California Medi-Cal
HIE Onboarding Program (Cal-HOP)

Cal-HOP Overview Webinar

for California's HIOs

February 22, 2019

Webinar Objectives

Today's Goals

① Provide details on the California Medi-Cal HIE Onboarding Program (Cal-HOP)

② Address questions from <u>California Health Information Organizations (HIOs)</u>

March 1ˢᵗ Webinar Goals

① Review details on the California Medi-Cal HIE Onboarding Program (Cal-HOP)

② Address questions from <u>Provider Organizations</u>

Agenda

- **Cal-HOP Overview and Timeline**

- **Cal-HOP Structure**

- **Criteria for Qualifying HIOs**

- **Milestone Achievement**

- **Questions**

Cal-HOP
Overview

Cal-HOP Overview
Vision and Approach

Vision

Expand Medi-Cal providers' access to and use of HIE services to:

- Help Medi-Cal providers meet meaningful use measures

- Improve provider access to information across a medical community

- Improve care coordination

- Improve the quality of care for patients

- Improve efficiency by reducing unnecessary utilization and waste

- Support specific Medi-Cal initiatives, including waiver programs (e.g., Whole Person Care)

Approach

1. **Create a Realistic Pathway:** Establish an incremental progression of achievable milestones that incentivizes use of HIE services.

2. **Leverage Existing Regional HIOs:** Expand participation in the community-focused resources of California's HIOs that have the technical capabilities to meet our vision.

3. **Allow Flexibility**: Give Medi-Cal providers and HIOs the flexibility to determine how milestones are achieved.

4. **Administer Efficiently and Effectively**: Balance program accountability and operational efficiency.

5. **Monitor and Adjust:** Rigorously monitor and evaluate the program and make adjustments as needed.

Cal-HOP Overview
Goals

1. Connect	2. Expand	3. Integrate
Increase the number of Medi-Cal providers exchanging patient data via a regional HIO	Expand the exchange capabilities of Medi-Cal providers that already participate in regional HIOs	Facilitate Medi-Cal providers' access to the CURES prescription drug monitoring database

1. Connect

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.

2. Expand

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.

3. Integrate

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

Program Launch	Program Close
▪ DHCS expects to "officially" launch the program in June 2019. ▪ DHCS awaiting CMS's final approval of the Cal-HOP plan and supporting contracts.	▪ CMS authorization for the program ends September 30, 2021. ▪ All Cal-HOP activities must be completed <u>on</u> or <u>before</u> September 30, 2021.

Cal-HOP Structure
Oversight and Implementation

Cal-HOP
Basic Features

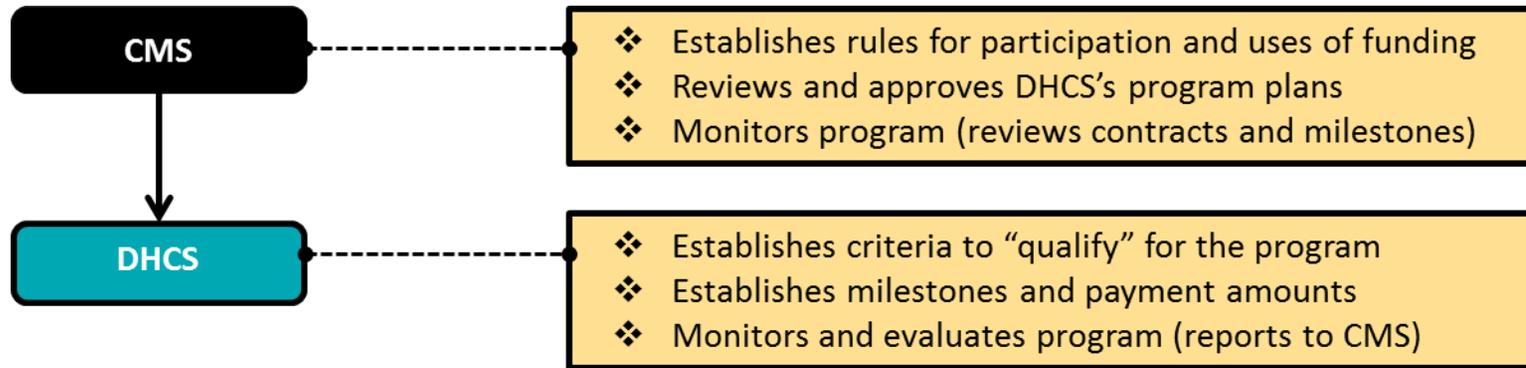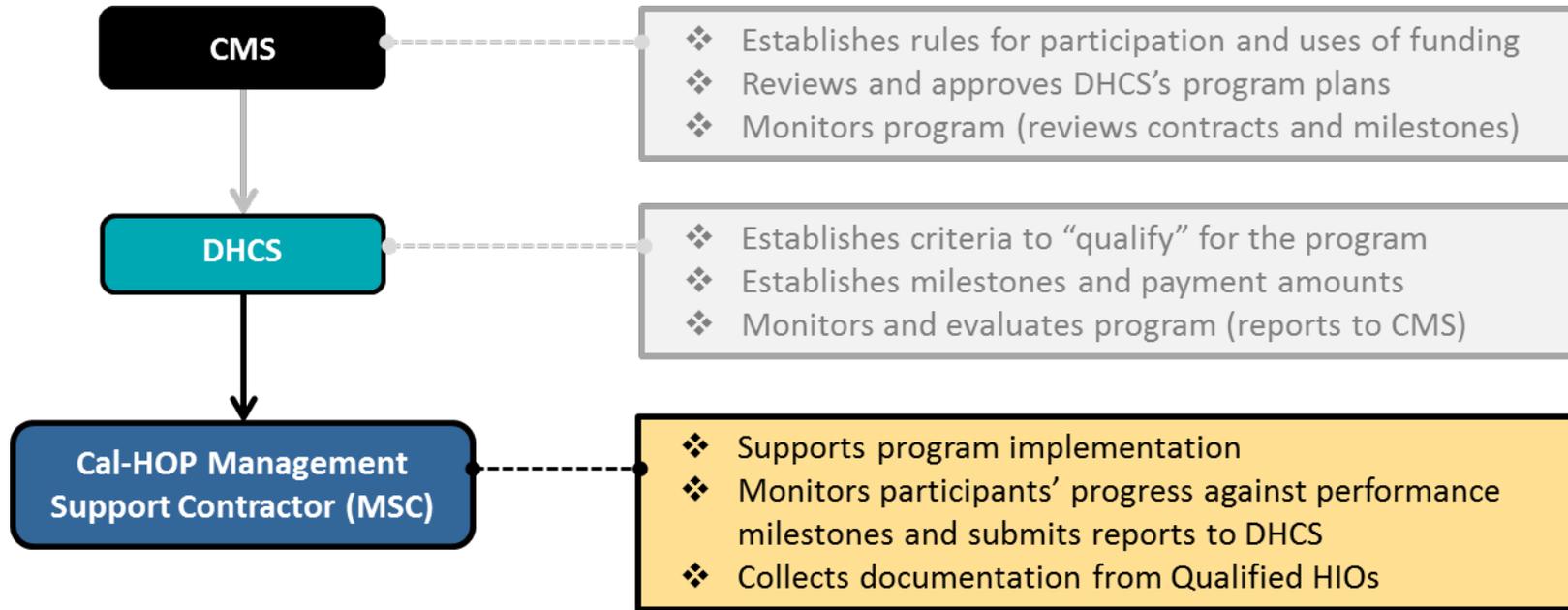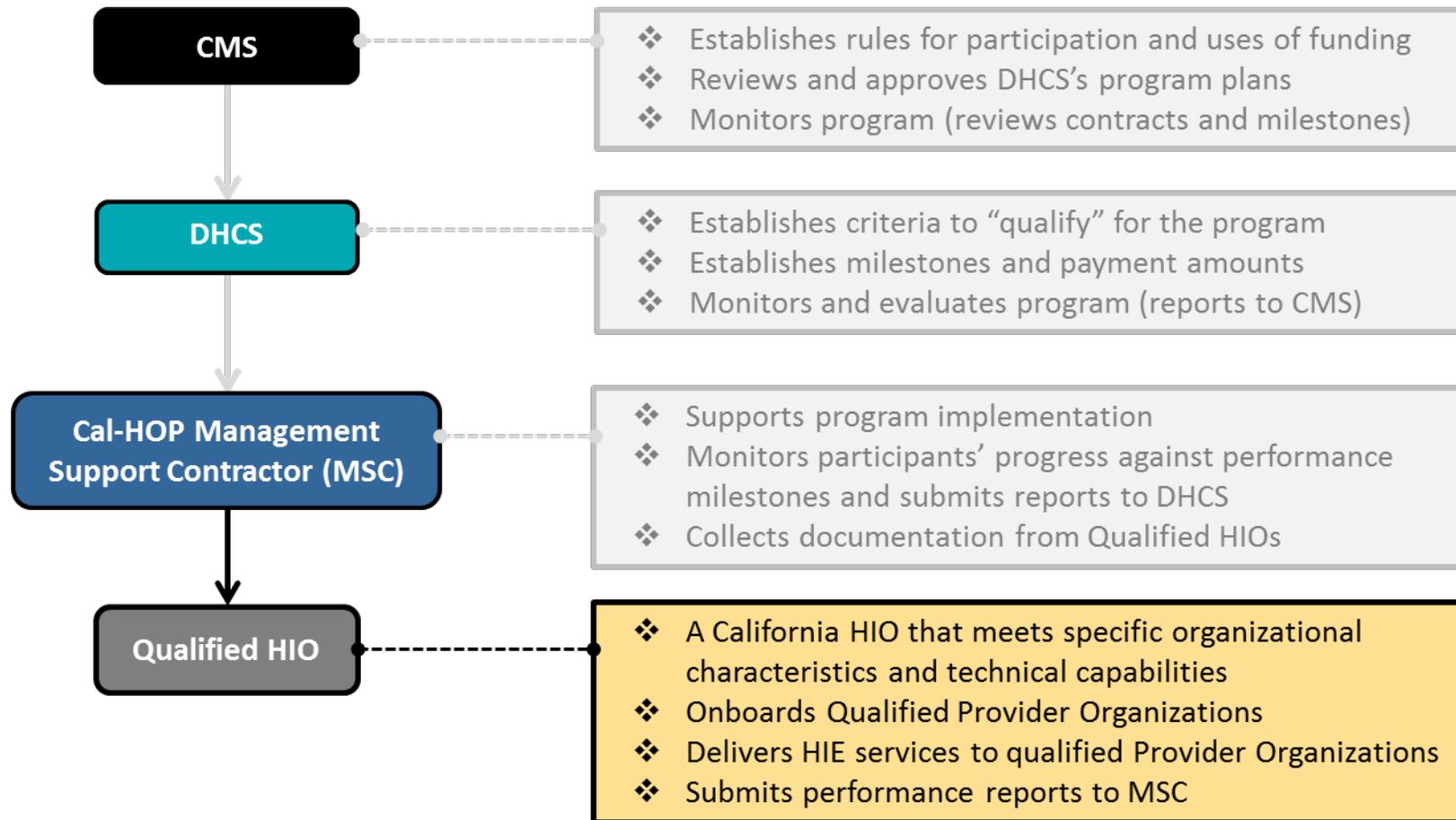| Available Funding	Milestone-Based Payments	Key Participants
- Up to $50 million is available from a federal matching program through September 30, 2021. $45 million from federal government and $5 million match from the state's general fund (approved by CA legislature).	DHCS will make incentive payments for HIOs and Medi-Cal providers when, working together, they meet specific onboarding and HIE connection milestones.	**DHCS** will oversee the program and distribute funds. **Regional HIOs** will apply to be "qualified" to participate in the program and will receive payments for meeting milestones with "qualified" provider organizations. **Medi-Cal provider organizations** (e.g., hospitals, clinics, practices) will be "qualified" to participate in the program and receive support from the "qualified" HIOs.

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
- ❖ Establishes rules for participation and uses of funding
- ❖ Reviews and approves DHCS's program plans
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DHCS
- ❖ Establishes criteria to "qualify" for the program
- ❖ Establishes milestones and payment amounts
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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

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┌──────────┐        ❖ Establishes rules for participation and uses of funding
│   CMS    │------- ❖ Reviews and approves DHCS's program plans
└────┬─────┘        ❖ Monitors program (reviews contracts and milestones)
     │
     ▼
┌──────────┐        ❖ Establishes criteria to "qualify" for the program
│   DHCS   │------- ❖ Establishes milestones and payment amounts
└────┬─────┘        ❖ Monitors and evaluates program (reports to CMS)
     │
     ▼
┌──────────────────┐ ❖ Supports program implementation
│   Cal-HOP        │ ❖ Monitors participants' progress against performance
│ Management       │--   milestones and submits reports to DHCS
│ Support          │ ❖ Collects documentation from Qualified HIOs
│ Contractor (MSC) │
└────┬─────────────┘
     │
     ▼
┌──────────────┐   ❖ A California HIO that meets specific organizational
│ Qualified HIO│---   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
- ❖ 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 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

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 Six Months*

Pre Cal-HOP "Launch"

Post Cal-HOP "Launch"

2019

| Feb | Mar | Apr | May | Jun | Jul |

HIOs begin discussions with potential "Qualified" Provider Organizations

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

Work undertaken by Qualified HIOs and Qualified Provider Organizations 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

Cal-HOP Structure
Funds Flow

Cal-HOP Funding
Basic Components

Total Amount Available $50 Million	Program Deadline Sept 2021	Program Focus An Incentive Program, Not A Reimbursement Program
▪ A portion of the funds will be used to support program implementation and monitoring.	▪ CMS doesn't permit payments for activities performed <u>after</u> 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 <u>and</u> **Qualified HIO** collaborate to meet milestones

③ → DHCS

② → Cal-HOP Management Support Contractor (MSC)

① → Qualified HIO

Qualified Provider Organization
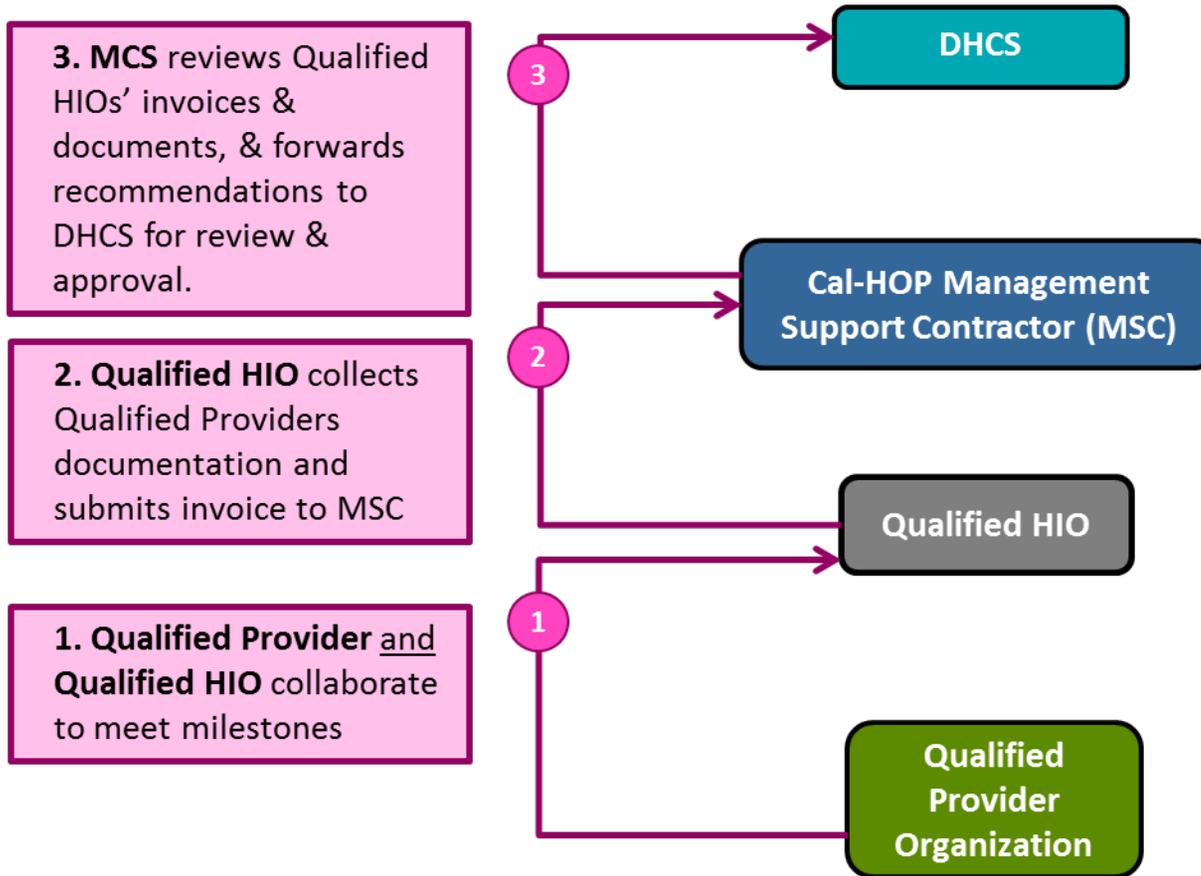
Invoice Note

- Qualified HIOs will be able to submit documentation for achieving milestones to the MSC as they occur.

Cal-HOP Funding
Payment Process
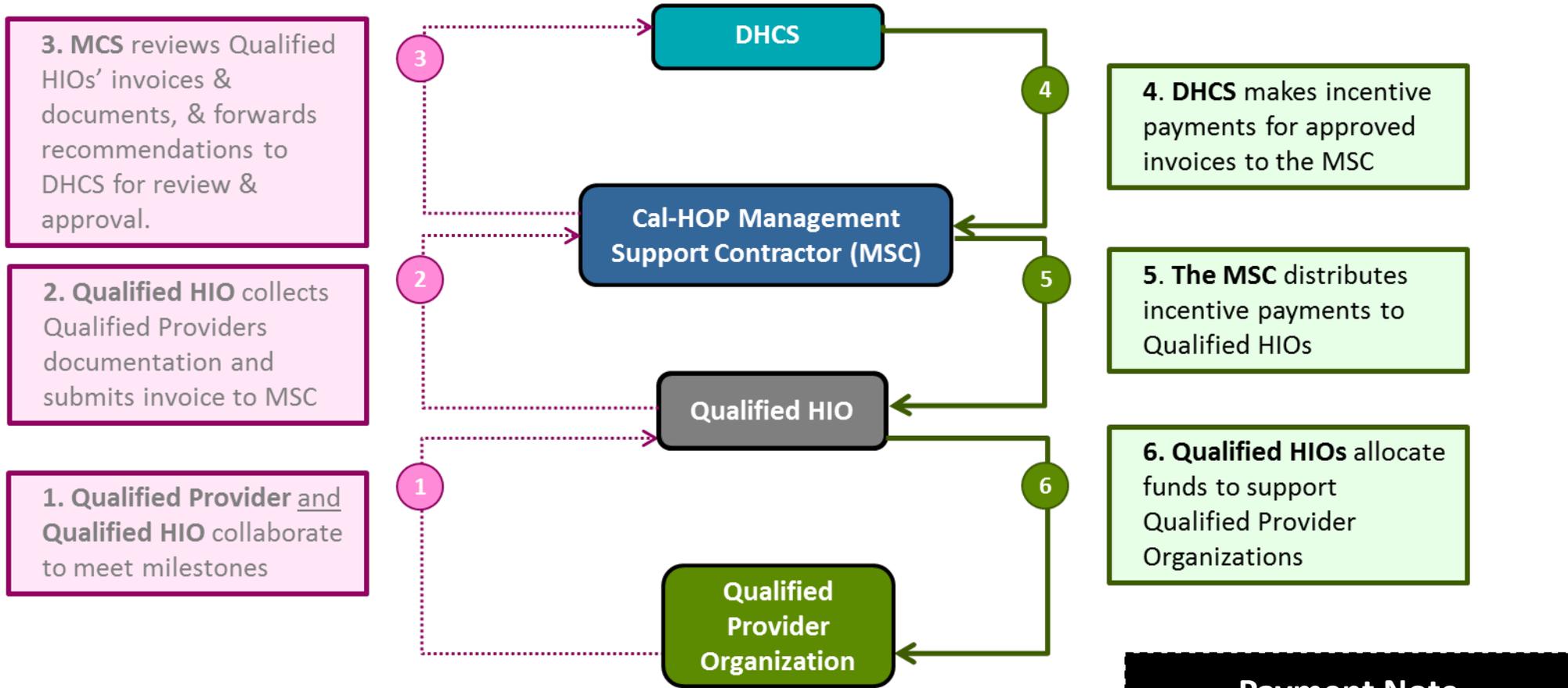
3. MCS reviews Qualified HIOs' invoices & documents, & forwards recommendations to DHCS for review & approval.

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

1. Qualified Provider and **Qualified HIO** collaborate to meet milestones

DHCS

Cal-HOP Management Support Contractor (MSC)

Qualified HIO

Qualified Provider Organization

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.**

Cal-HOP Funds Flow
Milestone Payments Based on Interfaced EHR Instances

Milestone Payments

❖ **Payments will be based on the number of <u>interfaced EHR instances</u> 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.**

Scenario 1

Health System

Hospital Site 1 | Hospital Site 2 | Hospital Site 3

EHR *Epic*

Qualified HIO-Qualified Provider Org is eligible to be paid for interfacing **"1 EHR instance"**

Scenario 2

Health System

Hospital Site 1 | Hospital Site 2 | Hospital Site 3

EHR *Epic* | EHR *Cerner*

Qualified HIO-Qualified Provider Org is eligible to be paid for interfacing **"2 EHR instances"**

Scenario 3

Health System

Hospital Site 1 | Hospital Site 2 | Hospital Site 3

EHR *Epic* | EHR *Cerner (a)* | EHR *Cerner (b)*

Qualified HIO-Qualified Provider Org is eligible to be paid for interfacing **"3 EHR instances"**

Cal-HOP Funds Flow
Restrictions and Eligible Uses

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 HIOs

Qualified HIOs
Criteria (1)

Organizational Characteristics

1. A California-based non-profit organization or government entity

2. Publicly-declared mission is to support the exchange of information with organizations in a defined region

3. A multi-stakeholder organization that is: (1) not a health care provider organization or payor, (2) not majority owned by a provider organization or payor, and (3) not majority governed by a provider organization or payor

4. Open to participation by any healthcare enterprises that serve Medi-Cal patients regardless of their business affiliations or health IT vendors

5. Financially viable and sustainable

6. Sufficient insurance and liability coverage

7. Ability to scale operations to accommodate the projected onboarding

8. Demonstrated commitment from at least 25 Qualified Provider Organizations with the HIO in Cal-HOP

Qualified HIOs
Criteria (2)

Technical Capabilities

9. Receiving <u>patient-specific clinical data</u> on a regular basis from at least two, non-affiliated hospitals and making these data electronically available to other provider organizations

10. Signatory to the California Data Use and Reciprocal Sharing Agreement (CalDURSA)

11. Participant in good standing in the California Trusted Exchange Network (CTEN)

Publication and Reporting Requirements

12. Providing up-to-date, public listings of:

   ❖ <u>Current and planned capabilities</u> to assist Qualified Provider organizations meet the Cal-HOP milestone requirements.

   ❖ <u>Applicable fees or fee-calculation methods</u> for Qualified Providers to participate with the Qualified HIO and meet Cal-HOP milestones.

   ❖ <u>Names, organization type, and exchange services</u> of all the provider organizations currently participating in the Qualified HIO.

13. Submit quarterly reports to DHCS regarding Cal-HOP onboarding activities within 15 days after the end of each quarter

Milestone Achievement
Overview

Program Milestones
Focus and Organization Types

Focus

- ❖ **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).**

First Steps

- ❖ **Type of Qualified Provider Organization will determined 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, <u>or</u>
  - ❑ 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.

	Milestone 1 (Cal-HOP Onboarding)	Milestone 2a (ADT/Event feed)	Milestone 2b (CURES link)	Milestone 3 (Advanced Interfaces)
Hospitals	$ 25,000			
Ambulatory Provider Tier 1 (< 10 providers)	$ 5,000			
Ambulatory Provider Tier 2 (≥ 10 providers)	$ 5,000			

2a ADT Submission and Event Notifications 28

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.

	Milestone 1 (*Cal-HOP Onboarding*)	Milestone 2a (*ADT/Event feed*)	Milestone 2b (*CURES link*)	Milestone 3 (*Advanced Interfaces*)
Hospitals		$ 20,000		
Ambulatory Provider Tier 1 (< 10 providers)		$ 10,000		
Ambulatory Provider Tier 2 (≥ 10 providers)		$ 7,000		

2b CURES Integration 29

Requirements

For All Applicable Providers*

❑ Documented CURES PDMP data-querying and data-retrieval function that is provided by the Qualified HIO <u>and</u> 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.

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

	Milestone 1 (Cal-HOP Onboarding)	Milestone 2a (ADT/Event feed)	Milestone 2b (CURES link)	Milestone 3 (Advanced Interfaces)
Hospitals			$ 30,000	
Ambulatory Provider Tier 1 (< 10 providers)			$ 15,000	
Ambulatory Provider Tier 2 (≥ 10 providers)			$ 11,000	

3 Advanced HIE Services: Categories and Payments 30

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.

③ Advanced HIE Services: "Categories" & "Interfaces" 31

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

Category A: Data feeds between a Qualified Provider Organization's EHR and a Qualified HIO	Category B: Data submission or retrieval services with Public Health Registries into Qualified Provider Organization's EHR	Category C: Integration of clinical data from the HIO into the provider's EHR via web-services API (e.g., FHIR)	Category D: Activation of a new edge server and/or addition of following data types to existing edge server
☐ 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	☐ Submission of immunizations from QP to CAIR2 registry ☐ Real-time retrieval of immunizations from CAIR2 registry to QP 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 QP to CalREDIE registry	☐ 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	☐ 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

③ Advanced HIE Services: "Selection" and "Payments"

Hospital Requirements	Ambulatory Organization Requirements
➢ Must implement **five** interfaces with Qualified HIO	➢ Must implement **three** interfaces with Qualified HIO

Category A: Data feeds between a Qualified Provider Organization's EHR and a Qualified HIO	Category B: Data submission or retrieval services with Public Health Registries into Qualified Provider Organization's EHR	Category C: Integration of clinical data from the HIO into the provider's EHR via web-services API (e.g., FHIR)	Category D: Activation of a new edge server and/or addition of following data types to existing edge server
☐ 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	☐ Submission of immunizations from QP to CAIR2 registry ☐ Real-time retrieval of immunizations from CAIR2 registry to QP 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 QP to CalREDIE registry	☐ 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	☐ 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

	Milestone 1 (*Cal-HOP Onboarding*)	Milestone 2a (*ADT/Event feed*)	Milestone 2b (*CURES link*)	Milestone 3 (*Advanced Interfaces*)
Hospitals				$ 75,000
Ambulatory Provider Tier 1 (< 10 providers)				$ 25,000
Ambulatory Provider Tier 2 (≥ 10 providers)				$ 25,000

Milestone Achievement
Example Scenarios

Documentation of Cal-HOP Eligibility & HIO Participation

ADT Submission & Event Notification

CURES Integration

Completion of Advanced Interfaces

Must be completed within 1 year
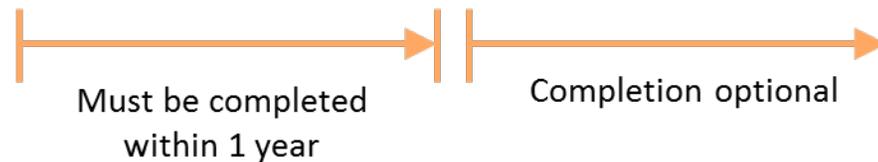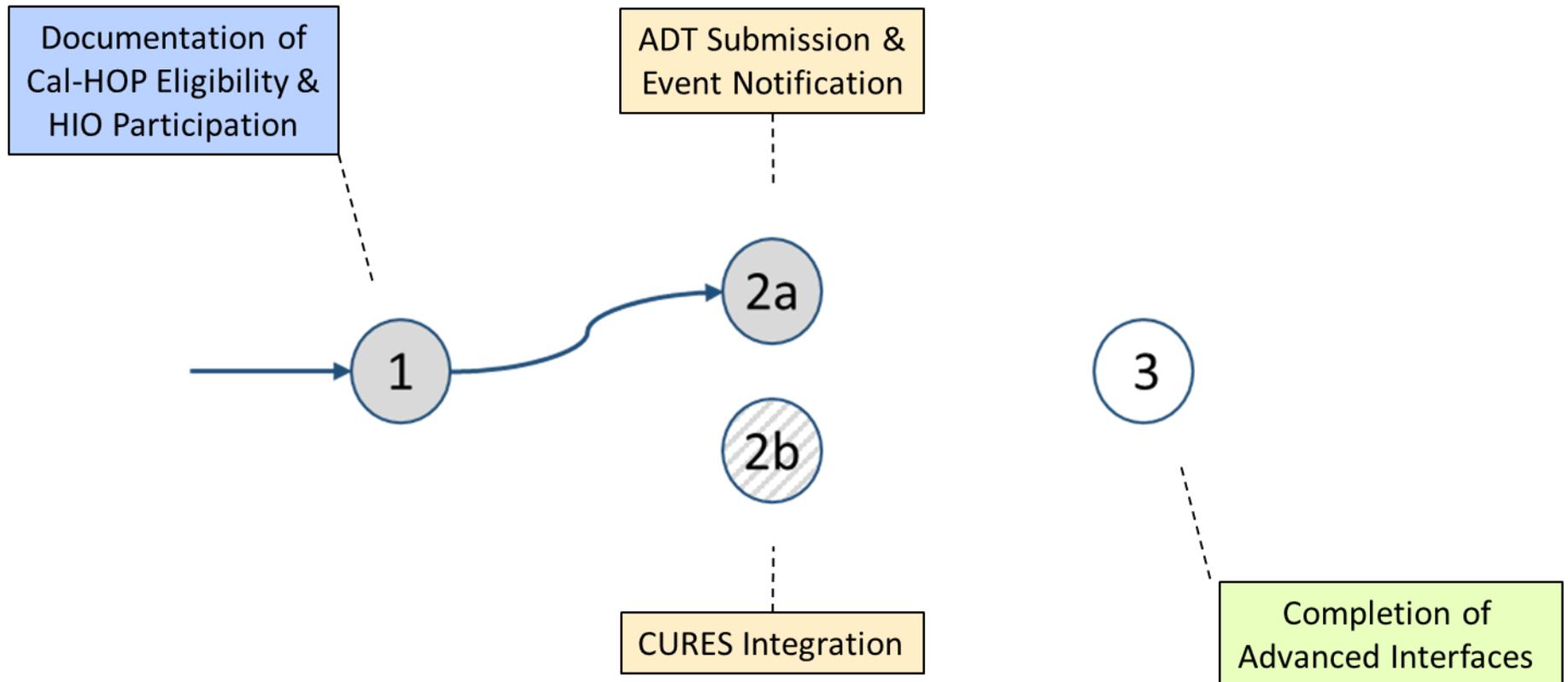
Completion optional

Legend

Milestone Achieved

Milestone Not Achieved

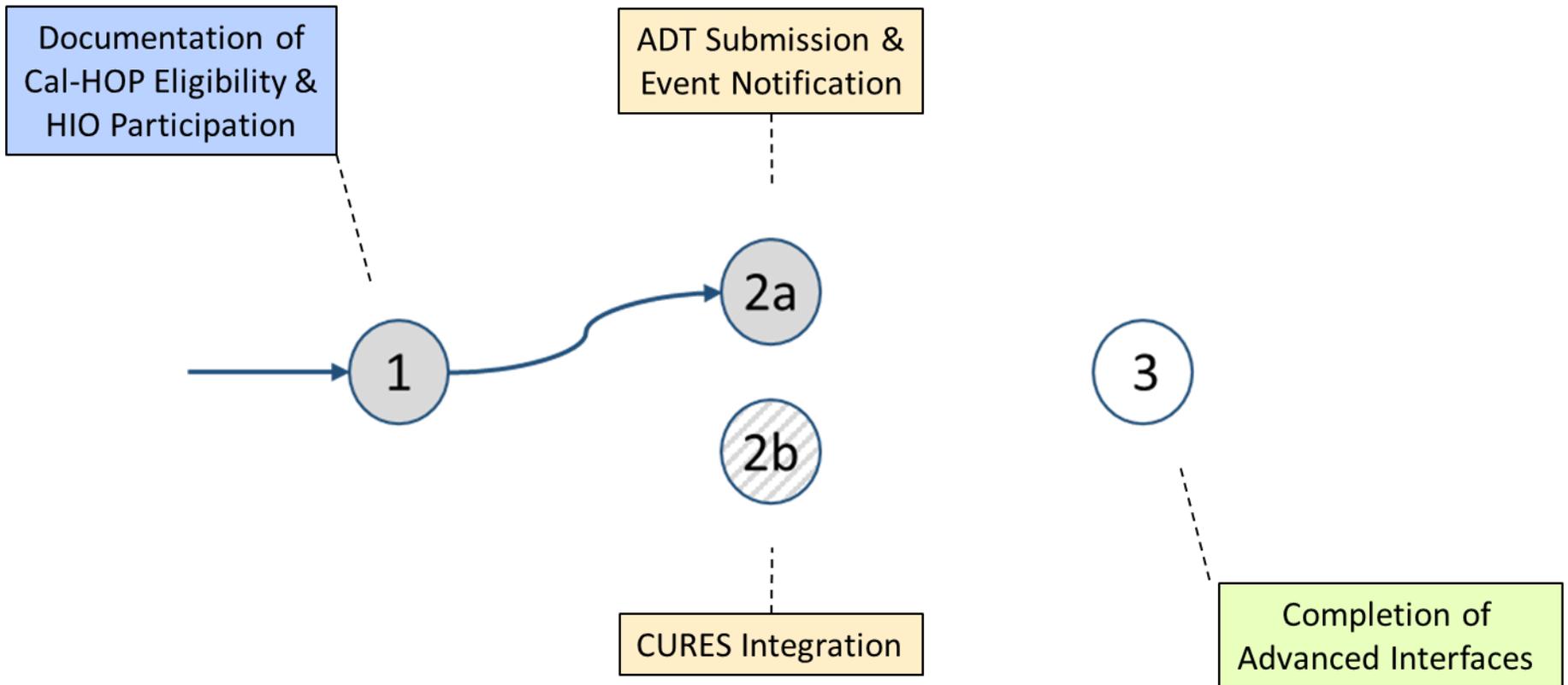Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)

Documentation of Cal-HOP Eligibility & HIO Participation

ADT Submission & Event Notification

1 → 2a

2b

3

CURES Integration

Completion of Advanced Interfaces

	Milestone 1 (*Cal-HOP Onboarding*)	Milestone 2a (*ADT/Event feed*)	Milestone 2b (*CURES link*)	Milestone 3 (*Advanced Interfaces*)	Total Per Hospital EHR Instance
Hospital	$ 25,000	$ 20,000	-	-	$ 45,000

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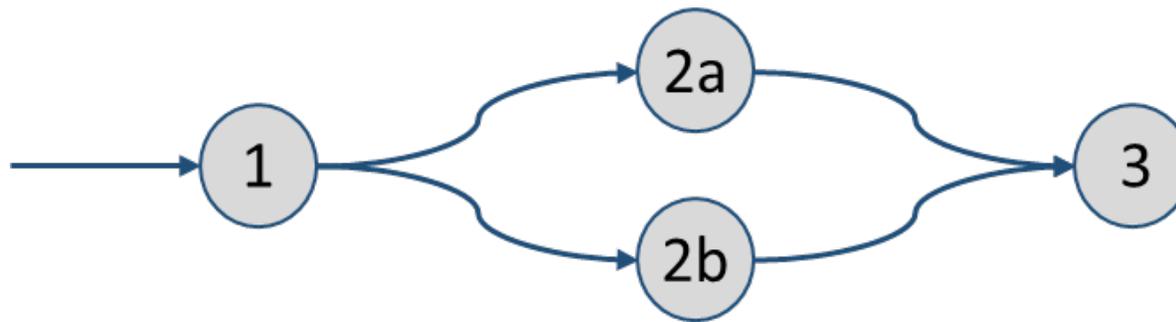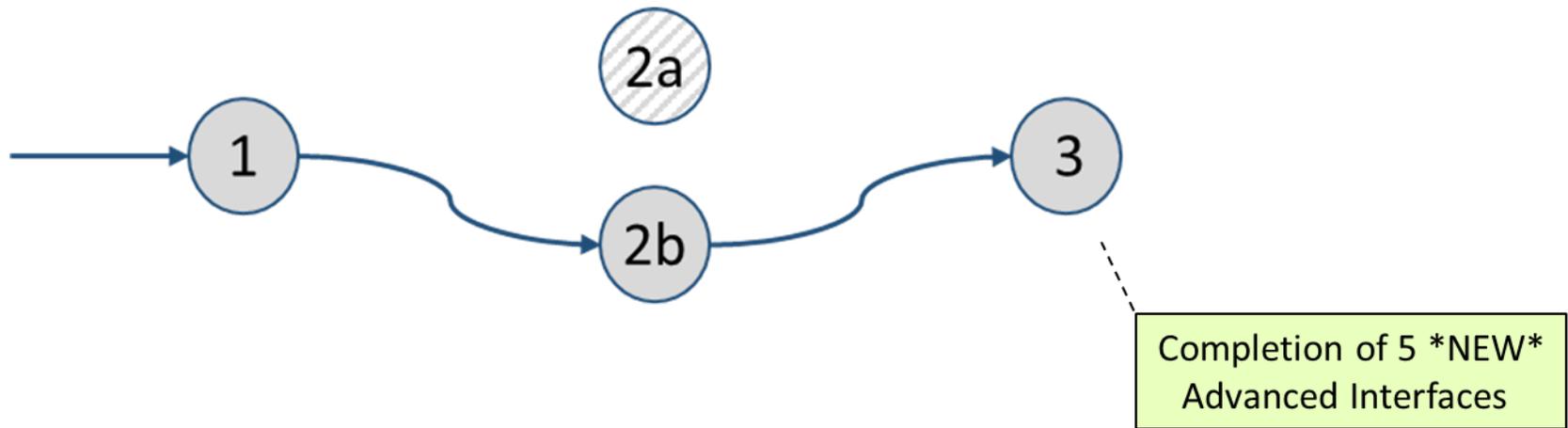

	Milestone 1 (Cal-HOP Onboarding)	Milestone 2a (ADT/Event feed)	Milestone 2b (CURES link)	Milestone 3 (Advanced Interfaces)	Total Per Hospital EHR Instance
Hospital	$ 25,000	$ 20,000	$ 30,000	$ 75,000	$ 150,000

Legend

○ (gray) Milestone Achieved   ○ (white) Milestone Not Achieved   ◐ (hatched) Exempt from Milestone (Achieved through means other than the HIO or already achieved prior to Cal-HOP program)

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.
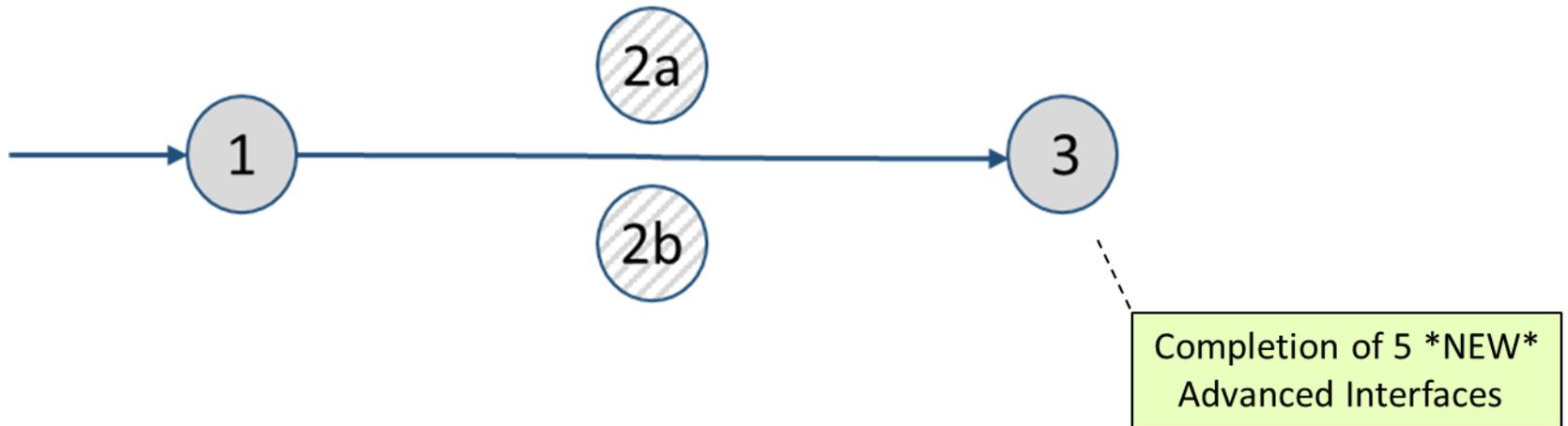

Completion of 5 *NEW* Advanced Interfaces

	Milestone 1 (Cal-HOP Onboarding)	Milestone 2a (ADT/Event feed)	Milestone 2b (CURES link)	Milestone 3 (Advanced Interfaces)	Total Per Hospital EHR Instance
Hospital	$ 25,000	-	$ 30,000	$ 75,000	$ 130,000

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.
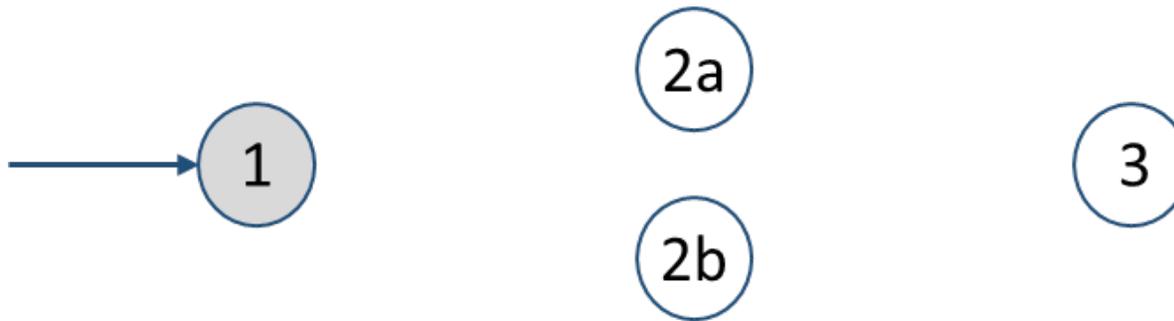
Completion of 5 *NEW* Advanced Interfaces

	Milestone 1 (Cal-HOP Onboarding)	Milestone 2a (ADT/Event feed)	Milestone 2b (CURES link)	Milestone 3 (Advanced Interfaces)	Total Per Hospital EHR Instance
Hospital	$ 25,000	-	-	$ 75,000	$ 100,000

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 1

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.
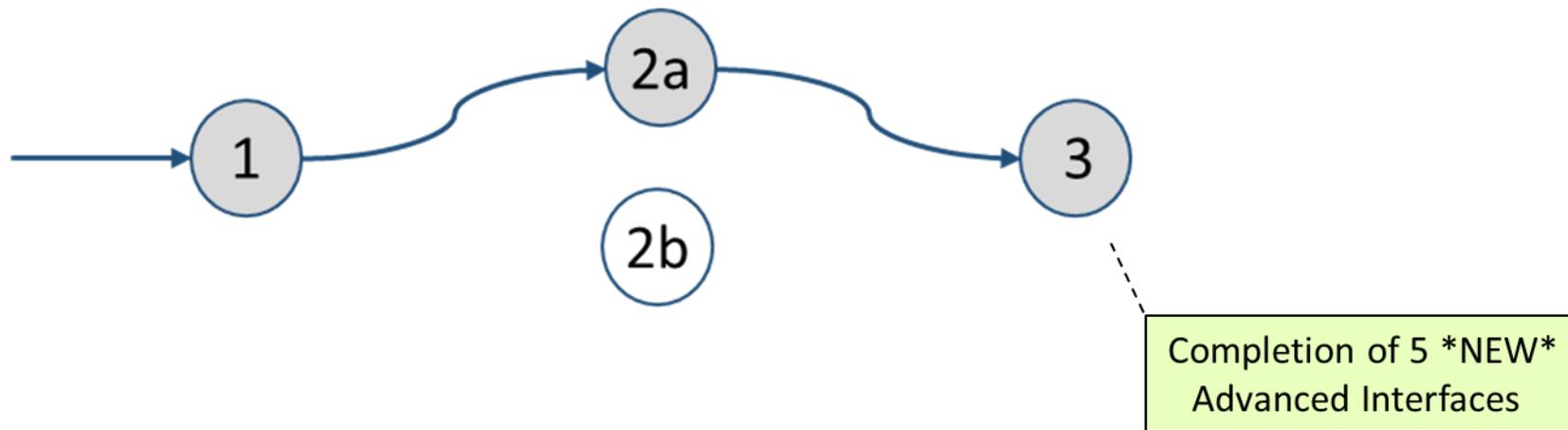

	Milestone 1 (Cal-HOP Onboarding)	Milestone 2a (ADT/Event feed)	Milestone 2b (CURES link)	Milestone 3 (Advanced Interfaces)	Total Per Hospital EHR Instance
Hospital	$ 25,000	-	-	-	$ 25,000
Clawback amount	$ (25,000)	-	-	-	$ (25,000)

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 <u>or</u> be exempted from Milestone 2b within the required time frame, and goes on to complete Milestone 3.

Completion of 5 *NEW* Advanced Interfaces

	Milestone 1 (Cal-HOP Onboarding)	Milestone 2a (ADT/Event feed)	Milestone 2b (CURES link)	Milestone 3 (Advanced Interfaces)	Total Per Hospital EHR Instance
Hospital	$ 25,000	-	-	-	$ 25,000
Clawback amount	$ (25,000)	-	-	-	$ (25,000)

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