California Health Information Exchange Onboarding Program (Cal-HOP)

Hospital Provider Attestation

Attestation Information

Qualified Health Information Organization (QHIO) Name: _____

Qualified Provider Organization (QPO) Name: _____

QPO NPI/TIN: _____   **EHR Name & Version:** _____

Milestones Met:

(Please designate any milestone that is an upgrade or modernization of a previous interface with a check mark in the upgrade column. If not previously approved by DHCS, a justification for each upgrade as substantial and necessary must be attached and approved by DHCS prior to payment.)

Upgrade

___ **Milestone 1**: Initiate Participation in Cal-HOP   Date Achieved: _____

___ **Milestone 2a**: ADT Interface   Date Achieved: _____ _____

___ **Milestone 2b**: CURES Integration   Date Achieved: _____ _____

___ **Milestone 3**: Advanced Interfaces: (at least 5)

Interface#1 _____   Date Achieved: _____ _____

Interface#2 _____   Date Achieved: _____

Interface#3 _____   Date Achieved: _____

Interface#4 _____   Date Achieved: _____

Interface#5 _____   Date Achieved: _____

Interface#6 _____   Date Achieved: _____

Interface#7 _____   Date Achieved: _____

Please Submit Attestation and All Supporting Documentation to: CalHOPInvoices@dhcs.ca.gov

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 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

Representative: _____

Date: _____

Printed Name: _____

Title: _____

Signature of QPO

Representative: _____

Date: _____

Printed Name: _____

Title: _____

Please Submit Attestation and All Supporting Documentation to: CalHOPInvoices@dhcs.ca.gov