FAQ – Cal-HOP

**These FAQs are based on materials DHCS has released to the public. The Cal-HOP program has not been finalized, so the material below may change once the program is finalized.**

**What health information exchange organizations can participate in Cal-HOP?** They need to meet [several criteria](https://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Cal-HOP_Mar_01_Webinar_for_Providers.pdf) including being a nonprofit and supporting exchange for multiple providers. Also, the organization needs to provide HIE technical services (receive and share data).

**What providers can participate in Cal-HOP?** They must be a Medi-Cal provider, sign a letter of intent to collaborate with a Qualified HIO, have sufficient staff or consulting help to work with the Qualified HIO to execute legal agreements and data interfaces to meet program milestones, and have necessary health information technology.

**Can the MX affiliates (Central Valley, San Joaquin, or IEHIO), simply send a letter of intent to DHCS that would encompass all the hospitals in the region?** To be included, every participating provider needs to send a LOI on its own letterhead addressed to MX. MX will submit these to the state.

For this program, the entities that provide HIE technical services (receive and share data) will be the “Qualified HIOs”. So, for the purposes of Cal-HOP, MX will be the “Qualified HIO”. We know that is confusing, since we use the term “HIO” in a different way.

**Who needs to sign the LOI?** DHCS has not posted specific guidelines; however, we assume it needs to be signed by someone at the management level who can represent the providers listed on the letter.

**Do we need separate LOIs for each hospital in a system?** We are assuming a single letter that itemizes the participating hospitals in a system, signed by someone at the management level who can represent the providers listed on the letter, will be sufficient.

**When does the program launch?** The expected program launch date is June 1st and may be subject to change based on the IAPD submission. We are currently assuming that our deadline for submitting our application to become a qualified HIO is due on June 1st. One condition of becoming a qualified HIO is obtaining 25 Letters of Intent from qualified provider organizations. These can be from current or new participants.

**When does the program end?** CMS authorization for the program end is September 30, 2021. All Cal-HOP activities must be completed on or before September 30, 2021.

**Why are we collecting LOIs now if the IAPD hasn’t been approved?** HIO/HIEs in California are operating under the assumption that the program will still start on June 1st. This means other HIO/HIEs will be approaching providers, and possibly current MX participants, and asking providers to recognize their organization as a designated Qualified HIO for the Cal-HOP program. DHCS is operating under a first come first serve model, therefore the first LOI received by the state will be deemed eligible for funding with that provider. If DHCS receives an LOI with signatures of one of our participants and another HIO/HIE, they will recognize them as the HIO to receive funds for the program despite the provider’s participation in MX. We need at least 25 LOIs to be considered a Qualified HIO for the Cal-HOP program and want our current participants to recognize us as their Qualified HIO as soon as possible.

**What are the** [**milestones**](https://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Cal-HOP_Mar_01_Webinar_for_Providers.pdf) **that Qualified Provider Organizations (QPOs) need to achieve under the program?**

* Milestone 1: Initiate participation in Cal-HOP by signing LOI and having a PA + BAA
* Milestone 2a: ADT/EVENT feed and use of ADT alerts
* Milestone 2b: CURES Link
* Milestone 3: Advanced Interfaces *is optional, but funding will be available*

**How can we help Qualified Provider Organizations meet Milestone 1 (Cal-HOP Onboarding)?** We need to obtain LOIs from current MX participants in your regions in order for them to participate in Cal-HOP. This alone will achieve Milestone 1.

**Are MX participants eligible for Milestone 1 if they have already signed a PA and BAA with MX?** Yes, all QPOs, regardless of MX participation, are eligible for Milestone 1.

**Can a hospital be eligible for Milestone 2a if they already have an ADT connected with MX?** No, they are exempt from Milestone 2a, but are eligible for Milestone 1, which is signing a LOI with MX as their designated Qualified HIO (QHIO) for Cal-HOP. They can also start working on achieving Milestone 2.b.

**What if a hospital meets Milestone 1 and receives the milestone payment, but fails to meet Milestone 2a and 2b within the required timeframes?** DHCS will rescind the $25,000 that was paid to the HIO. The HIO will be required to pay this money back to the state.

**If a Qualified Provider Organization has multiple facilities, will each facility be eligible to achieve milestones?** It depends. Payments will be based on the number of interfaced EHR instances that the Qualified HIO and the QPO connect and NOT on the number of facilities that the QHIO and QPO connect**.**

**Can a Qualified Provider Organization work with multiple HIOs in the program**? For Cal-HOP, the Qualified Provider organizations must designate and work with a single Qualified HIO for achieving Cal-HOP milestones.

**After a Qualified Provider Organization achieves Milestone 1 with one HIO, can they work with a different HIO to achieve Milestone 2?** No. 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).

**What if a QPO is connected to multiple HIOs already**? 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. ***DHCS will select the first LOI received from a Qualified HIO for a particular provider and designate that HIO to receive milestone payments for Cal-HOP on a first come first serve basis, creating urgency for us to obtain LOIs as soon as possible.***

**Can milestone payments be rescinded?** Yes, if the qualified provider organization and qualified HIO meet Milestone 1, but do not achieve Milestone 2a or 2b, DHCS has authority to rescind Milestone 1 payment and the qualified HIO may be required to return the payment to DHCS.

**Where can I learn more?**

* [MX Website](https://www.manifestmedex.org/cal-hop/)
* [DHCS](https://www.dhcs.ca.gov/provgovpart/Pages/cal-hop.aspx)

**If our QPO has already connected to CURES, can we still qualify for the other Milestones in Cal-HOP?** If you’re a qualified provider and have already integrated CURES into your EHR, then you’re exempt from Milestone 2b and will not be eligible for the Milestone payment; however, you will still qualify for all other Milestones.