[Provider Practice/Hospital Letterhead]

[Date of letter]

To: Claudia Williams

 CEO, Manifest MedEx

 6001 Shellmound St, Suite 500

 Emeryville, CA 94608

From: [Name] [Title] [Organization]

Subject: Letter of Interest (LOI) to participate in the Cal-HOP Program

[Organization] is interested in participating in the Cal-HOP Program through Manifest MedEx for all of the entities listed in Schedule A of the System Access License Agreement.

[Organization] is selecting Manifest MedEx as its sole Cal-HOP HIO partner and has a valid System Access License Agreement with Manifest MedEx.

[Organization] attests to the following:

1. We have a valid contract with DHCS to bill for Medi-Cal services through FFS or a managed care arrangement.
2. We have or will obtain sufficient staff to onboard interfaces with Manifest MedEx.
3. We have a 2015 certified electronic health electronic records technology (CEHRT) system OR plan to upgrade our CEHRT system by December 31, 2019.
4. OR We use EHR technology capable of sending and/or receiving clinical data and which can achieve the integration required for the Cal-HOP basic HIE technical milestones.
5. We intend to send and receive clinical data to assist eligible providers in meeting Meaningful Use under the Medi-Cal Promoting Interoperability Program.\*
6. We are/intend to access and use ADT- based encounter notifications via a query/response or publish/ subscribe mechanism via the HIO.
7. We have/intend to integrate a CURES PDMP data querying and retrieval function into our EHR clinical workflow via either CURES Information Exchange Web Service (IEWS) or Single Sign On.
8. We are interested in onboarding additional advanced interfaces, from the approved listing published by Cal-HOP, with Manifest MedEx, by the specified deadline of September 30, 2021.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*formerly known as the Medi-Cal EHR Incentive Program