

Health Information Exchange Adoption Incentive Program for Skilled Nursing Facilities



L.A. Care
HEALTH PLAN

For All of L.A.

REQUEST FOR APPLICATIONS (RFA)

I. OVERVIEW

L.A. Care Health Plan (L.A. Care) is thrilled to roll out a Health Information Exchange (HIE) Adoption Incentive RFA for L.A. Care's contracted hospitals and acute care facilities (Providers) serving in Los Angeles County. The HIE Adoption Incentive RFA is aimed to encourage Providers to enhance interoperability and engage in real-time data sharing with health plans and providers. This HIE Adoption Incentive RFA incentivizes Providers to actively participate in the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) and become participants of designated HIEs, such as Los Angeles Network for Enhanced Services (LANES) or Collective Medical Technology (CMT), a subsidiary of PointClickCare (PCC) Company. This HIE Adoption Incentive is one of many L.A. Care investments under the Incentive Payment Program to align with Department of Health Care Services (DHCS), California Advancing and Innovating Medi-Cal (CalAIM) priorities for infrastructure and capacity building. This HIE Adoption Incentive RFA is available by invitation only and should not be forwarded or shared with any other entity outside your organization.

HIE Benefits:

- Streamlined Operations: Improve care coordination and trim down costs.
- Eliminate Redundancies: Minimize costly duplicate testing.
- Enhance Patient Care: Reduce avoidable readmissions and Emergency Room visits.
- Align with Regulations: Foster positive regulatory rapport.
- Reduce Hospitalizations: Proactive health management is key.

II. SUBMITTING YOUR APPLICATION

To be considered for the HIE Adoption Incentive, eligible Providers must **complete and submit the application below by 5pm on June 17th, 2024.**

Please note that Word application submissions will not be accepted. All application materials must be submitted via the fillable PDF format provided starting in page 5 below. If you have any questions or need support as you are completing the application, please email L.A. Care at strategicinvestments@lacare.org.



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III. INCENTIVE TERM

The term for this HIE Adoption Incentive is effective upon approval of application and signatures from both parties (L.A. Care and Provider), and shall continue for twelve (12) months.

IV. INCENTIVE AMOUNT

The incentive amount is based on the Provider size and pre-negotiated HIE rate with LANES or CMT/PCC. This incentive amount has been predetermined by L.A. Care and the HIE LANES and CMT/PCC. Therefore, the incentive amount that your organization is eligible for is fixed and is non-negotiable via this incentive program. L.A. Care will determine the actual amount based on the ranges listed below.

- Available Incentive per Provider: \$7,000.00.

V. ELIGIBILITY AND PARTICIPATION REQUIREMENTS

Providers who apply for this HIE Adoption Incentive, must commit to completing the three (3) incentive milestones listed below during the twelve (12) month incentive term to receive the full incentive amount and avoid any recoupment of incentive funds.

Essential HIE Adoption Incentive milestones:

1. Execute the Data Sharing Agreement (DSA) with the California Health and Human Services Agency (CalHHS).
 - To sign, please visit: <https://signdxf.powerappsportals.com/>. More information on this effort and how to participate can be found [here](#).
2. Finalize the Business Associate and Participation Agreement with either LANES or Collective Medical Technology (CMT)/PointClickCare (PCC).
3. Exchange Admission, Discharge and Transfer (ADT) and Continuity of Care Documents (CCDs) with LANES or Collective Medical Technology/PointClickCare.



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VI. INCENTIVE DISBURSEMENT AND USE OF FUNDS

Upon receiving approval from L.A. Care and securing signatures from both parties (L.A. Care and Provider) on the application, L.A. Care shall disburse the total approved incentive amount in one (1) installment equal to one-hundred percent (100%) of the pre-determined incentive amount within forty-five (45) calendar days from incentive term start date (effective date).

The purpose of the HIE Adoption Incentive funds is to incentivize Providers to actively participate in the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DXF) and become participants of designated HIEs, either LANES or CMT, a subsidiary of PCC Company. The incentive funding shall *only* be used to cover the first-year subscription costs and set-up costs related with onboarding to either LANES or CMT/PCC.

VII. REPORTING REQUIREMENTS

Providers who are approved for this incentive shall prepare and deliver two (2) reports to L.A. Care by the dates listed below for reference:

1. The first report is due by August 1, 2024.
 2. The second report is due within thirty (30) calendar days from the incentive term date.
- L.A. Care may request additional report(s) during the twelve (12) month term and up to one (1) year after the expiration or termination of this incentive application.
 - L.A. Care may change the due date(s) of the reports based on changes or communications from DHCS's or other regulatory bodies.
 - Each report shall (1) document progress and provide data in accordance with the progress report template provided by L.A. Care, and (2) other requirements imposed by the Department of Health Care Services (DHCS).
 - Failure to timely complete and submit reports may impact receipt of incentive amount under this incentive application and may disqualify Provider from receiving any future incentive payments.



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VIII. RECOUPMENT OF INCENTIVE PAYMENT

L.A. Care reserves the right to recoup portions of or the entire incentive amount from Provider. L.A. Care may recoup the incentive amount from the next monthly capitation payment amount and/or future claim payment due to Provider (Recoupment) L.A. Care would otherwise pay to Provider beginning the first day of the first month following L.A. Care's notice to Provider of Recoupment. Specifically, each month beginning on the first day of the first month following L.A. Care's notice to Provider of Recoupment, L.A. Care will be entitled to deduct from such capitation and/or claim payment amount otherwise due to Provider an amount equal to ten percent (10%) of such capitation or claim payment amount. Such deductions shall continue until the full amount of the Recoupment is reached. Provider shall have the ability to dispute any such deduction before said deduction to Capitation or Claim Payment is made. L.A. Care shall provide Provider written notice of such deduction by L.A. Care ten (10) calendar days prior to any such deductions in the capitation or claim payment.

IX. FOR SUPPORT OR QUESTIONS

Please email us at strategicinvestments@lacare.org for detailed information and guidance.

Thank you for taking the time to review this opportunity. We look forward to receiving your application.

Please see pages 5-7 for the application.



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APPLICATION

I. Organization (Provider) Information:

Hospital Information	
Organization Name:	
Organization NPI:	Organization TIN:
Mailing Address:	
Application Completed by (Name & Title):	
Phone:	Email:
Organization Signatory (Name & Title) :	
Phone:	Email:

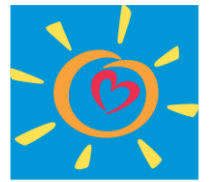
II. Please select the HIE of choice for this incentive. L.A. Care will determine the incentive amount based on the HIE you choose to proceed with onboarding.

- LANES
- CMT/PCC



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III. Supporting Documentation (if you have already completed any of these essential incentive milestones):

1. Proof of Signed Data Sharing Agreement (DSA) with the California Health and Human Services Agency (CalHHS): Attached
2. Proof of Signed Business Associate Agreement (BAA) and Participation Agreement with either the LANES or Collective Medical Technology (CMT) HIE: Attached

IV. DESIRED PROGRAM INCENTIVE MILESTONES:

1. Do you plan on signing the Data Sharing Agreement (DSA) with the California Health and Human Services Agency (CalHHS) by 7/31/2024? Yes No Unsure
2. Do you plan to sign the Business Associate Agreement (BAA) and Participation Agreement with either the LANES or Collective Medical Technology (CMT) HIE by 7/31/2024? Yes No Unsure
3. Do you plan to share Admission, Discharge and Transfer (ADT) and Continuity of Care Documents (CCDs) with LANES or CMT/PCC by 7/31/2024? Yes No Unsure

V. PROVIDER ATTESTATION AND AGREEMENT WITH INCENTIVE TERMS

I certify that the information provided in this Application is true and accurate to the best of my knowledge, and I understand that any false statements or misrepresentations may result in disqualification from the incentive program. I also attest and agree to the terms of this incentive.

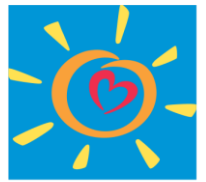
Please submit your completed application, along with any required documentation, to the designated email address: strategicinvestments@lacare.org. Applications will be reviewed by a committee, and successful applicants will be notified and awarded the incentive based on their corresponding tier and the achievement of milestones.

The section in the following page will be processed via DocuSign for signatures and the final approved incentive amount.



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----- **L.A Care TO FILL OUT** -----

L.A. CARE HEALTH PLAN

Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

INCENTIVE AMOUNT:

INCENTIVE TERM: This incentive application agreement is effective upon the date on the second signature above from a designated L.A. Care representative for a term of twelve (12) months.



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