



MI AIM Severe Hypertension in Pregnancy Safety Bundle Initiative Application

HOSPITAL INFORMATION

Facility Name:				
Address:		Address Line 2:		City:
County:	State:	Zip:	Prosperity Region (if known):	
Primary Contact:	First Name:		Last Name:	
Credentials:	Telephone:		Email:	

MI AIM SEVERE HYPERTENSION IN PREGNANCY SAFETY BUNDLE INITIATIVE READINESS

Please check 'Yes' or 'No':

Active contract with Meridian Health Plan for 2026? Yes <input type="checkbox"/> No <input type="checkbox"/>
Active commitment with AIM Severe Hypertension in Pregnancy Safety Bundle for 2025? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you remain committed to the MI AIM Severe Hypertension in Pregnancy Safety Bundle in 2026 and 2027? Yes <input type="checkbox"/> No <input type="checkbox"/>
Willing to follow all MI AIM Severe Hypertension in Pregnancy Patient Safety Bundle protocols and/or compliance guidelines, such as participating in site visits and attending educational sessions? Yes <input type="checkbox"/> No <input type="checkbox"/>
Total number of hospital deliveries in 2025:
Total number of hospital admissions with hypertension and/or severe hypertension in pregnancy diagnosis in 2025:
Total number of hospital discharges with hypertension and or severe hypertension in pregnancy diagnosis in 2025:
Willing to share demographic data for equity research, upon request: Yes <input type="checkbox"/> No <input type="checkbox"/>
Capacity to order, receive, manage, and monitor awarded devices: Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional questions or comments:

INITIATIVE SUPPLY NEEDS - Requested Supply Amount(s):

Description	Unit Price	Quantity
Omron BP Monitoring System		
12-inch Android Tablet		



Attestation

By signing, I confirm that:

- Our hospital is a Meridian Health Plan network affiliate.
- All devices will be distributed only to eligible patients upon discharge, per MI AIM guidelines.
- At a minimum, we will remain committed to the MI AIM Severe Hypertension in Pregnancy Safety Bundle through 2027.
- We agree to execute a Business Associate Agreement (BAA) with Meridian if required and to share relevant data for MI AIM compliance.
- This application is accurate to the best of my knowledge.
- Meridian reserves the right to request and acquire reporting of Meridian patient outcomes. Noncompliance or inaccurate reporting may result in repayment within 6 months.
- The requested supply amount will be reviewed and full amount requested is not guaranteed
- Meridian reserves the right to modify or discontinue the program at any time, within budget limits.
- Meridian is not responsible for the maintenance, repair, replacement, or updating of any equipment, devices, or software not owned or directly managed by Meridian. This includes, but is not limited to, lost or stolen equipment, hardware malfunctions, software updates, or compatibility issues. Users are solely responsible for the care, upkeep, and security of their own equipment and for ensuring that all necessary updates and repairs are completed in a timely manner.

Agree **Do Not Agree**

Print Name: _____ Signature: _____ Date: _____