

# Letter of Intent Guide

## Health Information Exchange (HIE) Onboarding Program

The Letters of Intent (LOI) represent a partnership between Health Information Networks (HIN) and the Eligible Hospital (EH) or Eligible Professional (EP) practice site receiving onboarding assistance with their selected HIN. The letters should be correct and complete before they are sent to MO HealthNet.

The LOIs for the HIE Onboarding Program are designed for several purposes:

- To document the date of the relationship between the HIN and the Eligible Entity since the funds will be distributed on a first come, first served basis; each Eligible Entity can only participate with one HIN.
- To establish the EP and EH categories that apply in order to determine how much of the available budget for the program may be expended.
- To establish an Eligible Entity's desire for one or both of the optional activities (public health reporting and receipt of Admit, Discharge, Transfer (ADT) alerts).
- To get a signed letter that documents all of the above as well as the requirements and expectations that program participation entails for both the HIN and the Eligible Entity.

Eligible Entities and their selected HINs should double check the LOI for completeness, including:

- Date
- Authorized Signature
- EP and/or EH size category selected
- Optional activities: pick either yes or no, please do not leave blank.
  - At first, it is okay for the Eligible Entity to be "unsure" – please make sure they note this somewhere on the letter if they are truly unsure, rather than a situation where they did not know that these options were available.
- List of EPs including name and NPI of professionals that participated in the EHR Incentive Program.
  - The EP list can be done in a spreadsheet, attached word document, or list included in the LOI.
  - We require at least one "anchor" from the EP practice that participated in the EHR Incentive Program. The Eligible Entity and the HIN are responsible for providing the NPI of one or more EPs that will serve as the anchors for the EP practice, using the EP and EH spreadsheet provided to the HINs.
  - We require at least one "anchor" from the EP practice whether an EP practice/clinic is being onboarded separately or along with an EH.
  - We expect the number of EPs listed to be the same as or less than the number in the box checked for EP practice size category. If the number of EPs listed is greater, then we will follow up to make sure they checked the right category. We recommend double-checking this before it is sent to us.
  - The EP practice size is based on prescribing providers.

The Health Systems definition has been modified to better reflect MO HealthNet’s original intent for the designation.

- Health systems are now defined as one or more hospitals with a combined total of at least 250 licensed beds and at least one professional practice that are under joint ownership or management and use a common EHR vendor.

Eligible Entities

- The HINs have been provided a list of all the EHs and EPs that have successfully participated in the EHR Incentive Program (now known as the Promoting Interoperability Program). This list was then paired with data from each HIN to determine which EHs and EPs are fully connected to one or more HINs, and thus ineligible for the Onboarding Program.
- If there is an EH or EP practice whose status on the list is in question, MO HealthNet will review to be sure the information is accurate.
- If the HIN cannot locate the EH or EP anchor on the list, please contact Amy Kelsey ASAP to research the situation. If additional information is needed to determine eligibility status, we may reach out to the Eligible Entity itself to clarify the situation.
- This review should be requested before the LOI is signed by the Eligible Entity. Otherwise, it may appear to the Eligible Entity that the HIN and/or MO HealthNet are withdrawing services that were promised.

MO HealthNet Contact Information: [MHD.EHRINCENTIVES@dss.mo.gov](mailto:MHD.EHRINCENTIVES@dss.mo.gov)

<b>Missouri Onboarding Program Categories</b>
<b>EP Practice Size by Number of Professionals*</b>
1 to 5 Professionals
6 to 10 Professionals
11 to 25 Professionals
26 to 40 Professionals
41 and more Professionals
<b>EH Size by Number of Beds**</b>
Up to 25 Beds
26 to 100 Beds
101 to 299 Beds
300 Beds and Greater and Health Systems***
*Prescribing Providers
**Licensed Beds
***Health Systems are defined as one or more hospitals with a combined total of at least 250 licensed beds and at least one professional practice that are under joint ownership or management and use a common EHR vendor.