

[Insert Hospital Logo]

**HOSPITAL QUALITY IMPROVEMENT PROGRAM
HOSPITAL ATTESTATION FOR IMPLEMENTATION OF PROCESS INCENTIVE PATHWAYS FOR
ADDRESSING RACIAL AND ETHNIC DISPARITIES**

Provider Name: _____

Facility ID: _____

Pursuant to the Commonwealth’s Act 40 of 2018, the Department of Human Services (DHS) has received approval from the Centers for Medicare and Medicaid Services (CMS) to implement performance measures as part of the Hospital Quality Incentive Program (HQIP). These new performance measures are intended to address racial and ethnic health disparities.

Acute Care General Hospitals will have the opportunity to earn Process Incentive Pathway (PIP) payments for implementing specific pathways to help them to prepare to address issues of racial and ethnic health disparity in DHS’ more broad HQIP that focuses on Potentially Avoidable Admissions.

In order to receive calendar year (CY) 2022 PIP payments, hospitals must submit this attestation to DHS by no later than July 29, 2022. A senior executive of each hospital with authority to attest to the implementation of a PIP should initial beside the PIP the hospital has selected and that the hospital will begin implementing no later than July 29, 2022. In order to receive CY 2023 PIP payments, hospitals must attest by July 28, 2023 to continued implementation of the selected PIP and associated requirements.

By initialing the pathway below (select only one), I attest on behalf of **[insert provider name]** that **[insert provider name]** has selected to implement the initialed pathways and will begin to implement the selected pathways by July 29, 2022.

Initials	Process Improvement Pathway #1
	Collected REaL Data on five percent (5%) of Physical Health HealthChoices beneficiaries having a discharge date between January 1, 2022 – June 30, 2022
	Process Improvement Pathway #2
	Utilize the social needs and social risk screening tool to complete screenings on five percent (5%) of Physical Health HealthChoices beneficiaries have a discharge date between January 1, 2022 – June 30, 2022
	Process Improvement Pathway #3
	Develop a community advisory board consisting of internal and external stakeholders

By initialing the pathway below (select only one – selection must match the corresponding CY 2022 selection), I attest on behalf of **[insert provider name]** that:

- The PIP initially selected for payment in CY 2022 will remain in effect in CY 2023; and

- The requirements associated with the selected PIP described below will begin to be implemented by no later than January 1, 2023; and
- The hospital’s attestation must be completed by no later than July 28, 2023.

Initials	Process Improvement Pathway #1
	Identify health disparities; develop an internal committee and develop a work plan to address issues of racial and ethnic health disparity and health inequities; and collect REaL data on twenty-five percent (25%) Physical Health HealthChoices beneficiaries having a discharge date between January 1, 2023 – June 30, 2023.
	Process Improvement Pathway #2
	Develop a plan to address one identified need or risk that the hospital identified related to racial and ethnic health disparities through the screening process and utilize the social needs and social risk screening tool to complete screenings on twenty-five percent (25%) of Physical Health HealthChoices beneficiaries having a discharge date between January 1, 2023 – June 30, 2023.
	Process Improvement Pathway #3
	Conduct quarterly meetings with the community advisory board

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 will be implemented and **[insert provider name]** will provide any documentation requested related to the pathways. I understand that the information in this attestation is being relied upon to make payment using 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 pathways (if different from individual attesting above):

Name

Telephone

Email