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

## Cal-HOP Overview Webinar

## for Medi-Cal Providers

March 1, 2019

# Webinar Objectives



## Today's Goals

1. Provide details on the California Medi-Cal HIE Onboarding Program (Cal-HOP)
2. Address questions from Provider Organizations

# Agenda



- Cal-HOP Overview and Timeline
- Cal-HOP Structure
- Criteria for Qualifying Provider Organizations
- 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**
Increase the number of Medi-Cal providers exchanging patient data via a regional HIO

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**
Expand the exchange capabilities of Medi-Cal providers that already participate in regional HIOs

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**
Facilitate Medi-Cal providers' access to the CURES prescription drug monitoring database

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

- DHCS expects to "officially" launch the program in June 2019.
- DHCS awaiting CMS's final approval of the Cal-HOP plan and supporting contracts.

### Program Close

- CMS authorization for the program ends September 30, 2021.
- All Cal-HOP activities must be completed on or before September 30, 2021.

# Cal-HOP Structure

Oversight and Implementation

# Cal-HOP
## Basic Features



### Available Funding

- 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).

### Milestone-Based Payments

- DHCS will make incentive payments for HIOs and Medi-Cal providers when, working together, they meet specific onboarding and HIE connection milestones.

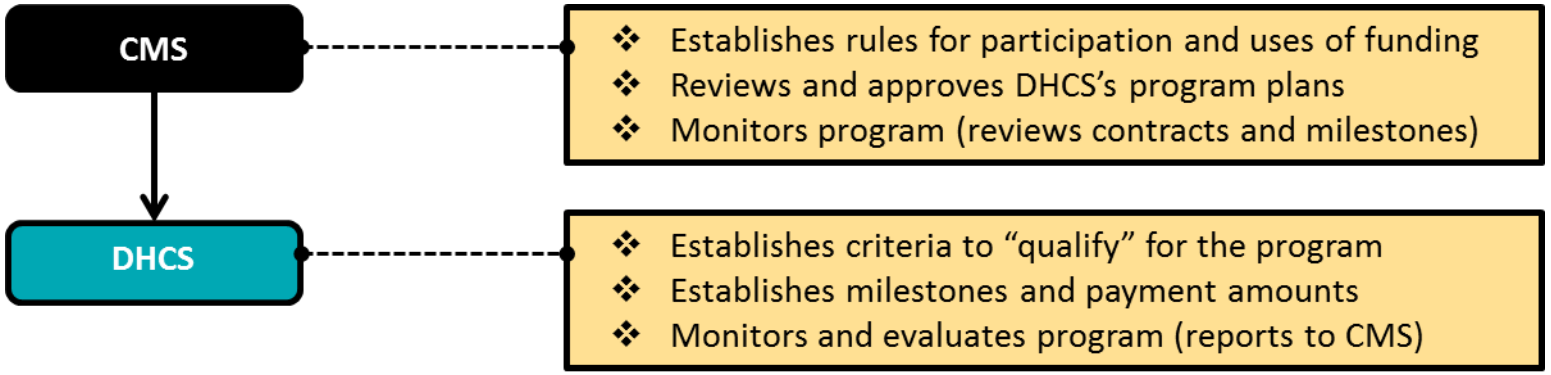
### Key Participants

- **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

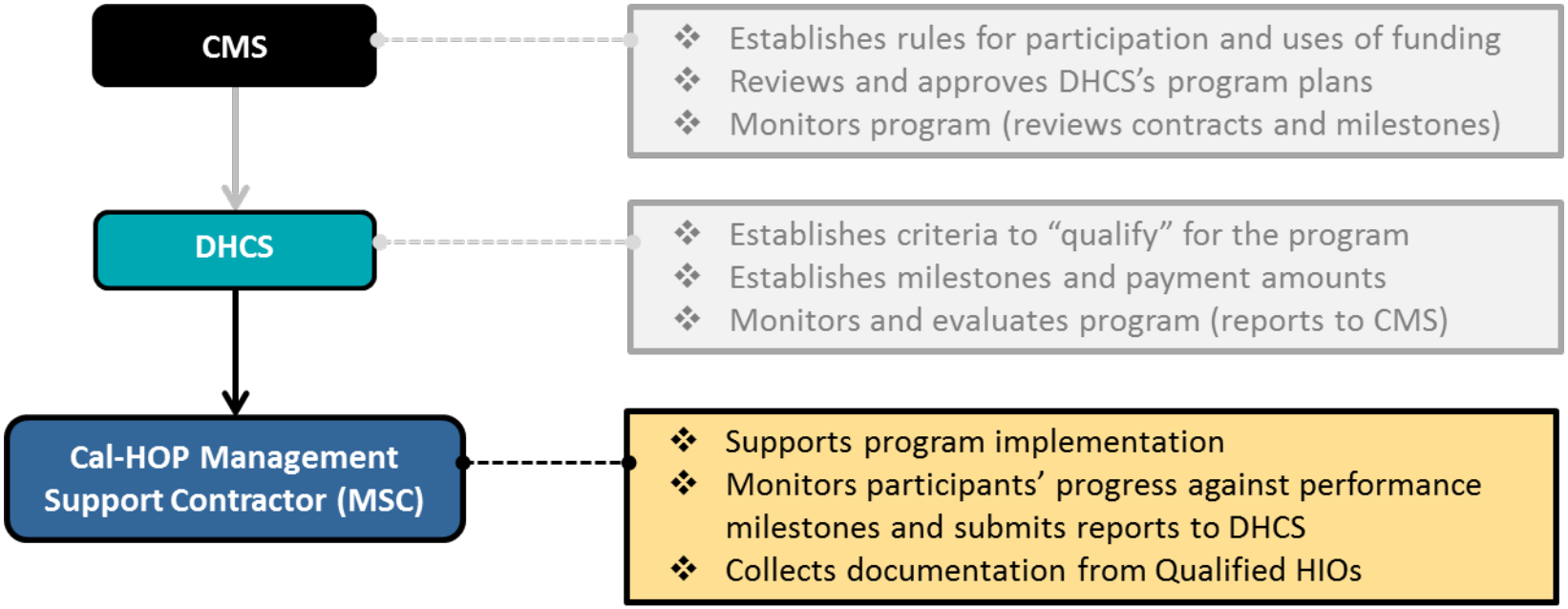




# Cal-HOP Support

## Management Support Contractor

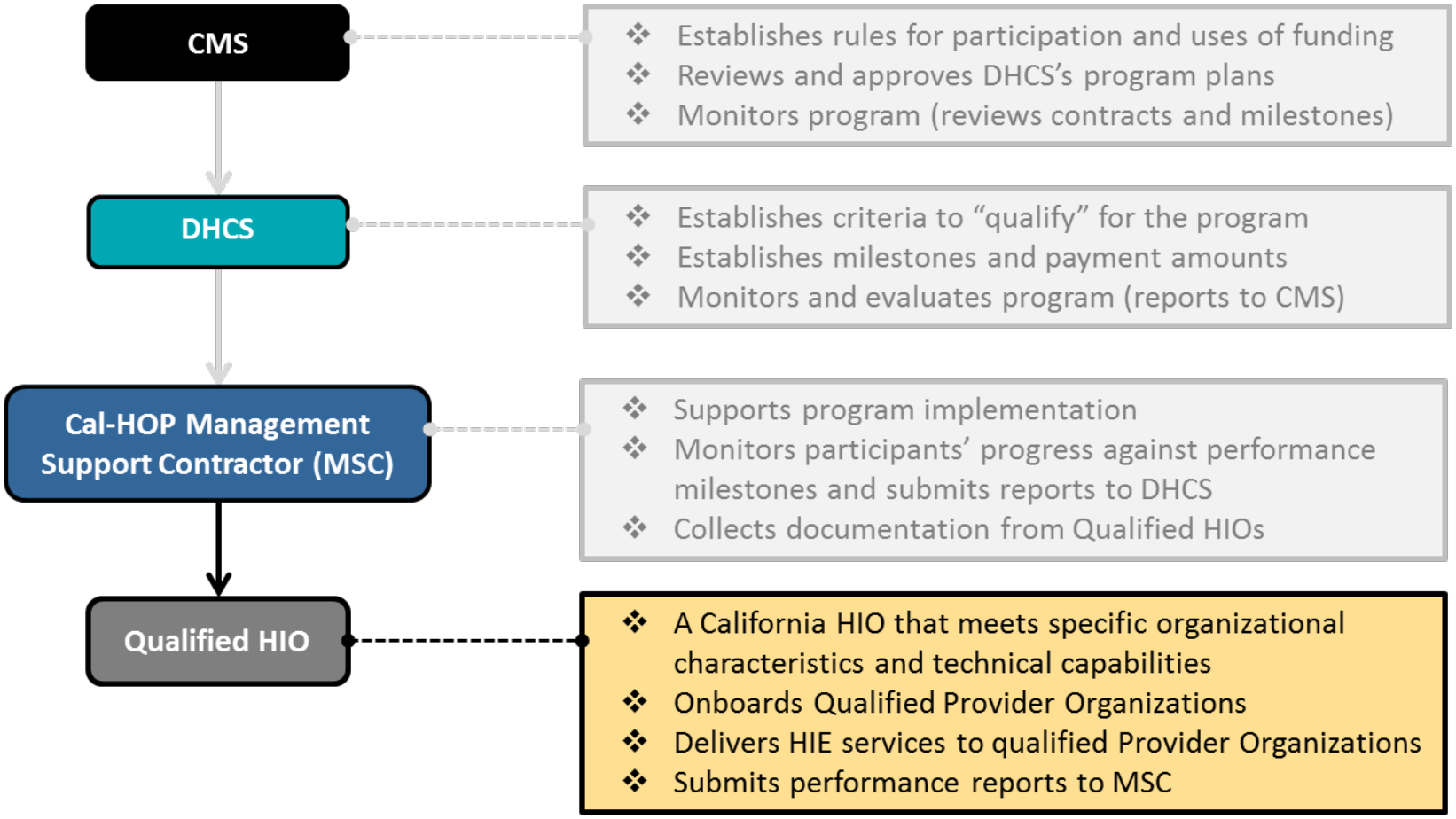




# Cal-HOP Participants

## Qualified HIOs

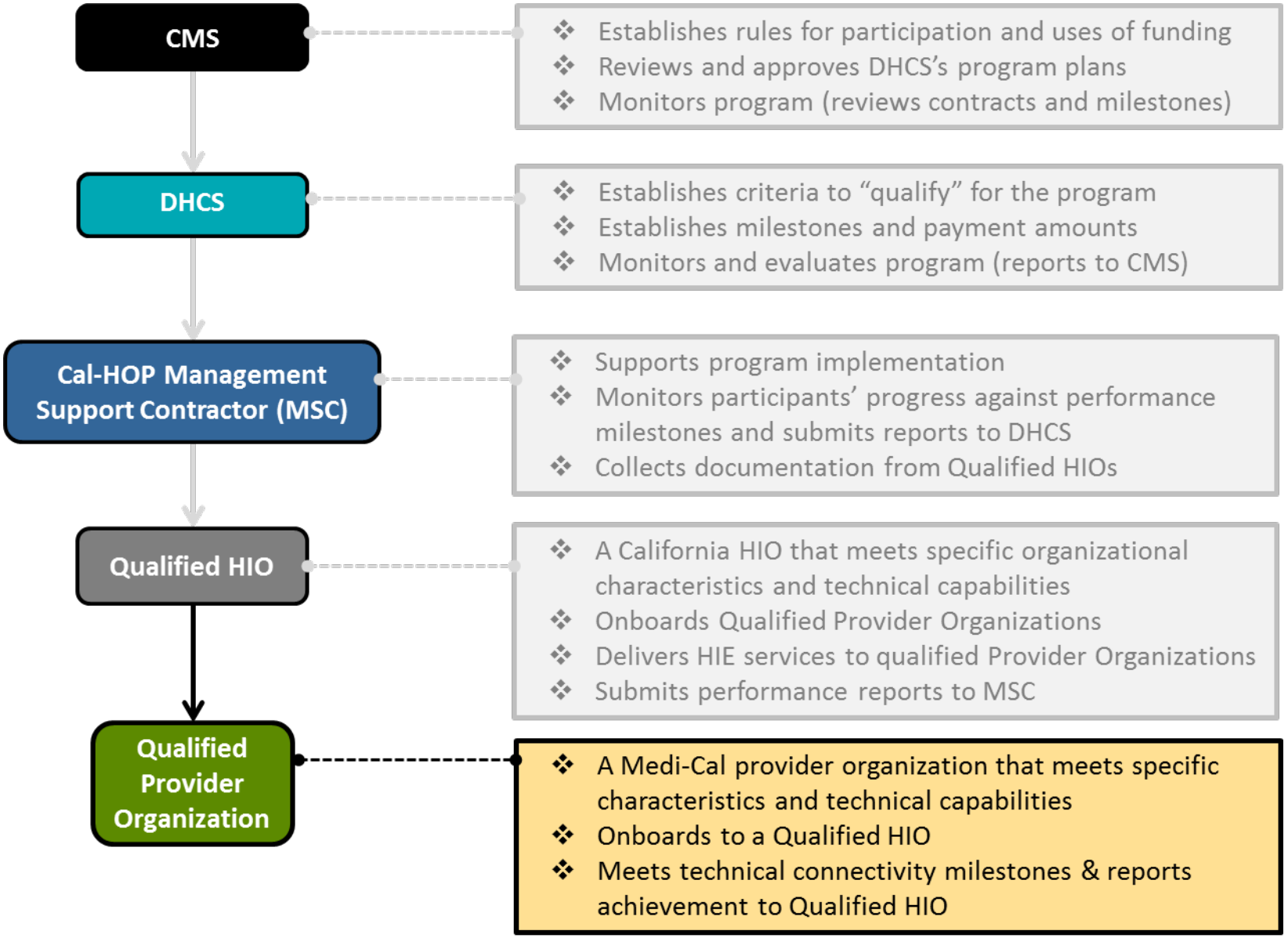




# Cal-HOP Participants

## Qualified Provider Organizations

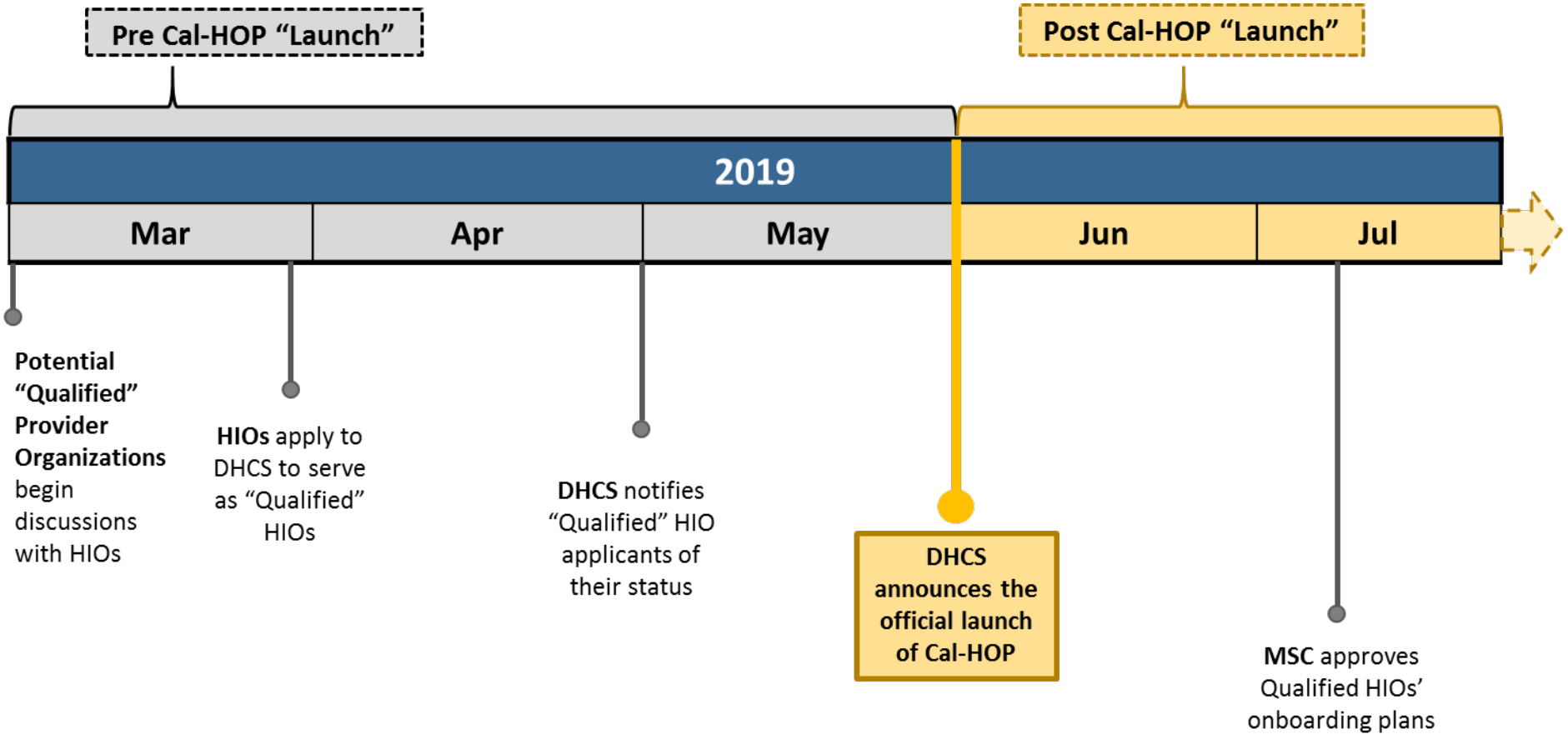




# Cal-HOP Timeline

## Anticipated Timeline Over The Next Five Months*






To learn more about the capabilities of California's HIOs, please see the January 2019 report "Promise and Pitfalls: A Look at California's Regional Health Information Organizations"**

Work undertaken by Qualified Provider Organizations and Qualified HIOs and 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**

**** Available online at https://www.chcf.org/publication/promise-pitfalls-californias-regional-health-information-organizations/**

# Cal-HOP Structure

Funds Flow

# Cal-HOP Funding

## Basic Components

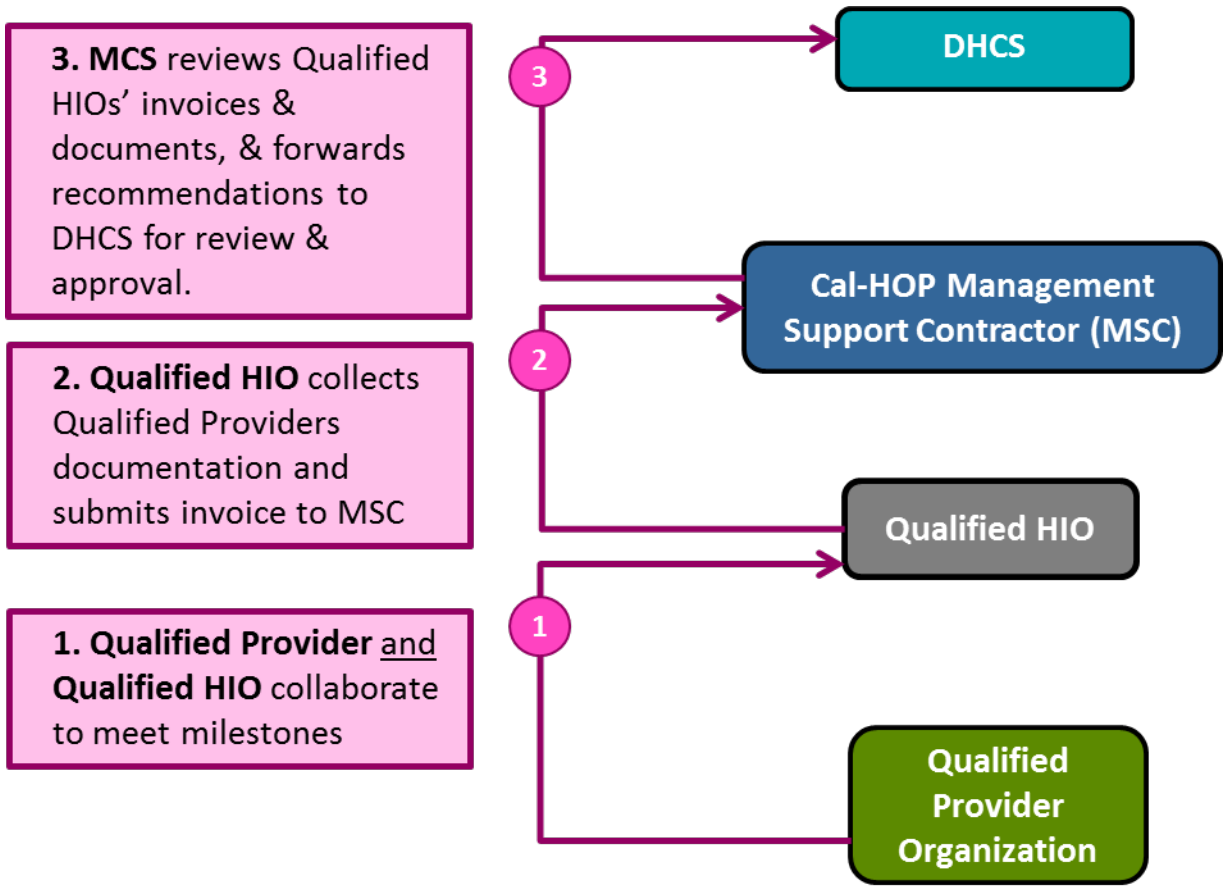


| **Total Amount Available**<br>$50 Million | **Program Deadline**<br>Sept 2021 | **Program Focus**<br>An Incentive Program, Not A Reimbursement Program |
|---|---|---|
| ▪ A portion of the funds will be used to support program implementation and monitoring. | ▪ CMS doesn't permit payments for activities performed after September 30, 2021. | ▪ With limited funding, Cal-HOP is not intended to fully reimburse participants' onboarding costs.<br><br>▪ 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






**Invoice Note**

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

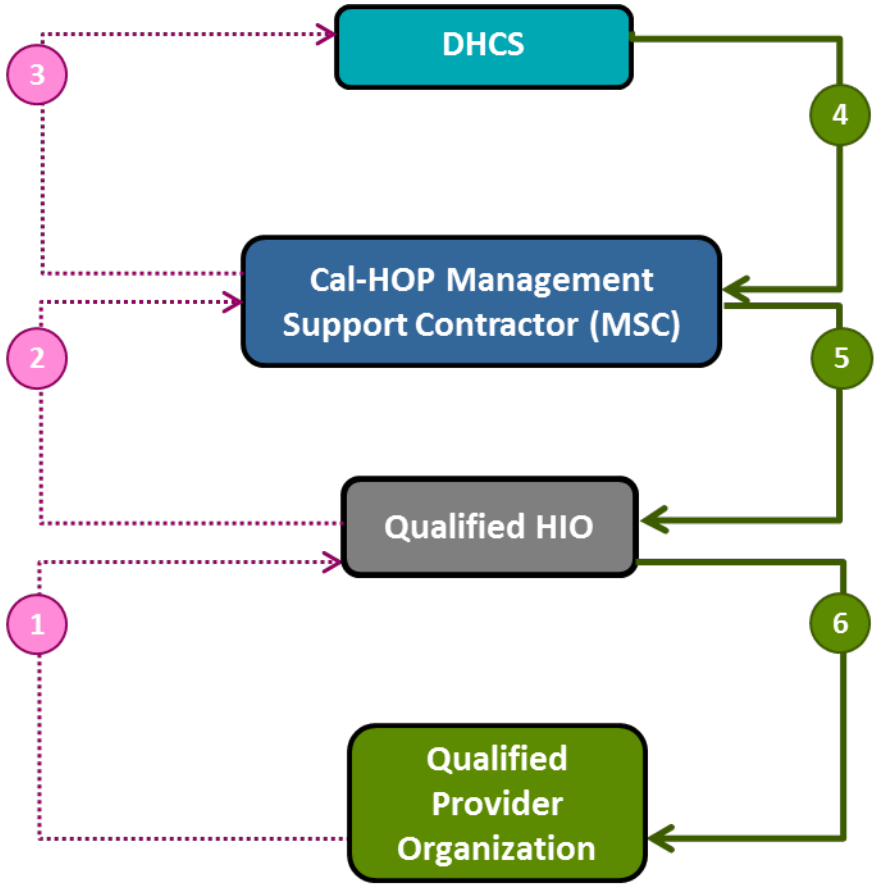
# Cal-HOP Funding
## Payment Process



**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




**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.**

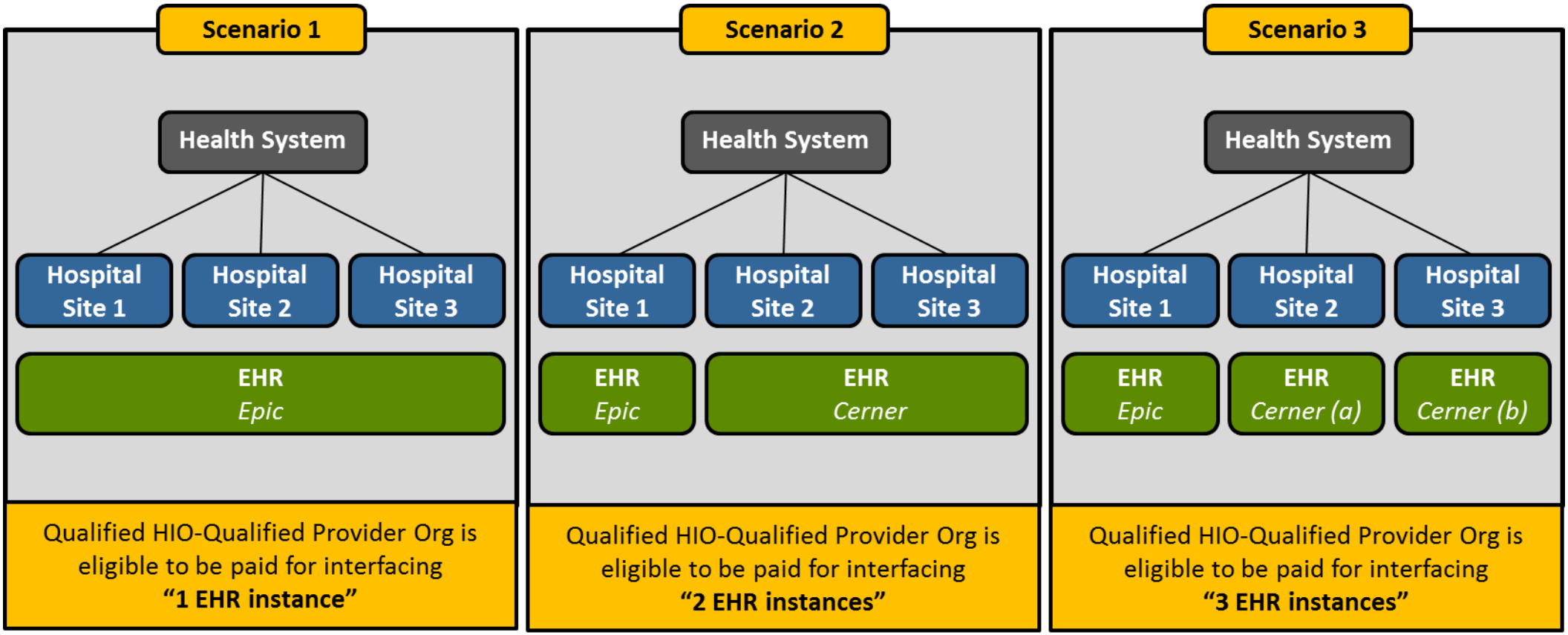
# Cal-HOP Funds Flow

## Milestone Payments Based on Interfaced EHR Instances



### Milestone Payments

- **Payments will be based on the number of interfaced EHR instances 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.**



# 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 Provider Organizations

# Qualified Provider Organizations

## Criteria



| Participation in Medi-Cal |
| --- |
| 1. Valid contract w/DHCS or a Medicaid Managed Care Organization to bill for care of Medi-Cal patients. |

| Declaration of Intent to Participate in the Program |
| --- |
| 2. Has an executed letter co-signed by a Qualified HIO that confirms intent to onboard (or if already onboarded, the intent to implement additional interfaces). |

| Organizational Capacity |
| --- |
| 3. Sufficient staff or consulting help to coordinate with the Qualified HIO in executing the legal agreements and implementing the data interfaces required to meet Cal-HOP milestones. |

# Qualified Provider Organizations

## Criteria-Technical Capabilities



**For Providers Who ARE CURRENTLY Participating in the Promoting Interoperability Program**

**4. The provider organization must:**

- Use 2015-Edition certified EHR or
- Demonstrate plans to upgrade/migrate to a 2015-Edition certified EHR by the end of 2019.

The EHR must also be capable of the achieving the integration required for the basic health information exchange technical milestone of the Cal-HOP.

**For Providers Who Are NOT CURRENTLY Participating in the Promoting Interoperability Program**

**5. The provider organization must use health information technology that is able to:**

- Send and/or receive clinical data that assist Eligible Professionals or Eligible Hospitals to meet the Promoting Interoperability measures, and
- Achieve the integration required for the Cal-HOP's basic HIE technical milestones.

# 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

### 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, or
  - 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



## 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



## Requirements

***For All Applicable Providers****

- ❑ Documented CURES PDMP data-querying and data-retrieval function that is provided by the Qualified HIO and 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



## 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"



**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<br>❑ Med list via HL7 messaging<br>❑ Radiology reports via HL7 messaging<br>❑ Discharge summaries via HL7 messaging<br>❑ Referral request via HL7<br>❑ Consult note via HL7<br>❑ Structured clinical documents – as HL7 C-CDAs (CCD, Discharge Summary, Referral Note, Consultation Note)<br>❑ EMS NEMSIS reports<br>❑ ERx info including SCRIPT regarding ordering, fill, & cancel | ❑ Submission of immunizations from QP to CAIR2 registry<br>❑ Real-time retrieval of immunizations from CAIR2 registry to QP within clinical workflow – via API or SSO<br>❑ Submission of Advance Directives / POLST forms to POLST registry<br>❑ Real-time retrieval of ADs/POLST forms from POLST registry within clinical workflow – via API or SSO<br>❑ Submission of diagnosis/treatment data for reportable events from QP to CalREDIE registry | ❑ Laboratory results<br>❑ Medication lists<br>❑ Problem lists<br>❑ Radiology reports<br>❑ Diagnostic quality images<br>❑ Discharge summaries<br>❑ Immunizations<br>❑ Advance Directives / POLST<br>❑ Patient summary (e.g., CCD)<br>❑ EMS NEMSIS reports | ❑ CCD document<br>❑ Other C/CDA document<br>❑ Laboratory results<br>❑ Radiology reports<br>❑ Diagnostic quality images<br>❑ Medication lists<br>❑ Allergies<br>❑ Problem lists<br>❑ Immunizations<br>❑ Advance Directives / POLST<br>❑ 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

- Must implement **five** interfaces with Qualified HIO

## Ambulatory Organization Requirements

- 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<br>❑ Med list via HL7 messaging<br>❑ Radiology reports via HL7 messaging<br>❑ Discharge summaries via HL7 messaging<br>❑ Referral request via HL7<br>❑ Consult note via HL7<br>❑ Structured clinical documents – as HL7 C-CDAs (CCD, Discharge Summary, Referral Note, Consultation Note)<br>❑ EMS NEMSIS reports<br>❑ ERx info including SCRIPT regarding ordering, fill, & cancel | ❑ Submission of immunizations from QP to CAIR2 registry<br>❑ Real-time retrieval of immunizations from CAIR2 registry to QP within clinical workflow – via API or SSO<br>❑ Submission of Advance Directives / POLST forms to POLST registry<br>❑ Real-time retrieval of ADs/POLST forms from POLST registry within clinical workflow – via API or SSO<br>❑ Submission of diagnosis/treatment data for reportable events from QP to CalREDIE registry | ❑ Laboratory results<br>❑ Medication lists<br>❑ Problem lists<br>❑ Radiology reports<br>❑ Diagnostic quality images<br>❑ Discharge summaries<br>❑ Immunizations<br>❑ Advance Directives / POLST<br>❑ Patient summary (e.g., CCD)<br>❑ EMS NEMSIS reports | ❑ CCD document<br>❑ Other C/CDA document<br>❑ Laboratory results<br>❑ Radiology reports<br>❑ Diagnostic quality images<br>❑ Medication lists<br>❑ Allergies<br>❑ Problem lists<br>❑ Immunizations<br>❑ Advance Directives / POLST<br>❑ EMS NEMSIS reports |

| **Category E:** "Other" |
|---|
| HIOs may petition DHCS to implement other type(s) of interfaces to count towards Milestone 3 |

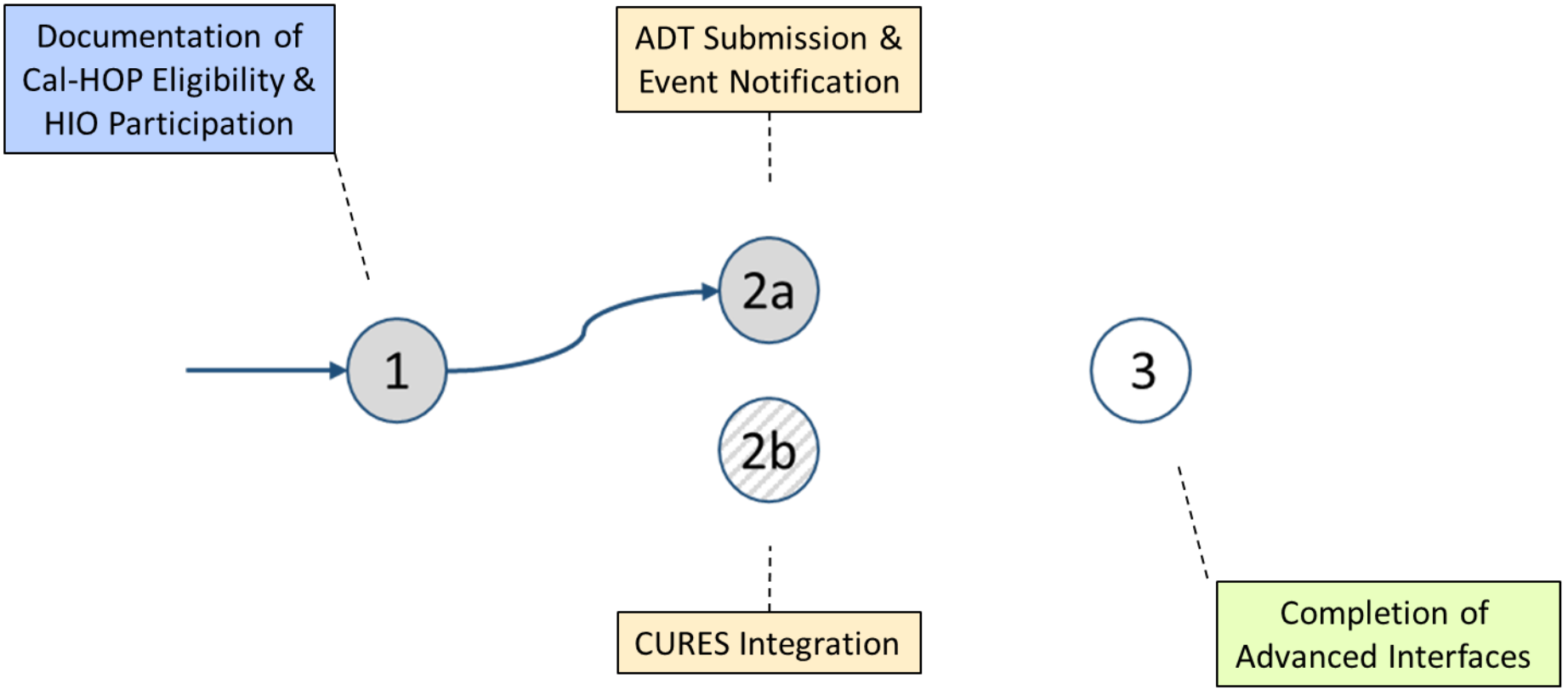
| | **Milestone 1** (*Cal-HOP Onboarding*) | **Milestone 2a** (*ADT/Event feed*) | **Milestone 2b** (*CURES link*) | **Milestone 3** (*Advanced Interfaces*) |
|---|---|---|---|---|
| **Hospitals** | | | | **$ 75,000** |
| **Ambulatory Provider Tier 1** (< 10 providers) | | | | **$ 25,000** |
| **Ambulatory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

# Milestone Achievement

Example Scenarios

# Minimum Milestone Achievement to Receive Payment (1)



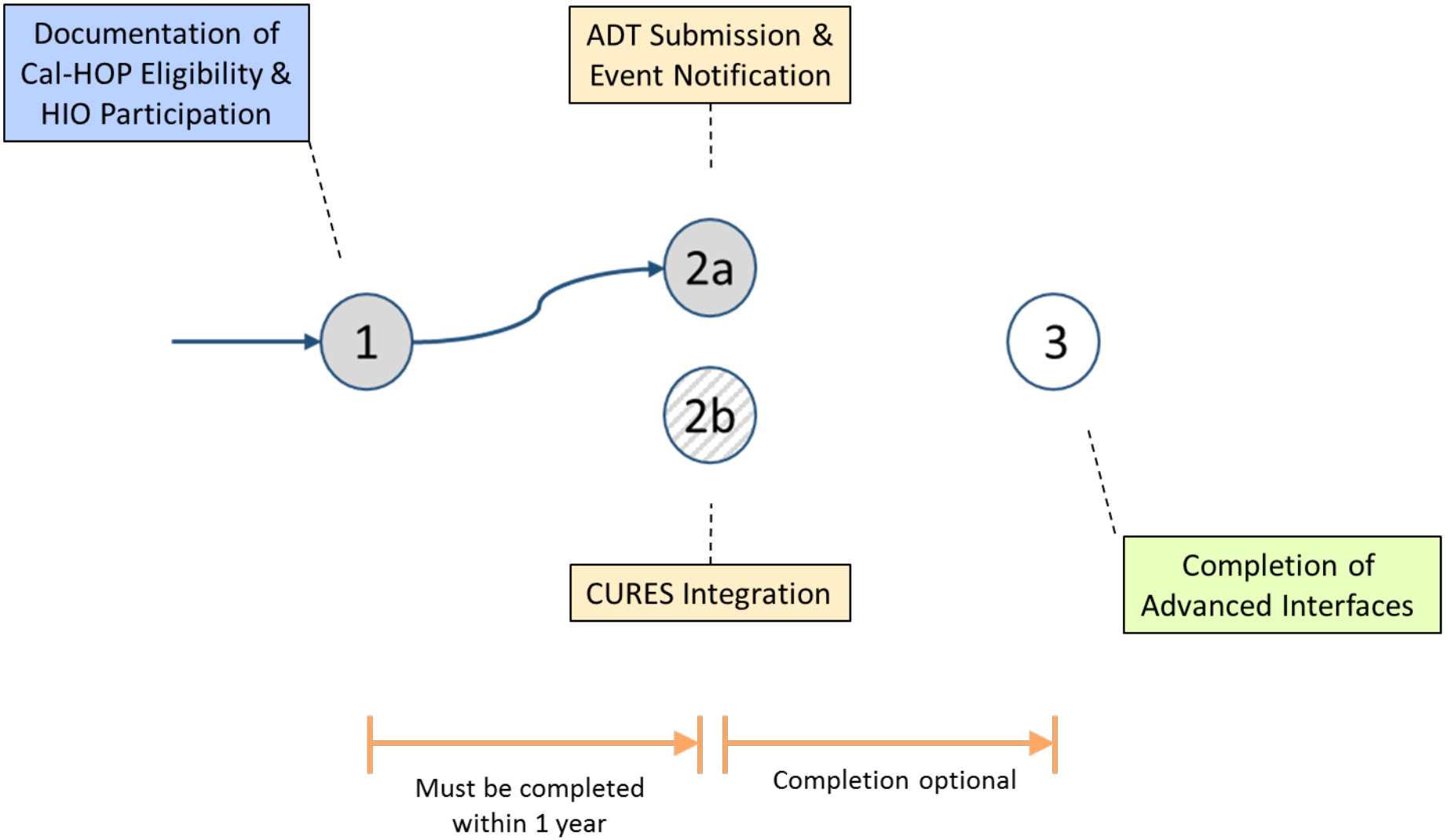



**Legend**

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

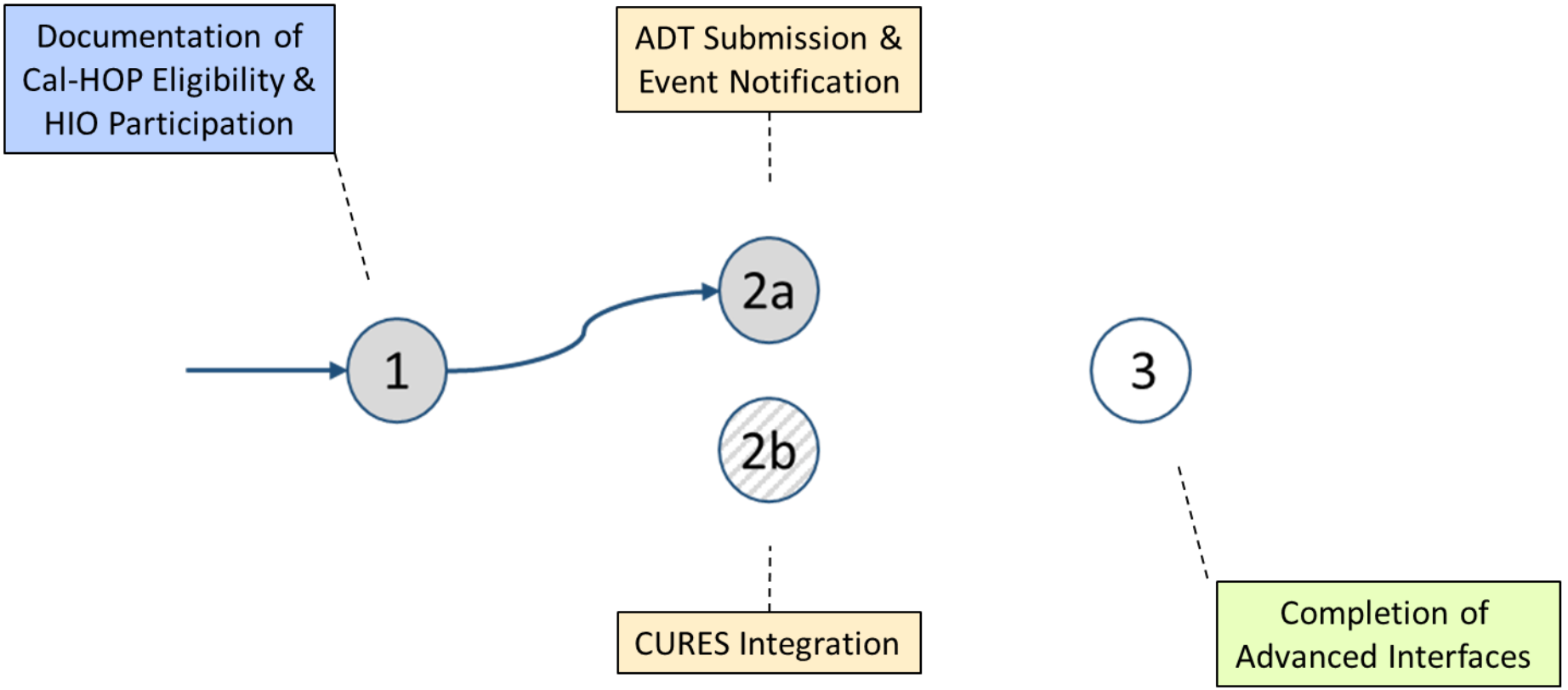
# Minimum Milestone Achievement to Receive Payment (2)





# Minimum Milestone Achievement to Receive Payment (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 | - | - | **$ 45,000** |

**Legend**

Milestone Achieved

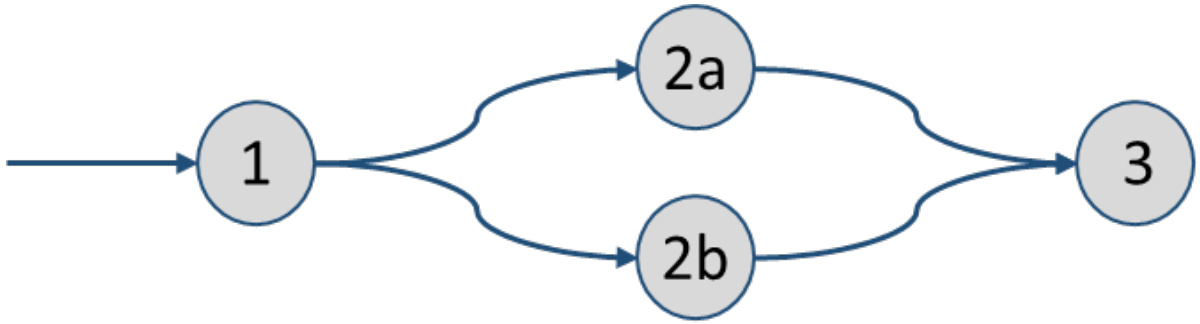
Milestone Not Achieved

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

# Maximum-Payment Scenario



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**

Milestone Achieved

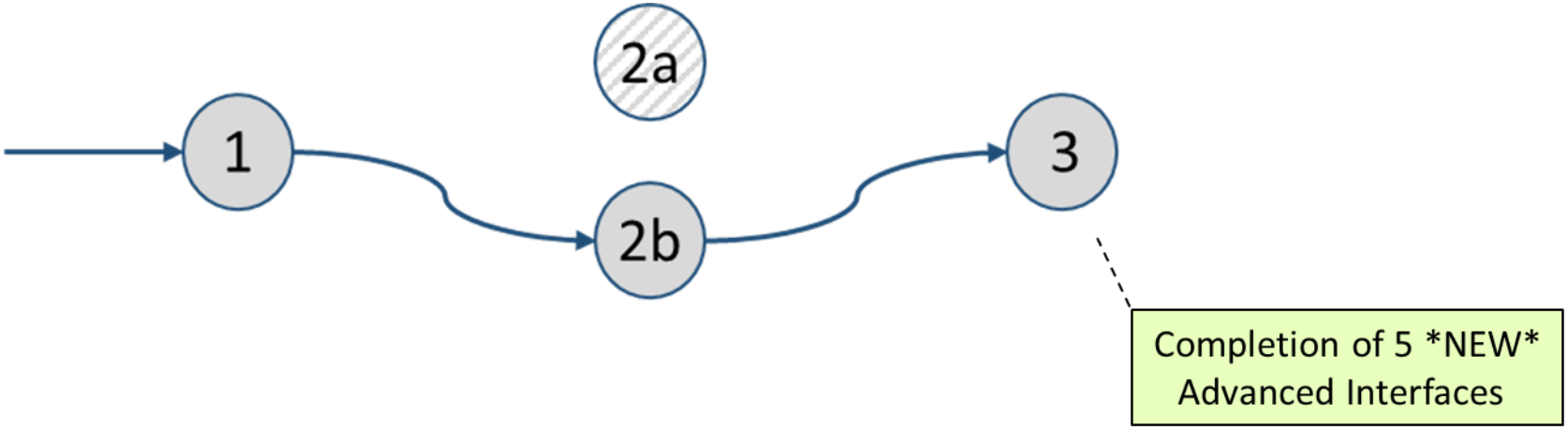
Milestone Not Achieved

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

# Prior HIO Participant Scenario



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.




| | 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** |

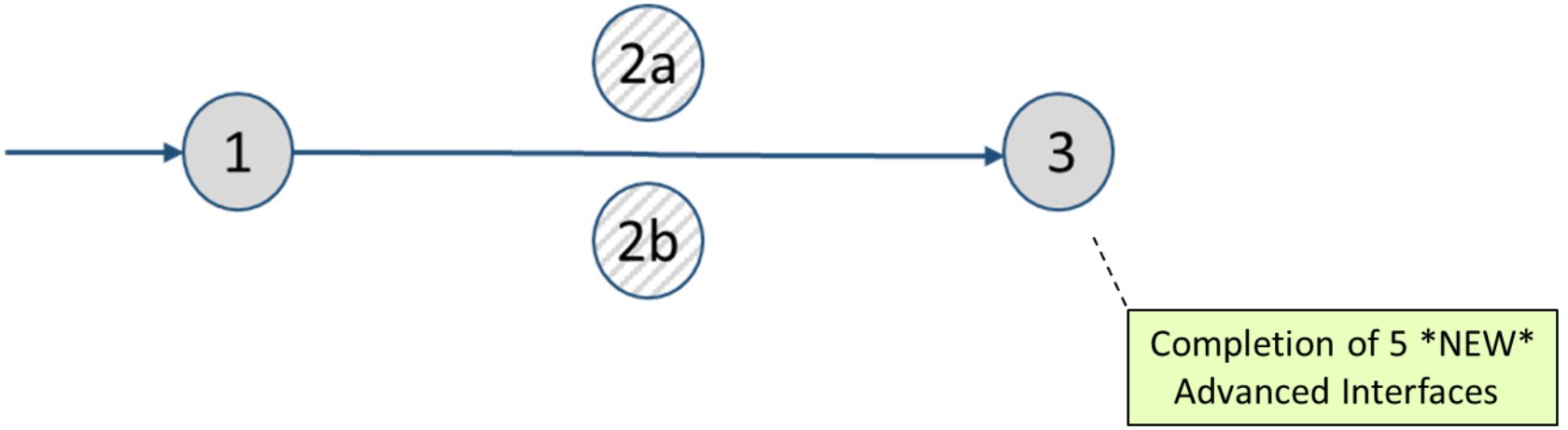
**Legend**

- 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.




| | 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

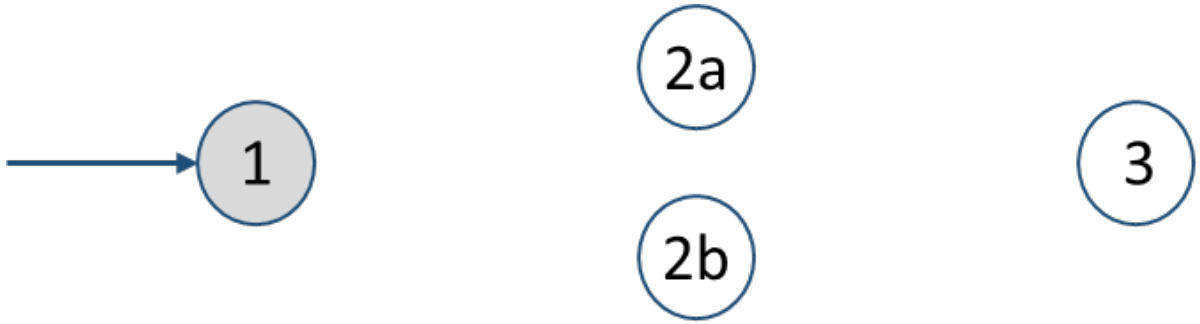
Milestone Not Achieved

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

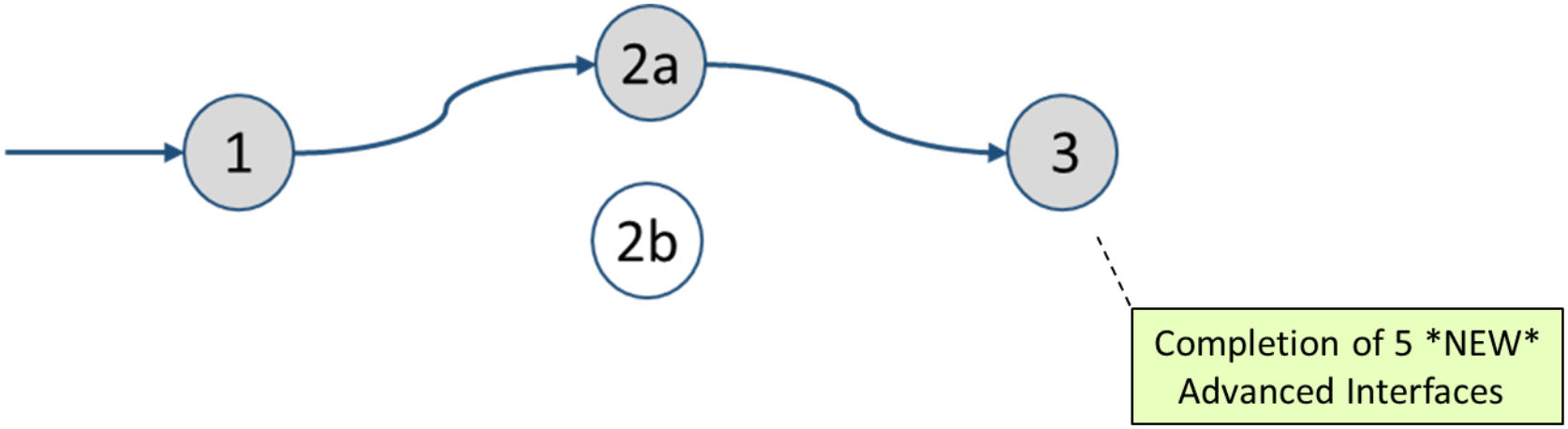
Milestone Not Achieved

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 or be exempted from Milestone 2b within the required time frame, 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 | - | - | - | **$ 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