**Sample Letter of Intent (Version 3.3.2021)**

Healthcare Provider Letterhead

Date

Addressed to MHD

RE: Commitment of Participation in Missouri Health Information Exchange (HIE) Onboarding Program

This Letter of Intent establishes that (Name of Provider) is committing to the Missouri Onboarding Program.

* Our chosen HIN for this program is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Name of Electronic Health Record (EHR) Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Name of Healthcare Service Provider(s) and NPIs under which EP/EH participated in the Promoting Interoperability (formerly known as the Electronic Health Record Incentive Program) – name here or attach a list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Type of Healthcare Service Provider:

For facilities and providers that did NOT participate in the Promoting Interoperability Program, please complete the following for your facility:

* We are currently enrolled with MO HealthNet to accept Medicaid patients: \_\_\_\_\_Yes \_\_\_\_\_No.
* Medicaid ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Our facility is not currently connected to any HIN or our facility is connected but meets **all three** of the criteria listed below: \_\_\_\_\_Yes \_\_\_\_\_No.

1. No outbound clinical data to at least one HIN.
2. No inbound clinical data to at least one HIN with any of the following functions:
   1. Data is consumed into EHR.
   2. Data is viewed through a web portal.
   3. Data is viewed embedded in electronic medical record, but is not ingested into EHR.
3. No ADT interface that sends ADTs to at least one HIN.

The Program covers a set dollar amount by specific category for provider practices, hospitals, and health systems. Funding provided may or may not cover all onboarding costs, including staff time and EHR vendor fees. The Health Information Network (HIN) will be allowed to use funds for the following:

* EHR-to-HIN interface implementation and 12-month licensing fee.
  + These funds may not be used to upgrade EHR software, only to develop the interfaces and pay for the first year’s licensing fee.
* HIN connection fee.
* HIN 12-month subscription/licensing fee.

Through the HIE Onboarding Program, the HIN will implement the following items, at a minimum:

* Bi-directional query-based exchange between our EHR system and our chosen HIN.
* An ADT interface, with the requirement to send ADTs to our chosen HIN.

Providers may request assistance with two additional items. Our hospital/practice requests:

* Assistance with public health reporting, including immunizations, syndromic surveillance, electronic case reporting, and registry reporting: \_\_\_\_\_Yes \_\_\_\_\_No.
* Ability to receive ADT alerts from our chosen HIN: \_\_\_\_\_Yes \_\_\_\_\_No.

In order to participate, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Provider) commit to the following:

* To provide assistance with HIE Onboarding and to prompt our EHR vendor to assist with interfaces.
* To provide attestations and reports on key program deliverables that the chosen HIN requires for reporting to MO HealthNet.
* That we currently have 2015 Certified Electronic Health Record Technology (CEHRT) installed, or will have 2015 CEHRT by the time selected HIN develops interfaces. This requirement may be waived for some non-PI Program participating facilities or providers.
* To commit to a minimum three-year agreement with the HIN; note that the Onboarding Program funds are only available for the first year’s costs.

Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Authorized Representative