

**California HIE Onboarding Program (Cal-HOP)**  
**Qualified Health Information Organization Requirements**  
January 2020

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**I. Introduction**

The California HIE Onboarding Program (Cal-HOP) supports the use of health information exchange, health information technology, and analytics to improve health care quality for Medi-Cal patients. Cal-HOP funding will assist qualified Medi-Cal providers in the use of health information exchange (HIE) services through health information organizations (HIOs).

In order to qualify for Cal-HOP funding, HIOs must meet the organizational, technical, and reporting requirements listed below.

**II. Organizational Characteristics and Capabilities**

- 1. Be a not-for-profit, California-based organization**
- 2. Evidence of financial viability and sustainability**
  - Demonstrate the following:
    - Break-even or better operations each of the past two years, OR
    - Sufficient funding commitments from stakeholders to finance operations through the end of the program on September 30, 2021.
- 3. Ability to scale operations to support the projected onboarding and other activities of the Cal-HOP program**
  - Submission of a plan that:
    - identifies current and planned staff to support projected onboarding;
    - documents the ability of the technology infrastructure to scale up to accommodate the projected onboarding growth
    - identifies the methodology that will be used in relationships with healthcare provider organizations; including
      - methodology for identifying qualified provider organizations
      - methodology for tracking a qualified provider organization's points of contact; end-user access credentials, use of certified electronic health record (EHR) systems, milestone achievement, attestation, and payment tracking.
- 4. Commitment to participation by any health care provider organizations that serve Medi-Cal patients in the HIO's defined service region, regardless of their business affiliations or health IT vendors.**
- 5. Insurance and liability coverage**
  - Demonstrate the following:
    - Adequate liability coverage relevant to the exchange of individually identifiable health information (e.g., directors' and officers' liability, data theft, data mismanagement, data generation errors, data breach, etc.), in accordance with such standards as may be required by regulation and/or agreed upon policies and procedures.

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**6. Demonstrated Support from Qualified Provider Organizations**

- Provide signed letters of intent for participation in Cal-HOP from at least 25 Qualified Provider organizations. These letters of intent should indicate a willingness on the part of the Qualified Provider organization to connect with the HIE to transmit and receive data in a specified time frame.

**III. Technical Capabilities and Other HIE-related Requirements**

- 7. HIO currently has a minimum of two non-affiliated hospitals actively participating in data exchange with the HIO as demonstrated by the transmission, at a minimum, of admission, discharge, and transfer data**
- 8. HIO is currently a signatory to the California Data Use and Reciprocal Sharing Agreement (CaDURSA)**
- 9. HIO is currently a participant in good standing in the California Trusted Exchange Network (CTEN)**

**IV. Reporting Requirements**

- 10. Commitment to provide up-to-date, public listings of the QHIO's current and planned capabilities (including a schedule) to assist Qualified Provider organizations in meeting the Cal-HOP milestone requirements**
- 11. Commitment to provide an up-to-date, public description of applicable fees or fee-calculation methods for Qualified Provider's participation with the HIO in the Cal-HOP program.**
- 12. Commitment to provide an up-to-date, comprehensive public listing of participating provider organizations**
- 13. Commitment to submit quarterly reports to DHCS within 15 days after the end of each calendar quarter**
  - Quarterly Reports are expected to address, at a minimum, the following:
    - The names of onboarded qualified provider organizations for the current quarter
    - The specific data interfaces that are operational for each onboarded Qualified Provider organization.
    - The volume of data exchange occurring via these interface
    - The forecasted number of future qualified provider organizations and the milestones that they will be expected to achieve for the two upcoming quarters