

[Insert Hospital Logo]

HOSPITAL ATTESTATION FOR IMPLEMENTATION OF PATHWAYS FOR HOSPITAL QUALITY INCENTIVE PROGRAM - FOLLOW-UP TREATMENT AFTER EMERGENCY DEPARTMENT VISIT FOR OPIOID USE DISORDER

Provider Name: _____

Facility ID: _____

Pursuant to Act 40 of 2018, the Department of Human Services (DHS) added measures to the Hospital Quality Incentive Program intended to address the opioid epidemic.

Hospitals will have the opportunity to earn incentive payments for implementing specific clinical pathways that individuals can use following treatment in an Emergency Department (ED) setting for opioid use disorder (OUD). The goal of the pathways is to avoid the need for repeat treatment in an ED setting by helping individuals with OUD receive other treatment within 7-days of receiving care in an ED.

In order to verify that the pathways are operational, a minimum number of HealthChoices recipients must utilize the pathway by January 17, 2019. The minimum number of HealthChoices recipients is determined by the volume of OUD related ED visits that occurred in calendar year 2016:

- a. Tier 1: Low-volume EDs – Hospitals that had less than 20 OUD ED visits must have a minimum of 1 HealthChoices recipient use a newly established pathway.
- b. Tier 2: Standard EDs – Hospitals that had between 20 and 200 OUD ED visits must have a minimum of 10 HealthChoices recipients use a newly established pathway.
- c. Tier 3: High-volume EDs – Hospitals that had more than 200 OUD ED visits must have a minimum of 20 HealthChoices recipients use a newly established pathway.

An OUD ED visit is an ED visit where the HealthChoices recipient had a diagnosis related to OUD.

In order to receive payments, hospitals must attest by November 30, 2018, to the development of each clinical pathway the hospital has developed by initialing the pathways listed below.

I attest on behalf of **[insert provider name]** that:

- **[Insert provider name]** has had **[insert number of OUD Ed visit]** OUD ED visits in the most recent 12 months and **[use tiers listed above to determine the number of HealthChoices recipients to insert]** HealthChoices recipients will need to use a newly established pathway by January 17, 2019.
- The pathways identified below will be operational 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 American Society of Addiction Measures (ASAM) levels of care, and local Centers of Excellence or Pennsylvania Coordinated Medication-Assisted Treatment (PACMAT) programs are in place.

- On-call care management is available 24-hours a day.
- ED care management personnel and ED providers have been trained on the clinical pathways.
- **[Insert provider name]** has begun to work towards submitting electronic continuity of care documents to DHS 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 medically assisted treatment (MAT) or abstinence based treatment
	3. Specialized protocol developed by the hospital to address pregnant women with OUD
	4. Direct inpatient admission for methadone or observation for buprenorphine induction

By signature below, I certify that I possess all necessary powers and authority to make the representations set forth above. I further certify that the pathways indicated above are in place and **[insert provider name]** will provide any documentation needed related to the pathways. I understand that the information in this attestation 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 may be subject to those penalties pertaining to unsworn falsifications to authorities, as set forth at 18 Pa. C.S. Section 4904; (2) **[insert provider's name]** participation in the Medical Assistance Program may be terminated; and (3) criminal or civil penalties may be imposed against the **[insert provider name]**, its owner(s), and other responsible persons.

Signature of Hospital Senior Executive

Print Name

Title

Date

Contact information of individual responsible for the clinical pathways (if different from individual attesting above):

Name

Telephone

Email