**Maternal Opioid Misuse (MOM) Model**

**Provider Incentive Program**

**Attestation**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practice NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Type (checkbox):**

[ ] OB/GYN [ ] Family Physician [ ] Physician Assistant [ ] Nurse Practitioner

[ ] Certified Nurse Midwife [ ] Clinical Nurse Specialist

**Provider Location (County/Jurisdiction):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indicate agreement with the statement by initialing next to the statement and signing where indicated below.**

1. **\_\_\_\_\_\_\_\_\_\_\_** Have not received DATA 2000 waiver training prior to January 1, 2021.
2. a) **\_\_\_\_\_\_\_\_\_\_\_**Will attach proof of DATA 2000 waiver certification if obtained on or after **January 1, 2021.**

 **OR**

b) **\_\_\_\_\_\_\_\_\_\_\_**Will undergo DATA 2000 waiver training within **90 days** and submit proof of certificate within 90 days of the Letter of Intent being accepted by the Department.[[1]](#footnote-1)

1. **\_\_\_\_\_\_\_\_\_\_\_** Have not received any prior incentives to reimburse time for undergoing the DATA 2000 waiver training.
2. **\_\_\_\_\_\_\_\_\_\_\_** Will utilize the Insight Report, made available from the Prescription Drug Monitoring Program, to review my Buprenorphine prescribing practices, such as treating to waiver capacity.
3. **\_\_\_\_\_\_\_\_\_\_\_** Am currently enrolled as a Maryland Medicaid provider.

**By signing below, I attest to the veracity of the statements above.**

Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Department acknowledges the recent U.S. Department of Health and Human Services release of [*Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder*](https://www.hhs.gov/sites/default/files/mat-physician-practice-guidelines.pdf)that eliminates the requirement for physicians to complete DATA 2000 waiver training and allows physicians with this exemption to treat up to 30 patients. For the purposes of the MOM model Provider Incentive Program, eligible physician prescribers must complete 8 hours of training per current protocols and not seek an exemption. [↑](#footnote-ref-1)