## California Health Information Exchange Onboarding Program (Cal-HOP) Ambulatory Provider Attestation

Attestation Information				
Qualified Health Information Organization (QHIO) Name:				
Qualified Provider Organization (QPO) Name:				
QPO NPI/TIN:	_ EHR Name & Version	n:		
Milestones Met: (Please designate any milestone check mark in the upgrade column upgrade as substantial and neces	nn. If not previously appr	oved by DHCS, a justificati	on for each ior to payment.)	
Milastana 1: Initiata Partisin	nation in Cal HOD	Date Achieved:	<u>Upgrade</u>	
Milestone 1: Initiate Particip Milestone 2a: ADT Interface		Date Achieved: Date Achieved:		
Milestone 2b: CURES Integ		D ( A ): 1		
Milestone 3: Advanced Intel		Bata / tollioved.		
(Select at least 3 for ambulatory		s.)		
Interface#1		Date Achieved:		
Interface#2				
Interface#3		Date Achieved:		
Interface#4		Date Achieved:		
Interface#5				
Interface#6		Date Achieved:		
Is the Provider a Standalone La	aboratory?	Yes No		
Number of Providers in Organi	zation:			
(Please mark only one. Do not answer for standalone laboratories.)				
Less than 10 individual providers				
10 or more individual provider	rs			

Please Submit Attestation and All Supporting Documentation to: <a href="mailto:CalHOPInvoices@dhcs.ca.gov">CalHOPInvoices@dhcs.ca.gov</a>

DHCS 302 (01/21) Page 1 of 2

## **Milestone Attestation:**

- A signed participation agreement, which meets all requirements for onboarding as defined in the Cal-HOP contract, or a letter of interest using the DHCS template, has been submitted to DHCS OR that one will be submitted to DHCS by January 15, 2021.
- QHIO and QPO acknowledge that if a signed participation agreement, which meets all requirements for onboarding as defined in the Cal-HOP contract, or a letter of interest using the DHCS template, has not submitted to DHCS by January 15, 2021 all milestones will be withheld until such agreement is submitted.
- The interfaces named above are operational and will be used in an ongoing manner.
- QHIO and QPO will remain in active exchange of information using the interfaces named above through September 30, 2021
- The QHIO agrees to provide all relevant supporting documentation for the above described milestones including a table of contents and a narrative explanation, which clearly identifies how the information provided successfully demonstrates the completion of a specific program milestone.

Signature of QHIO	Signature of QPO	
Representative:	Representative:	
Date:	Date:	
Printed Name:	Printed Name:	
Title:	Title:	

DHCS 302 (01/21) Page 2 of 2