purpose.	<input checked="" type="checkbox"/>
Request is in compliance with the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs.	<input checked="" type="checkbox"/>
Request is in compliance with applicable law.	<input checked="" type="checkbox"/>
Data elements requested meet the standard of minimum necessary.	<input checked="" type="checkbox"/>

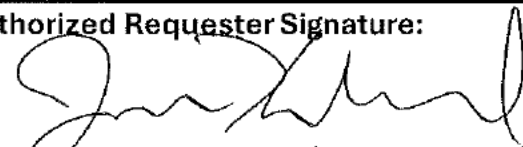
Safeguards and Protections Attestation:

Appropriate safeguards and internal controls will be used for data access and use, security and privacy.

Attestation(s) for De-Identified Data:

Authorized requester will not, and will not permit any third parties to, use de-identified data for any purposes other than those permitted in an approved Data Use Request or otherwise required by law.

Authorized Requester will report to NYeC immediately if DOH has knowledge that de-identified data has been re-identified.

Authorized Requester Signature:


Date of Signature: 11/24/25