[Insert Hospital/Health System Logo]

**HOSPITAL ATTESTATION FOR IMPLMENTATION OF PATHWAYS FOR HOSPITAL QUALITY INCENTIVE PROGRAM (HQIP) - FOLLOW-UP TREATMENT AFTER ED VISIT FOR OPIOID USE DISORDER (OUD)**

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of the 2018 Medical Assistance Reauthorization, the Department of Human Services (DHS) added measures to the Hospital Quality Incentive Program (HQIP) specific to the opioid epidemic.

Hospitals and health systems will have the opportunity to earn “process” incentives by implementing defined clinical pathways. These pathways will help hospitals and health systems get more individuals with OUD into treatment and improve the 7-day follow up performance in 2019 and future years.

By initialing individual pathways listed below, I/we attest that:

* That particular pathway has been clearly defined in writing and will be verified as operational with a minimum number of HealthChoices recipients by January 17, 2019.
* Care management teams focused on warm hand-offs from the ED to inpatient admission, observation status, external drug and alcohol providers for all ASAM levels of care, and local Centers of Excellence or PACMAT programs are in place and include:
	+ On-call care management 24-hour coverage.
	+ Training of existing ED care management personnel and ED providers on appropriate OUD guidelines of care, stigma prevention, SBIRT, and MAT waiver prescriber training (physicians, CRNPs, PAs if initiating buprenorphine pathway #1).
* We will submit electronic continuity of care documents (CCDs) to the Department for Medicaid recipients seen in the ED with a diagnosis of OUD by 7/1/2019.

|  |  |
| --- | --- |
| Initials | Pathways |
|  | 1. ED initiation of buprenorphine with warm hand off to the community |
|  | 2. Direct warm hand off to the community for MAT or abstinence based treatment |
|  | 3. Specialized protocol to address pregnant women with OUD |
|  | 4. Direct inpatient admission pathway for methadone or observation for buprenorphine induction |

In order to receive payments, hospitals must attest to the development and of clinical pathways by September 28, 2018.

By signature and date below, I/we certify that I/we possess all necessary powers and authority to make the representations set forth above. I/we further certify that all appropriate documentation and approvals of pathways are in place. I/we understand that this information is being relied upon to make payment of Federal and State funds and that if the information is false or if there has been any material concealment of material facts: (1) I/we may be subject to those penalties pertaining to unsworn falsifications to authorities, as set forth at 18 Pa. C.S. Section 4904; (2) the Provider's participation in the Medical Assistance Program may be terminated; and (3) criminal or civil penalties may be imposed against the Provider, its owner(s), and other responsible persons.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Hospital Senior Executive

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

Title

Date

Contact Information (if different from individual attesting above):

Name

Telephone

Email