

Women's Health Initiative Attestation

Practice Type

I attest that _____ (afore known as the Practice) is (check one):

- A gynecology, maternal fetal medicine, obstetric, reproductive health, or family planning medical practice, specializing in providing women's preventive services as defined by the American Congress of Obstetricians and Gynecologists.
- A mixed-specialty medical practice with board-certified obstetric or gynecology providers whose primary scope of services is women's preventive services as defined by the American Congress of Obstetricians and Gynecologists.

Provider Billing Information for Attribution

I attest that the list of providers registered with the State for the Women's Health Initiative is up-to-date with the necessary billing information and includes only those providers who meet the criteria as a women's health provider as defined by the *Vermont Blueprint for Health Implementation Manual* and whose primary scope of services is women's preventive services as defined by the American Congress of Obstetricians and Gynecologists. Any changes in the status of providers in the Practices will be reported to the Vermont Blueprint for Health directly or their local designee within 2 weeks of the change.

Practice Commitment

By accepting funds under the Women's Health Initiative, the Practice agrees to:

1. Incorporate the local Community Health Team into the Practice.
2. When available to women's health providers through the State-appropriated vendor, connect the Practice's electronic medical record to the Vermont Health Information Exchange and the Vermont Clinical Registry.
3. Implement continuous quality improvement into the Practice including executing and maintaining the following services within the designated timeframes as laid out by the State. At any time, the Practice may be audited by the State and will provide proof as defined by the *Blueprint for Health Implementation Manual* that the services are consistently implemented.

Within **1 month** of receiving the capacity payment:

- Stock the full spectrum of LARC devices at a level adequate for the practice size to ensure the availability of same-day insertions for women who choose LARC as their preferred birth control method and at a rate of at least:

| Number of Patients | Minimum Number of Devices |
|--------------------|---|
| up to 300 patients | at least 5 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |
| 300-499 | at least 6 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |
| 500-699 | at least 9 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |
| 700-799 | at least 12 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |
| 800-999 | at least 15 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |
| 1000-1199 | at least 18 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |
| 1200-1299 | at least 21 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |
| 1300 or greater | at least 24 devices including 2 of hormonal IUD, 2 nonhormonal IUD, 1 implant |

Within the first **3 months** of CHT and PMPM payments starting:

- Develop and implement a policy and procedure for screening, brief treatment, and referral for:
 - Depression
 - Intimate partner violence
 - Substance use disorder
- Update and or implement a policy and procedure for evidence-based, comprehensive family planning counseling including implementing “One Key Question”

Within **6 months** of the CHT and PMPM payments starting:

- Develop and implement a policy and procedure to provide same-day insertion for those women who choose LARC as their preferred birth control method

Within **12 months** of the CHT and PMPM payments starting:

- Develop referral protocols and written agreements with at least 3 community-based organizations to see patients within 1-week of being referred for family planning services at which time the practice will provide same-day availability for full spectrum of birth control options including LARC
- Develop a referral protocol and written agreement with at least 1 PCMH to accept patients who are identified as being without a primary care provider

Within **18 months** of the CHT and PMPM payments starting:

- Develop and implement a policy and procedure for screening and referral for:
 - Access to primary care/patient centered medical home (PCMH)
 - Food insecurity
 - Housing stability

| | |
|--|--|
| Name of Signer (printed) | |
| Title of Signer | |
| WHI Practice | |
| Street Address | |
| City | |
| State | |
| ZIP Code | |
| Office Telephone (with area code) | |
| E-Mail Address (if applicable) | |
| Signature | |
| Date | |