Webinar Objectives

Today’s Goals

1. Provide details on the California Medi-Cal HIE Onboarding Program (Cal-HOP)
2. Address questions from Provider Organizations
Agenda

- Cal-HOP Overview and Timeline
- Cal-HOP Structure
- Criteria for Qualifying Provider Organizations
- Milestone Achievement
- Questions
Cal-HOP
Overview
## Cal-HOP Overview
### Vision and Approach

<table>
<thead>
<tr>
<th>Vision</th>
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<tbody>
<tr>
<td><strong>Expand Medi-Cal providers’ access to and use of HIE services to:</strong></td>
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<tr>
<td>▪ Help Medi-Cal providers meet meaningful use measures</td>
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<tr>
<td>▪ Improve provider access to information across a medical community</td>
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<td>▪ Improve care coordination</td>
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<td>▪ Improve the quality of care for patients</td>
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<td>▪ Improve efficiency by reducing unnecessary utilization and waste</td>
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<tr>
<td>▪ Support specific Medi-Cal initiatives, including waiver programs (e.g., Whole Person Care)</td>
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<table>
<thead>
<tr>
<th>Approach</th>
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<tr>
<td><strong>1. Create a Realistic Pathway:</strong> Establish an incremental progression of achievable milestones that incentivizes use of HIE services.</td>
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<td><strong>2. Leverage Existing Regional HIOs:</strong> Expand participation in the community-focused resources of California’s HIOs that have the technical capabilities to meet our vision.</td>
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<td><strong>3. Allow Flexibility:</strong> Give Medi-Cal providers and HIOs the flexibility to determine how milestones are achieved.</td>
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<tr>
<td><strong>4. Administer Efficiently and Effectively:</strong> Balance program accountability and operational efficiency.</td>
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<tr>
<td><strong>5. Monitor and Adjust:</strong> Rigorously monitor and evaluate the program and make adjustments as needed.</td>
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# Cal-HOP Overview

## Goals

<table>
<thead>
<tr>
<th>1. Connect</th>
<th>2. Expand</th>
<th>3. Integrate</th>
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<tbody>
<tr>
<td>Increase the number of Medi-Cal providers exchanging patient data via a regional HIO</td>
<td>Expand the exchange capabilities of Medi-Cal providers that already participate in regional HIOs</td>
<td>Facilitate Medi-Cal providers’ access to the CURES prescription drug monitoring database</td>
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</table>

The value of electronic data exchange for Medi-Cal members and payers increases when the vast majority of Medi-Cal providers within a region participate in an HIO data-exchange network.

Many HIO participants aren’t exchanging the full complement of data that will improve the care of their Medi-Cal members.

HIO participants also find it difficult to access important HIO data directly from within their EHRs and workflows.

The prevailing method of accessing CURES is via a web portal that requires extra workflow steps.

Integrating CURES directly into providers’ EHRs would greatly facilitate compliance with the law and help to reduce over-prescribing of controlled substances.
Cal-HOP Timeline
Start and End Dates

<table>
<thead>
<tr>
<th>Program Launch</th>
<th>Program Close</th>
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</thead>
<tbody>
<tr>
<td>▪ DHCS expects to “officially” launch the program in June 2019.</td>
<td>▪ CMS authorization for the program ends September 30, 2021.</td>
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<tr>
<td>▪ DHCS awaiting CMS’s final approval of the Cal-HOP plan and supporting contracts.</td>
<td>▪ All Cal-HOP activities must be completed on or before September 30, 2021.</td>
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</tbody>
</table>
Cal-HOP Structure
Oversight and Implementation
# Cal-HOP
## Basic Features

<table>
<thead>
<tr>
<th>Available Funding</th>
<th>Milestone-Based Payments</th>
<th>Key Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Up to $50 million is available from a federal matching program through September 30, 2021.</td>
<td>- DHCS will make incentive payments for HIOs and Medi-Cal providers when, working together, they meet specific onboarding and HIE connection milestones.</td>
<td>- <strong>DHCS</strong> will oversee the program and distribute funds.</td>
</tr>
<tr>
<td>- $45 million from federal government and $5 million match from the state’s general fund (approved by CA legislature).</td>
<td></td>
<td>- <strong>Regional HIOs</strong> will apply to be “qualified” to participate in the program and will receive payments for meeting milestones with “qualified” provider organizations.</td>
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<tr>
<td></td>
<td></td>
<td>- <strong>Medi-Cal provider organizations</strong> (e.g., hospitals, clinics, practices) will be “qualified” to participate in the program and receive support from the “qualified” HIOs.</td>
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</tbody>
</table>
Cal-HOP Oversight
CMS and DHCS Roles

CMS

- Establishes rules for participation and uses of funding
- Reviews and approves DHCS’s program plans
- Monitors program (reviews contracts and milestones)

DHCS

- Establishes criteria to “qualify” for the program
- Establishes milestones and payment amounts
- Monitors and evaluates program (reports to CMS)
Cal-HOP Support
Management Support Contractor

CMS

DHCS

Cal-HOP Management Support Contractor (MSC)

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- Reviews and approves DHCS’s program plans
- Monitors program (reviews contracts and milestones)

- Establishes criteria to “qualify” for the program
- Establishes milestones and payment amounts
- Monitors and evaluates program (reports to CMS)

- Supports program implementation
- Monitors participants’ progress against performance milestones and submits reports to DHCS
- Collects documentation from Qualified HIOs
Cal-HOP Participants
Qualified HIOs

CMS
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- Reviews and approves DHCS’s program plans
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DHCS
- Establishes criteria to “qualify” for the program
- Establishes milestones and payment amounts
- Monitors and evaluates program (reports to CMS)

Cal-HOP Management Support Contractor (MSC)
- Supports program implementation
- Monitors participants’ progress against performance milestones and submits reports to DHCS
- Collects documentation from Qualified HIOs

Qualified HIO
- A California HIO that meets specific organizational characteristics and technical capabilities
- Onboards Qualified Provider Organizations
- Delivers HIE services to qualified Provider Organizations
- Submits performance reports to MSC
Cal-HOP Participants
Qualified Provider Organizations

CMS
- Establishes rules for participation and uses of funding
- Reviews and approves DHCS’s program plans
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Qualified HIO
- A California HIO that meets specific organizational characteristics and technical capabilities
- Onboards Qualified Provider Organizations
- Delivers HIE services to qualified Provider Organizations
- Submits performance reports to MSC

Qualified Provider Organization
- A Medi-Cal provider organization that meets specific characteristics and technical capabilities
- Onboards to a Qualified HIO
- Meets technical connectivity milestones & reports achievement to Qualified HIO
Cal-HOP Timeline
Anticipated Timeline Over The Next Five Months*

Pre Cal-HOP “Launch”

2019

Mar | Apr | May | Jun | Jul

Potential “Qualified” Provider Organizations begin discussions with HIOs

HIOs apply to DHCS to serve as “Qualified” HIOs

DHCS notifies “Qualified” HIO applicants of their status

DHCS announces the official launch of Cal-HOP

MSC approves Qualified HIOs’ onboarding plans

Post Cal-HOP “Launch”

To learn more about the capabilities of California’s HIOs, please see the January 2019 report “Promise and Pitfalls: A Look at California’s Regional Health Information Organizations”**

Work undertaken by Qualified Provider Organizations and Qualified HIOs and to achieve Cal-HOP milestones is now eligible for milestone-based incentive payments.

* Proposed timeline depends upon the timing of CMS’s approval of Cal-HOP plan

** Available online at https://www.chcf.org/publication/promise-pitfalls-californias-regional-health-information-organizations/
Cal-HOP Structure
Funds Flow
### Cal-HOP Funding

#### Basic Components

<table>
<thead>
<tr>
<th>Total Amount Available</th>
<th>Program Deadline</th>
<th>Program Focus</th>
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<tr>
<td>$50 Million</td>
<td>Sept 2021</td>
<td>An Incentive Program, Not A Reimbursement Program</td>
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- A portion of the funds will be used to support program implementation and monitoring.

- CMS doesn’t permit payments for activities performed after September 30, 2021.

- With limited funding, Cal-HOP is not intended to fully reimburse participants’ onboarding costs.

- DHCS will explore other mechanisms to help Medi-Cal providers and HIOs cover the costs to establish connectivity and use HIE services.
Cal-HOP Funding
Reporting Milestone Achievement

3. MCS reviews Qualified HIOs’ invoices & documents, & forwards recommendations to DHCS for review & approval.

2. Qualified HIO collects Qualified Providers documentation and submits invoice to MSC

1. Qualified Provider and Qualified HIO collaborate to meet milestones

3. DHCS

Cal-HOP Management Support Contractor (MSC)

Qualified HIO

Qualified Provider Organization

Invoice Note
• Qualified HIOs will be able to submit documentation for achieving milestones to the MSC as they occur.
Cal-HOP Funding Payment Process

1. Qualified Provider and Qualified HIO collaborate to meet milestones

2. Qualified HIO collects Qualified Providers documentation and submits invoice to MSC

3. MCS reviews Qualified HIOs’ invoices & documents, & forwards recommendations to DHCS for review & approval.

4. DHCS makes incentive payments for approved invoices to the MSC

5. The MSC distributes incentive payments to Qualified HIOs

6. Qualified HIOs allocate funds to support Qualified Provider Organizations

Payment Note:
- DHCS will make payments to the MSC within 45 days of receiving a valid request.
- MSC will then make approved payments to Qualified HIOs w/ in 10 days.
Cal-HOP Funding
Relationships and Milestone Payments

Qualified Provider Organization-Qualified HIO Relationship

- For Cal-HOP, the Qualified Provider organizations must designate and work with a single Qualified HIO for achieving Cal-HOP milestones.

- Once a Qualified Provider Organization achieves Milestone 1 with a Qualified HIO, it must continue to work with that Qualified HIO to achieve any further Cal-HOP milestones (i.e., it may not “switch” and achieve milestones 2 or 3 with another Qualified HIO).

- Qualified Provider Organizations may participate in and connect to multiple HIOs in general, although Cal-HOP payments will only be made for milestones achieved with one Qualified HIO.
Milestone Payments

Payments will be based on the number of interfaced EHR instances that the Qualified HIO and Qualified Provider Organization connect and NOT on the number of facilities that the Qualified HIO and Qualified Provider Organization connect.
Restrictions on Funding Per CMS

- CMS’s restrictions on the use of Cal-HOP funds
  1. Must be used to onboard only providers that bill or render services for Medi-Cal.
  2. Must be used to help Medi-Cal “Eligible Professionals and Hospitals” fulfill the meaningful use objectives and measures in the Promoting Interoperability Program.
  3. May not be used for ongoing HIE operations (can only be use for initial onboarding activities).
  4. May not be used to purchase Certified EHR Technology or modify an EHR to add the functionality needed to achieve certification.

Eligible Uses for Funding Per DHCS

Qualified HIOs may use incentive payments to offset some of their costs, including:
- The Qualified HIO’s costs to connect to a Qualified Provider organization’s EHR.
- The Qualified HIO’s costs to develop capabilities to perform the HIE services specified in the milestones.
- The Qualified HIO’s costs to connect to statewide databases to achieve the specified milestones.

Qualified HIOs may use incentive payments to offset certain Qualified Provider Organization costs, including:
- Qualified Provider Organizations’ costs for their EHR to connect to the Qualified HIO.
- Qualified Provider Organizations’ cost to retain a technology consultant to develop interfaces between their EHR and the Qualified HIO.
Qualifying Criteria for Provider Organizations
## Qualified Provider Organizations
### Criteria

#### Participation in Medi-Cal

1. Valid contract w/DHCS or a Medicaid Managed Care Organization to bill for care of Medi-Cal patients.

#### Declaration of Intent to Participate in the Program

2. Has an executed letter co-signed by a Qualified HIO that confirms intent to onboard (or if already onboarded, the intent to implement additional interfaces).

#### Organizational Capacity

3. Sufficient staff or consulting help to coordinate with the Qualified HIO in executing the legal agreements and implementing the data interfaces required to meet Cal-HOP milestones.
## For Providers Who ARE CURRENTLY Participating in the Promoting Interoperability Program

4. The provider organization must:
   - Use 2015-Edition certified EHR or
   - Demonstrate plans to upgrade/migrate to a 2015-Edition certified EHR by the end of 2019.

The EHR must also be capable of achieving the integration required for the basic health information exchange technical milestone of the Cal-HOP.

## For Providers Who Are NOT CURRENTLY Participating in the Promoting Interoperability Program

5. The provider organization must use health information technology that is able to:
   - Send and/or receive clinical data that assist Eligible Professionals or Eligible Hospitals to meet the Promoting Interoperability measures, and
   - Achieve the integration required for the Cal-HOP’s basic HIE technical milestones.
Milestone Achievement
Overview
The goal is to create connections directly between Qualified Provider Organizations’ health IT systems and Qualified HIOs.

Milestones create an incremental pathway to high-value use cases (e.g., event-based notifications, access to critical clinical data, integration with CURES).

Type of Qualified Provider Organization will determine milestone payment amounts

- Hospitals
- Ambulatory Organizations
  - Tier 1 (< 10 providers)
  - Tier 2 (≥ 10 providers)

DHCS will count providers based on CMS’s definition of “eligible professional” for the Medicaid Promoting Interoperability Program, i.e., including one of the following five types of Medicaid professionals: (1) physicians, (2) dentists, (3) certified nurse-midwives, (4) nurse practitioners, and (5) physician assistants.
Program Milestones
Steps and Timing

Steps

Milestone 1
Initiate Participation in Cal-HOP

Milestone 2
Implement Basic Interfaces

Milestone 3
Implement Advanced Interfaces [Optional]

Timing Considerations

- Milestone 2 must be completed within one year of Milestone 1 being achieved.
- Milestones 2 and Milestone 3 (if undertaken) must be completed before Sept 30, 2021.
- DHCS reserves the right to rescind funding distributed to Qualified HIOS if:
  - Live connections for Milestone 2 and (if undertaken) Milestone 3 are not maintained for 1 year, or
  - Milestone 2 is not achieved within 1 year of achieving Milestone 1.
1. **Initiate Participation in Cal-HOP**

**Requirements**

1. **Qualified Provider organization** signs attestation of Medi-Cal participation.

2. **Qualified Provider organization** signs attestation of its vendors’ readiness to achieve selected milestone goals, to the extent that vendor participation will be required.

3. **Qualified HIO** provides executed documentation of the Qualified Provider Organization formal participation in the Qualified HIO (i.e., a participation agreement, data-sharing agreement, BAA, and other required documents signed by the Qualified Provider Organization).

4. **Qualified Provider organization** signs an agreement with the QHIO that documents: (1) the organization’s intent to participate in Cal-HOP with the QHIO and (2) projection of the milestones it intends to achieve.

<table>
<thead>
<tr>
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<th>Milestone 1 (Cal-HOP Onboarding)</th>
<th>Milestone 2a (ADT/Event feed)</th>
<th>Milestone 2b (CURES link)</th>
<th>Milestone 3 (Advanced Interfaces)</th>
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<tbody>
<tr>
<td>Hospitals</td>
<td>$25,000</td>
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<tr>
<td>Ambulatory Provider Tier 1 (&lt; 10 providers)</td>
<td>$5,000</td>
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<td></td>
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<tr>
<td>Ambulatory Provider Tier 2 (≥ 10 providers)</td>
<td>$5,000</td>
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ADT Submission and Event Notifications

Requirements

For Hospitals
- Documented live (at least daily) feed of ADT (or equivalent) messages delivered to the Qualified HIO within 24 hours of an ED visit, hospital admission, and hospital discharge for Medi-Cal patients who are eligible to be included in the Qualified HIO.

- If the hospital includes outpatient clinics, documented (at least daily) feed of ADT (or equivalent) messages delivered to the Qualified HIO within 24 hours of an encounter for Medi-Cal patients who are eligible to be included in the Qualified HIO.

- Demonstrated access to and/or use of ADT-based encounter notifications provided by the Qualified HIO via a query/response (pull) mechanism or publish/subscribe (push) mechanism.

For Provider Practice, Clinic, IPA/Medical Group, and other non-Hospital organizations
- Documented (at least daily) feed of ADT (or equivalent) messages delivered to the Qualified HIO within 24 hours of an encounter for Medi-Cal patients who are eligible to be included in the Qualified HIO.

- Demonstrated access to and/or use of ADT-based encounter notifications provided by the Qualified HIO via a query/response (pull) or publish/subscribe (push) mechanism.

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<td>Ambulatory Provider Tier 1 (&lt; 10 providers)</td>
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<td>$10,000</td>
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<td>Ambulatory Provider Tier 2 (≥ 10 providers)</td>
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<td>$7,000</td>
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</table>
**Requirements**

**For All Applicable Providers***

- Documented CURES PDMP data-querying and data-retrieval function that is provided by the Qualified HIO and is integrated into the clinical workflow of the Qualified Provider organization’s EHR.

- OR -

- Qualified Provider organizations that already integrate with the CURES database from within their EHRs via a mechanism other than the Qualified HIO (e.g., provided by their EHR vendor directly, or a 3rd party) will be exempt from having to meet connectivity to CURES through the Qualified HIO.

  Note: Milestone 2 payments will be adjusted depending upon which CURES integration approach is taken.

* Provider organizations required by law to consult the CURES database when prescribing controlled substances.

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Note: Qualified HIOs will receive separate DHCS funding to build interfaces between the Qualified HIO and CURES

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<td></td>
<td>$ 30,000</td>
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<tr>
<td>Ambulatory Provider Tier 1</td>
<td>(&lt; 10 providers)</td>
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<td>$ 15,000</td>
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<tr>
<td>Ambulatory Provider Tier 2</td>
<td>(≥ 10 providers)</td>
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<td>$ 11,000</td>
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</table>
Requirements

- Qualified Provider Organization and Qualified HIO must implement a specified number of advanced interfaces selected from a list of 35 designated interface types.
  - Hospitals must implement 5 such advanced interfaces
  - Ambulatory providers must implement 3 such advanced interfaces

- Qualified Provider Organization and Qualified HIO may identify alternative types of advanced interfaces to qualify for Milestone 3 achievement, contingent on DHCS approval.
**Advanced HIE Services: “Categories” & “Interfaces”**

Qualified HIO and Qualified Provider organization must implement interfaces listed below (may choose from any category(ies))

<table>
<thead>
<tr>
<th>Category A: Data feeds between a Qualified Provider Organization’s EHR and a Qualified HIO</th>
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<tbody>
<tr>
<td>- Laboratory results via HL7 messaging</td>
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<tr>
<td>- Med list via HL7 messaging</td>
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<tr>
<td>- Radiology reports via HL7 messaging</td>
</tr>
<tr>
<td>- Discharge summaries via HL7 messaging</td>
</tr>
<tr>
<td>- Referral request via HL7</td>
</tr>
<tr>
<td>- Consult note via HL7</td>
</tr>
<tr>
<td>- Structured clinical documents – as HL7 C-CDAs (CCD, Discharge Summary, Referral Note, Consultation Note)</td>
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<tr>
<td>- EMS NEMSIS reports</td>
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<tr>
<td>- ERx info including SCRIPT regarding ordering, fill, &amp; cancel</td>
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<thead>
<tr>
<th>Category B: Data submission or retrieval services with Public Health Registries into Qualified Provider Organization’s EHR</th>
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</thead>
<tbody>
<tr>
<td>- Submission of immunizations from QP to CAIR2 registry</td>
</tr>
<tr>
<td>- Real-time retrieval of immunizations from CAIR2 registry to QP within clinical workflow – via API! or SSO</td>
</tr>
<tr>
<td>- Submission of Advance Directives / POLST forms to POLST registry</td>
</tr>
<tr>
<td>- Real-time retrieval of ADs/POLST forms from POLST registry within clinical workflow – via API or SSO</td>
</tr>
<tr>
<td>- Submission of diagnosis/treatment data for reportable events from QP to CalREDIE registry</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Category C: Integration of clinical data from the HIO into the provider’s EHR via web-services API (e.g., FHIR)</th>
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</thead>
<tbody>
<tr>
<td>- Laboratory results</td>
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<td>- Medication lists</td>
</tr>
<tr>
<td>- Problem lists</td>
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<tr>
<td>- Radiology reports</td>
</tr>
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<td>- Diagnostic quality images</td>
</tr>
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<td>- Immunizations</td>
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<td>- Advance Directives / POLST</td>
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<td>- Patient summary (e.g., CCD)</td>
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<table>
<thead>
<tr>
<th>Category D: Activation of a new edge server and/or addition of following data types to existing edge server</th>
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<tbody>
<tr>
<td>- CCD document</td>
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<tr>
<td>- Other C/CDA document</td>
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<td>- Laboratory results</td>
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<td>- Radiology reports</td>
</tr>
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**Category E: “Other”**

HIOs may petition DHCS to implement other type(s) of interfaces to count towards Milestone 3
**Advanced HIE Services: “Selection” and “Payments”**

### Hospital Requirements
- Must implement **five** interfaces with Qualified HIO

### Ambulatory Organization Requirements
- Must implement **three** interfaces with Qualified HIO

**Category A:** Data feeds between a Qualified Provider Organization’s EHR and a Qualified HIO
- Laboratory results via HL7 messaging
- Med list via HL7 messaging
- Radiology reports via HL7 messaging
- Discharge summaries via HL7 messaging
- Referral request via HL7
- Consult note via HL7
- Structured clinical documents – as HL7 C-CDAs (CCD), Discharge Summary, Referral Note, Consultation Note
- EMS NEMSIS reports
- ERx info including SCRIPT regarding ordering, fill, & cancel

**Category B:** Data submission or retrieval services with Public Health Registries into Qualified Provider Organization’s EHR
- Submission of immunizations from OP to CAIR2 registry
- Real-time retrieval of immunizations from CAIR2 registry to OP within clinical workflow – via API or SSO
- Submission of Advance Directives / POLST forms to POLST registry
- Real-time retrieval of ADs/POLST forms from POLST registry within clinical workflow – via API or SSO
- Submission of diagnosis/treatment data for reportable events from OP to CalREDIE registry

**Category C:** Integration of clinical data from the HIO into the provider’s EHR via web-services API (e.g., PHIR)
- Laboratory results
- Medication lists
- Problem lists
- Radiology reports
- Diagnostic quality images
- Discharge summaries
- Immunizations
- Advance Directives / POLST
- Patient summary (e.g., CCD)
- EMS NEMSIS reports

**Category D:** Activation of a new edge server and/or addition of following data types to existing edge server
- CCD document
- Other C/CDA document
- Laboratory results
- Radiology reports
- Diagnostic quality images
- Medication lists
- Allergies
- Problem lists
- Immunizations
- Advance Directives / POLST
- EMS NEMSIS reports

**Category E:** “Other”
HIOs may petition DHCS to implement other type(s) of interfaces to count towards Milestone 3

### Milestones
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<td>$ 25,000</td>
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Milestone Achievement

Example Scenarios
Minimum Milestone Achievement to Receive Payment (1)

1. Documentation of Cal-HOP Eligibility & HIO Participation
2a. ADT Submission & Event Notification
2b. CURES Integration
3. Completion of Advanced Interfaces

Legend:
- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
Minimum Milestone Achievement to Receive Payment (2)

Documentation of Cal-HOP Eligibility & HIO Participation

ADT Submission & Event Notification

CURES Integration

Completion of Advanced Interfaces

Legend

- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
Minimum Milestone Achievement to Receive Payment (3)

Documentation of Cal-HOP Eligibility & HIO Participation

ADT Submission & Event Notification

CURES Integration

Completion of Advanced Interfaces

<table>
<thead>
<tr>
<th></th>
<th>Milestone 1 (Cal-HOP Onboarding)</th>
<th>Milestone 2a (ADT/Event feed)</th>
<th>Milestone 2b (CURES link)</th>
<th>Milestone 3 (Advanced Interfaces)</th>
<th>Total Per Hospital EHR Instance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>$ 25,000</td>
<td>$ 20,000</td>
<td>-</td>
<td>-</td>
<td>$ 45,000</td>
</tr>
</tbody>
</table>

Legend:
- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
Maximum-Payment Scenario

Hospital participates in Cal-HOP and completes both elements of Milestone 2, and goes on to complete Milestone 3.

<table>
<thead>
<tr>
<th>Milestone 1</th>
<th>Milestone 2a</th>
<th>Milestone 2b</th>
<th>Milestone 3</th>
<th>Total Per Hospital EHR Instance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Cal-HOP Onboarding)</td>
<td>(ADT/Event feed)</td>
<td>(CURES link)</td>
<td>(Advanced Interfaces)</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>$ 25,000</td>
<td>$ 20,000</td>
<td>$ 30,000</td>
<td>$ 75,000</td>
</tr>
</tbody>
</table>

Legend:
- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
Prior HIO Participant Scenario

Existing hospital of an HIO now participates in Cal-HOP. The hospital is exempted from completing Milestone 2a, completes Milestone 2b, and goes on to complete Milestone 3.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Milestone 1 (Cal-HOP Onboarding)</th>
<th>Milestone 2a (ADT/Event feed)</th>
<th>Milestone 2b (CURES link)</th>
<th>Milestone 3 (Advanced Interfaces)</th>
<th>Total Per Hospital EHR Instance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
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<td>-</td>
<td>$ 30,000</td>
<td>$ 75,000</td>
<td>$ 130,000</td>
</tr>
</tbody>
</table>

Legend

- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
Milestone 3 Only Scenario

Existing member of an HIO now participates in Cal-HOP. The hospital already has an ADT interface, interfaces directly to CURES via its EHR, but completes Milestone 3.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Milestone 1 (Cal-HOP Onboarding)</th>
<th>Milestone 2a (ADT/Event feed)</th>
<th>Milestone 2b (CURES link)</th>
<th>Milestone 3 (Advanced Interfaces)</th>
<th>Total Per Hospital EHR Instance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>$25,000</td>
<td>-</td>
<td>-</td>
<td>$75,000</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

Legend:
- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
Hospital achieves Milestone 1 and receives milestone payment, but fails to complete or get exemption for any of the Milestones 2a, 2b, or 3 within the required time frames.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>$25,000</th>
<th>$25,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clawback amount</td>
<td>$(25,000)</td>
<td>$(25,000)</td>
</tr>
</tbody>
</table>

**Legend**
- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
“Clawback” Scenario 2: Incomplete Milestone 2

Hospital participates in Cal-HOP, completes Milestone 2a, fails to complete or be exempted from Milestone 2b within the required time frame, and goes on to complete Milestone 3.

<table>
<thead>
<tr>
<th></th>
<th>Milestone 1 (Cal-HOP Onboarding)</th>
<th>Milestone 2a (ADT/Event feed)</th>
<th>Milestone 2b (CURES link)</th>
<th>Milestone 3 (Advanced Interfaces)</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>Clawback amount</td>
<td>$(25,000)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$(25,000)</td>
</tr>
</tbody>
</table>

Legend

- Milestone Achieved
- Milestone Not Achieved
- Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)
Questions