

Pregnancy Intention Initiative Attestation

I attest that [name of practice(s)]: _____

Street Address: _____

City, State, ZIP Code: _____

Office Telephone: _____

Primary Contact E-Mail Address at practice: _____

Practice Type (choose one):

- A gynecology, maternal fetal medicine, obstetric, reproductive health, or family planning medical practice, specializing in providing preventive services to people who can become pregnant 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 preventive services for people who can become pregnant 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 Pregnancy Intention Initiative (PII) is up-to-date with the necessary billing information and includes only those providers who meet the criteria as a health provider as defined by the *Vermont Blueprint for Health Implementation Manual* and whose primary scope of services is 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 Pregnancy Intention Initiative, the Practice agrees to develop an action plan with timeframes negotiated with the Blueprint for Health for meeting the following PII goals:

- **Blueprint PCMH practices will incorporate the Community Health Team member** in support of PII goals and strategies.
- **Specialty clinics will work with their Blueprint Program Manager to hire a mental health clinician** who will be incorporated into the practice in support of PII 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 PII 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 PII staffing and practice demographics information. Quarterly reports will include documentation or attestations of the PII 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 PII 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 people who choose LARC as their preferred birth control method. PII practices that receive payment for more than two (2) IUDs of each type and the one (1) implant have the flexibility to choose among the available options to fulfill the needs of their patients after stocking the minimum requirement.

Number of PII Patients	Minimum Number of Devices
up to 300	at least 5 devices, including 2 of hormonal IUD, 2 non-hormonal IUD, and 1 implant
300-499	at least 6 devices, including 2 hormonal IUD, 2 non-hormonal IUD, and 1 implant
500-699	at least 9 devices, including 2 hormonal IUD, 2 non-hormonal IUD, and 1 implant
700-799	at least 12 devices, including 2 hormonal IUD, 2 non-hormonal IUD, and 1 implant
800-999	at least 15 devices, including 2 hormonal IUD, 2 non-hormonal IUD, and 1 implant
1000-1199	at least 18 devices, including 2 hormonal IUD, 2 non-hormonal

Page 38 in Blueprint manual

- **Offer Same-Day LARC Insertion:** The PII practice will develop and implement a policy and procedure to provide same-day insertion for those people who choose LARC as their preferred birth control method.
- **Provide Family Planning Counseling:** The PII 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 Drivers of Health:** The PII 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, harm to self/others and access to primary care provider. Screenings should be conducted minimally at the initial visit, annually, and post-partum.
- **Develop community connections and provide education on PII program:** We believe a few key supports can help PII practices to be even more effective in providing preventive care, identifying health and social risks, connecting people to community supports, and helping ensure more pregnancies are intentional. We accomplish this in part by strengthening

relationships and building a network of care for our community. We ask that Specialty Practices meet with designated referral access person if applicable and/or practice manager at two (2) community-based organizations and one Primary Care office. We ask that if you are a PCMH site, you will meet with a designated referral access person, if applicable, and/or a practice manager at two (2) community-based organizations and one (1) Specialty Practice. For example: community organizations could be a Parent Child Center, Designated MH Agency, Domestic Violence program, etc. A Specialty Practice could be PPNNE or the Ob/gyn practice in your health service area. The goal of making these connections is to share information and goals of the PII program and to encourage practices/organizations to agree to accept referrals and actively work together for counseling, care coordination, or other services provided by the organization and needed by patients referred.

Blueprint for Health Commitment

Blueprint Central Staff and Local Program Manager will support PII 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 supporting PII 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.

Pregnancy Initiative Payments

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

1. Monthly per member per month (PMPM) payments to PII practices.
2. Recurring payments to support PII Community Health Team (CHT) staff. This payment is made to the CHT administrative entities. *(This payment applies to PIII 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 PII practices and the workflow and EMR changes needed to support the screening elements described in the previous section.

PII Practice:

Name of Signer (printed): _____

Title of Signer: _____

Signature: _____

Date: _____

Blueprint for Health, Health Service Area Program Manager:

Blueprint for Health Program Manager: _____

Signature: _____

Date: _____

Blueprint for Health Assistant Director

Blueprint for Health Assistant Director: _____

Signature: _____

Date: _____

This agreement will be renewed annually.
Please email all completed attestations Nichole.Bachand@partner.vermont.gov