# Women’s Health Initiative Attestation

I attest that (name of practice) Click or tap here to enter text.

Street Address City State ZIP Code Click or tap here to enter text. Click or tap here to enter text.

Office Telephone Click or tap here to enter text.

Contac E-Mail Address Click or tap here to enter text.

**Practice Type** (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.
* A Vermont Blueprint for Health Patient-Centered Medical Home (Blueprint PCMH).

### Provider Billing Information for Attribution

I attest that the list of providers registered with the State for the Women’s Health Initiative (WHI) 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 develop an action plan with timeframes negotiated with the Blueprint for Health for meeting the following WHI goals:

* **Blueprint PCMH practices will incorporate the Community Health Team member** in support of WHI goals and strategies.
* **Specialty clinics will work with their Blueprint Program Manager to hire a behavioral health specialist** who will be incorporated into the practice in support of WHI goals and strategies.
* When available through the State-appropriated vendor, **connect the practice’s electronic medical record to the Vermont Health Information Exchange and the clinical data warehouse at Vermont Information Technology Leaders (VITL)** to allow clinical data to be collected, analyzed, and utilized in performance measurement and performance payment calculations.
* **Implement continuous quality improvement** into the practice, including tracking WHI practice data and conducting regular analysis to identify opportunities for interventions and improved outcomes.
* **Submit Staffing and Practice Demographics Reports** each quarter, prior to the fifteenth (15th) day of the first month of each calendar quarter (January, April, July, and October), the BP Project Manager or designee shall enter and update WHI staffing and practice demographics information. Quarterly reports will include documentation or attestations of the WHI attestations as described in each section of this document.
* **Execute and maintain 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.
  + **Stock LARC:** The WHI practice will 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. WHI practices that receive payment for more than two IUDs of each type and the one implant have the flexibility to choose among the available options to fulfill the needs of their patients after stocking the minimum requirement.
  + **Offer Same Day LARC Insertion:** The WHI practice will develop and implement a policy and procedure to provide same-day insertion for those women who choose LARC as their preferred birth control method.
  + **Provide Family Planning Counseling:** The WHI practice will update and/or implement a policy and procedure for evidence-based, comprehensive family planning counseling including implementing “One Key Question.”
  + **Screen for Mental Health, Substance Abuse, Inter-Partner Violence and other Social Determinants of Health:** The WHI practice will develop and implement policies and procedures for screening, brief intervention (as appropriate), and referral for: One Key Question, depression, intimate partner violence, substance abuse, food insecurity, housing insecurity and access to primary care provider/PCMH. Screenings should be conducted minimally at the initial visit, annually, and post-partum.
  + **Develop Referral Networks for Women’s Health Services:** The WHI practice will develop referral protocols and written mutual referral agreements with at least three (3) community- based organizations that serve women (such as a Parent Child Center, Designated MH Agency, Domestic Violence program, etc.) Community organizations agree to accept WHI referrals for counseling or other services provided by the organization and needed by WHI patients referred. WHI practices will agree to see patients within one (1) week of being referred for family planning services. At that visit, the WHI practice will provide same-day availability for the full spectrum of birth control options, including LARC devices.
  + **Develop Referral Networks for Primary Care:** The WHI practice will develop a referral protocol and written agreement with at least one (1) patient-centered medical home (PCMH) primary care practice to accept patients identified as not having a primary care provider.

# Blueprint for Health Commitment

### Blueprint Central Staff and Local Program Manager will support WHI practices with the following:

* Training and learning events to support program implementation
* Medicaid Payments consistent with active caseloads (as detailed below)
* Practice and community level data and analytic reports
* Assistance in hiring and organizing WHI staff in each participating practice
* Support with technical assistance needs of the practices
* Quality Improvement (QI) facilitation to implement new workflows
* Participation in monthly Program Manager conference calls
* Facilitation of regular WHI CHT technical assistance / peer-to-peer learning calls

### Women’s Health Initiative Payments

WHI practices shall receive three (3) Blueprint-specific forms of payment from WHI participating insurers or payers, to support the provision of high-quality women’s health primary care and well-coordinated preventive women’s health services for women ages 15 – 44. Payments may be suspended if satisfactory progress in meeting the WHI action plan goals is not achieved.

1. Monthly per member per month (PMPM) payments to WHI practices.
2. Recurring payments to support WHI Community Health Team (CHT) staff. This payment is made to the CHT administrative entities. *(This payment applies to WHI Specialty Clinics Only. BP PCMH practices have existing CHT staff)*
3. A one-time per member payment (PMP) to support stocking of Long Acting Reversible Contraceptive (LARC) devices to WHI practices and the workflow and EMR changes needed to support the screening elements described in the previous section.

## Women’s Health Initiative Practice:

Name of Signer (printed) Click or tap here to enter text.

Title of Signer Click or tap here to enter text.

Signature

Date Click or tap here to enter text.

## Blueprint for Health, Health Service Area Program Manager:

Blueprint for Health Program Manager Click or tap here to enter text.

Office Telephone Click or tap here to enter text.

E-Mail Address Click or tap here to enter text.

Signature

Date Click or tap here to enter text.

## Blueprint for Health, Central Office:

Name of Signer (printed) Click or tap here to enter text.

Blueprint for Health Assistant Director

Signature Date

**This agreement will be renewed annually until the Practice demonstrates full implementation of WHI goals, and every two years thereafter. Please email all completed attestations to** [**Julie.parker@vermont.gov**](mailto:Julie.parker@vermont.gov)