

PO Box 30449 Salt Lake City, UT 84130-0449

**Date** 

«Group\_Name»
«ADDRESS\_LINE1»
«CITY», «STATE» «Zip»«Zip»

Re: You can help support patients with substance use and opioid use disorder

Dear [Provider Name]:

At UnitedHealthcare Community Plan of New Jersey, we want to help build a network to support patients who are struggling with substance and opioid use disorders.

To do this, and to meet the New Jersey medication-assisted treatment (MAT) and office based addictions treatment (OBAT) requirements, we're working to identify health care professionals who offer MAT services and employ navigators\* to help these patients with their journey to recovery.

### How you can help

Please complete the enclosed OBAT questionnaire, sign the attestation and send both items to your Network Management contact or email it to **uhccpnj@uhc.com**.

### Resources

For more information about the OBAT program, please visit njmmis.com > Recent Newsletters > Volume 29 No. 06 - Subject: Office Based Addictions Treatment (OBAT) and elimination of prior authorization for medication assisted treatment (MAT) for all MAT providers, effective: Jan. 1, 2019.

### We're here to help

If you have questions, please contact your Provider Relations Advocate.

Thank you.

Sincerely,

Name Title

**Enclosures** 

<sup>\*</sup>A Navigator is an RN, LPN, SW, Baccalaureate degree with two years lived experience, or an Associate degree with four years lived experience, who helps patients get the services they need. These services can include support services, counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or Centers of Excellence (COE).



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# Medication-assisted treatment and office-based addictions treatment questionnaire

Please answer all questions and sub-questions for any yes answer if you provide medication-assisted treatment (MAT) services.

1.	Do you provide MAT services?  ☐ Yes  ☐ No
2.	What type of MAT medication(s) do you use to treat opioid addiction?  ☐ Buprenorphine (and buprenorphine products)  ☐ Naltrexone  ☐ Methadone
3.	Do you employ a navigator*?  ☐ Yes  ☐ No

## Office-based addictions treatment (OBAT) health care professional standards

The following information outlines OBAT health care professional standards:

- Prescribe approved MAT medications onsite by qualified prescriber
- Follow standard best practice guidelines for prescribing of MAT
- Physician, nurse or other qualified health care professional provides education consistent with the nature of the problem(s) and the patient's and/or family's needs related to substance use, MAT and associated health conditions
- Participate in training or consultation offered through the COE, as needed
- Develop and maintain integrated care relationships
- Provide, or arrange for, substance use counseling, as needed
- Consistent with American Society of Addiction Medicine (ASAM) guidelines, offer counseling in conjunction
  with MAT or refer for counseling, which includes establishing a care provider network for referral to services
  not provided by the OBAT
- Assess and maintain risk management criteria, such as prescription monitoring program checks, random drug screening and client service plans for adherence
- Utilize multi-disciplinary staff to provide MAT, counseling and care management
- Provide individualized care and use navigator support to help patients obtain needed support services, such as counseling, social services, recovery supports, patient and family education and/or referrals to premier providers or COE, as needed

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#### Attestation

I understand that UnitedHealthcare may require documentation to verify that I meet the criteria pertaining to the MAT services designated in the office-based addictions treatment (OBAT) care provider standards section above, if applicable. I'll cooperate with a UnitedHealthcare documentation audit, if requested, to verify that I meet the required criteria.

I hereby attest that all of the information below is true and accurate to the best of my knowledge, and, by signing this attestation, agree to provide medication-assisted treatment (MAT) services.

I understand and agree that a facsimile or photocopy of this Attestation shall be as effective as the original.

Your signature is required to complete this attestation.

Health care professional name		
Name (if different from the care provider na	nmed above)	
Signature		
Date		

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