

Provider Practice/Hospital Letterhead

[Date of letter]

To: HIO CEO/Director
HIO
Address

From: [Name]
[Title]
[Organization]

Subject: **Letter of Interest (LOI) in participating in Onboarding and/or Adding HIE Services through the Cal-HOP Program**

[Organization Name and NPI] is interested in participating in the Cal-HOP Program through (Name of HIO).

[Organization] attests to the following:

1. We have a valid contract with DHCS or another entity which is authorized to bill for Medi-Cal services through FFS or a managed care arrangement.
2. We have or will obtain sufficient staff to onboard interfaces with (name of HIO).
3. We have a 2015 certified electronic health electronic records technology (CEHRT) system OR plan to upgrade our CEHRT system by December 31, 2019.
OR
We use health information technology capable of sending and/or receiving clinical data and which can achieve the integration required for the Cal-HOP basic HIE technical milestones.
4. We intend to send and/or receive clinical data to assist eligible providers in meeting Meaningful Use under the Medi-Cal Promoting Interoperability Program.*
5. We are/intend to access and use ADT- based encounter notifications via a query/response or publish/ subscribe mechanism via the HIO.
6. We have/intend to integrate a CURES PDMP data querying and retrieval function into our EHR clinical workflow via either CURES Information Exchange Web Service (IEWS) or Single Sign On.**
7. We are interested in onboard additional advanced interfaces, from the approved listing published by Cal-HOP, with our current HIO, by the specified deadline of September 30, 2021.

Signature: _____

Name: _____

Title: _____

Email Address: _____

*formerly known as the Medi-Cal EHR Incentive Program

** Provider organizations whose providers do not prescribe controlled substances are considered exempt from this requirement.