

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] 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 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 EHR 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 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